TABLE OF CONTENTS

I. INTRODUCTION ........................................................................................................................................... 3

II. METHODOLOGY ........................................................................................................................................... 4
   A. THE SERVICE PROVIDER ............................................................................................................................ 4
   B. GEOGRAPHICAL SCOPE .......................................................................................................................... 5
   C. TARGETED RECIPIENTS ........................................................................................................................... 6
   D. CATEGORISATION OF STAKEHOLDERS ................................................................................................. 7
   E. THE QUESTIONS ....................................................................................................................................... 8
   F. THE SURVEY TOOL ................................................................................................................................. 9
   G. TIMING .................................................................................................................................................... 10
   H. CONFIDENTIALITY GUARANTEE ........................................................................................................... 10

III. EXTERNAL SURVEY RESULTS ...................................................................................................................... 12
   A. RESPONSE RATE ...................................................................................................................................... 12
   B. KEY FINDINGS AND ANALYSIS PER QUESTION .................................................................................. 15
   C. SUMMARY OF KEY FINDINGS & ANALYSIS ....................................................................................... 54
   D. CONCLUDING REMARKS AND RECOMMENDATIONS ......................................................................... 59

IV. INTERNAL SURVEY RESULTS ....................................................................................................................... 64
   A. RESPONSE RATE ...................................................................................................................................... 64
   B. KEY FINDINGS AND ANALYSIS PER QUESTION .................................................................................. 64
   C. SUMMARY OF KEY FINDINGS AND ANALYSIS ................................................................................... 83
   D. CONCLUDING REMARKS AND RECOMMENDATIONS ......................................................................... 86

V. COMPARATIVE REPORT .................................................................................................................................. 90
   A. FINDINGS AND ANALYSIS ....................................................................................................................... 90
   B. CONCLUDING REMARKS AND RECOMMENDATIONS ....................................................................... 114
I. INTRODUCTION

The WHO Stakeholder Perception Survey is a global perception exercise, the aim of which was to conduct a worldwide-representative, time-sensitive, quantitative and credible assessment of WHO’s perceived value to both key external stakeholders and WHO staff.

From a communications perspective, the Global Perception survey is an opportune evidence-gathering initiative, implemented at a time of significant internal reflection and reform within WHO. The recommendations stemming from the survey results could help drive WHO’s future communications strategy, facilitate greater collaboration between the regions/departments and Headquarters, and establish a baseline and targets to measure progress in the future.

This survey is designed to be subsequently used as a benchmarking exercise, ideally repeated every 24 months to identify the effectiveness and direction of WHO’s communication. Recommendations provided in this report would touch where appropriate on survey methodology and implementation issues which should be addressed in subsequent surveys of this nature.

The WHO Global Perception survey was carried out over a period of six weeks between 3 August 2012 and 12 September 2012. The exercise consisted of two separate online questionnaires, one of which was targeted at external stakeholders and the other at staff. The staff survey was based on the external survey’s structure and was adapted accordingly.

Overall, more than 14500 stakeholders were approached from all six WHO regions. Country managers from 50 randomly selected countries across the world were requested to handpick external stakeholders to participate in the survey, although with four dropping out this number was reduced to 46. Stakeholders approached included representatives of Ministries of Health, government development agencies, UN agencies, NGOs, health partnerships, foundations, media and WHO collaborating centers.

The survey was undertaken by the Belgium office of Grayling Public Relations, an independent global communications agency. Grayling brings considerable expertise in undertaking international, European, and national surveys with a variety of complex methodologies across a range of organisations.

This report consists of four sections:

- The first part provides a detailed overview of the methodology of the external and internal surveys, explaining the selection of recipients, the design of the questionnaire, and key elements such as the confidentiality aspect.
Two separate sections discuss the findings of the internal and external survey and provide analysis of the results. In each of these sections the seven major themes that emerged from the exercise are presented, and seven recommendations for action are identified.

In the comparative report, we examine the differences in perceptions between the external and internal audiences and provide our conclusions and recommendations.

II. METHODOLOGY

A. THE SERVICE PROVIDER

The survey was undertaken by the Belgium office of Grayling Public Relations, an independent global communications agency.

Grayling Belgium is a fully integrated communications consultancy specialising in public affairs, public relations, investor relations, events, and association management. Grayling Belgium was selected via an open process. The selection was made jointly by UNF and WHO. UNF provided the funds for the external survey and WHO provided the additional funds required to carry out the internal survey.

Grayling Belgium’s multinational and multilingual office employs 35 communication specialists who manage the perception and reputation of a varied group of clients, including international organizations, multinationals, blue chips, Belgian companies, and EU trade associations & coalitions.

Grayling brings considerable expertise in undertaking international, European, and national surveys with a variety of complex methodologies across a range of organisations.

Grayling first met with WHO in January 2012 in Geneva to discuss the objectives and methodologies of the survey, map out the questions, and set a timeline of activities. The two parties remained in regular weekly contact and Grayling was able to meet and present the planned survey to the global communications Group prior to the launch to gather their views and take on board initial comments.

Grayling presented the initial findings and analysis of the survey in Geneva on 5 October to the Director General and Assistant Director Generals.
B. GEOGRAPHICAL SCOPE

External survey

In order to provide an evidence-based understanding of how stakeholders view the strengths and weaknesses of the WHO worldwide, all countries in WHO regions had to be fairly represented in the external survey. These WHO regions are as follows:

African Region (AFR)
Region of the Americas (AMR)
European Region (EUR)
Eastern Mediterranean Region (EMR)
Western Pacific Region (WPR)
South-East Asia Region (SEAR)

Furthermore, it was imperative that the external survey was carried out in the six official UN languages.

Through a comprehensive discussion between Grayling and WHO, Grayling advised that 1000 responses worldwide for the external survey would give a meaningful representative sample.

WHO has on-the-ground presence in 151 countries, areas and territories worldwide with a further 43 countries within its remit. As the scope of the exercise could not cover all of these countries, it was agreed that 50 countries would be randomly selected by WHO using the following formula.

The WHO Member States were divided into one of five categories based on the size of WHO representation in the country (by headcount):

Category 1: Without country office
Category 2: Small (1-10)
Category 3: Average (11-25)
Category 4: Medium-large (26-69)
Category 5: Large (≥ 70)

At this stage 17 countries (all from Category 1 - without WHO office) were removed as a result of their very small size and the subsequent difficulty in finding enough respondents. This left a total of 177 countries. A random sample of the remaining 177 countries was undertaken using an online random number generator:
http://stattrek.com/statistics/random-number-generator.aspx. In this way, the following countries were selected to take part in the survey:

<table>
<thead>
<tr>
<th>EUR</th>
<th>AFR</th>
<th>AMR</th>
<th>SEAR</th>
<th>WPR</th>
<th>EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russia</td>
<td>Ethiopia</td>
<td>Brazil</td>
<td>India</td>
<td>Viet Nam</td>
<td>Bahrain</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Zimbabwe</td>
<td>Barbados</td>
<td>Sri Lanka</td>
<td>Malaysia</td>
<td>Qatar</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Botswana</td>
<td>Chile</td>
<td>Indonesia</td>
<td>China</td>
<td>Saudi Arabia</td>
</tr>
<tr>
<td>Spain</td>
<td>Mauritania</td>
<td>Dominican Republic</td>
<td>Maldives</td>
<td>Korea</td>
<td>Tunisia</td>
</tr>
<tr>
<td>Armenia</td>
<td>Cote d'Ivoire</td>
<td>Honduras</td>
<td>Lithuania</td>
<td>Kenya</td>
<td>Suriname</td>
</tr>
<tr>
<td>Latvia</td>
<td>Eritrea</td>
<td>Guatemala</td>
<td>Moldova</td>
<td>Liberia</td>
<td>Suriname</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Kenya</td>
<td>Suriname</td>
<td>Slovakia</td>
<td>Rwanda</td>
<td>Suriname</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Rwanda</td>
<td></td>
<td>Slovakia</td>
<td>Zambia</td>
<td>Somalia</td>
</tr>
<tr>
<td>Denmark</td>
<td>Zambia</td>
<td></td>
<td>Finland</td>
<td>Sao Tome &amp; Principe</td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Israel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Internal survey

For the internal survey, all employees, external consultants, and interns were to be targeted throughout the world. Given the fact that the survey was internal, a higher response rate – namely 20% - was the target.

C. TARGETED RECIPIENTS

External survey

WHO contacted the regional offices and asked them to encourage the selected countries in their region to make a selection of 250 relevant stakeholders, made up of decision-makers
and influencers/opinion-formers, which could reasonably be expected to complete the survey.

Although the template asked for an equal number of contacts per each category, countries came back with considerable varying numbers of stakeholders from each category.

Whilst it would have been preferable to receive for each country/region the exact same number of relevant stakeholders, WHO agreed that it was up to the countries to provide the names because they were best placed to select stakeholders who are “relevant” to WHO.

This methodology ensured that countries would “buy-in” to the survey, which was to be a critical factor in encouraging them to undertake the preparatory work for the survey. WHO hired an external consultant to compile a stakeholder database, and the process of gathering contacts was executed independently from WHO Secretariat.

WHO provided Grayling with a database comprising each country’s relevant stakeholders. The total number of contacts received numbered 5375, together with their language preference, and came from 46 countries (50 were contacted, with four dropping out) which had been identified to take part in the survey. It should be noted that these respondents have been handpicked by WHO offices in 46 participating countries on the basis that they are familiar and/or work with WHO on the ground and, hence, it was assumed that they are somewhat knowledgeable about the WHO, its work, objectives, and priorities. This could however be a possible weakness of the survey, given the fact that the majority of stakeholders contacted would likely have been favourable towards WHO.

No list of stakeholders was received from Liberia, Mauritania, Bahrain, and Qatar. However, it was still agreed that 46 countries across the WHO regions provided a broad canvas from which to draw meaningful and relevant conclusions which could inform WHO’s future communications strategy.

Internal survey

The internal survey was disseminated to 9,311 WHO staff including current employees, external consultants and interns.

D. CATEGORISATION OF STAKEHOLDERS

External survey

For the purposes of the external survey, stakeholders included both decision-makers and opinion-formers:
• Decision-makers include representatives from the Ministries of Health, government development agencies, other government departments, and UN agencies.

• Opinion formers include health partnerships, foundations, NGOs/civil society, media, health professional associations, and WHO collaborating centres.

Industry was not included as stakeholders in this particular survey but, as noted in the Recommendations, it might be advisable to include them in future surveys in order to obtain a fuller picture of how WHO is perceived by its key stakeholders.

Internal survey

For the internal survey, respondents were asked to state whether they were current employees, interns, or external consultants. Although the intention was to analyse results on this basis, the low numbers of interns and external consultants who responded (0.4% and 1.7% respectively) ensured that such an analysis based on employee status would be largely redundant since the small number of responses would not constitute a meaningful and representative baseline for a future trends analysis.

E. THE QUESTIONS

It was agreed that the optimal length of both surveys would be between 14 and 15 questions. Each question would be sufficiently detailed in order that a meaningful insight could be gleaned from the response, but it was equally important that each question be not too time-consuming to complete.

The external perception survey included 14 “closed questions” and one “open” question, whilst the internal survey included 13 “closed questions” and one “open” question. The first question of the internal survey served solely to allow respondents to choose the language in which they wanted to respond to the survey, and therefore will not be analysed.

For both surveys respondents had to answer each question in turn before being able to move onto the next one. This was to ensure consistency, prevent the survey findings from being skewed, and to truly capture the opinions, perceptions and views of the respondents.

In both surveys the final “open” question was optional and asked the respondent whether they would like to provide any additional comments on what they value most about the WHO.

The questions were designed to capture six (6) critical criteria:
• Assess the status of the respondent (e.g. for the internal whether the respondent is a current employee, external consultant or intern, and for the external the organization and region represented);
• Assess the respondent’s general perception of WHO;
• Assess the respondent’s view of WHO’s response to disease outbreak events;
• Assess the respondent’s view of WHO’s communications performance;
• Assess WHO’s value vis-à-vis its competitors; and
• Assess WHO’s leadership and integrity.

Similarly, the phrasing of the questions needed to fit certain critical criteria:

• There should be no bias in the questions and no “leading questions”;
• Where possible, questions should speak to a strategic priority of WHO;
• The answers should provide a meaningful insight; and
• Questions should avoid any obvious attempts at self-promotion.

The questions for the internal survey closely matched those of the external survey in order to facilitate a comparison between the results received from external and internal respondents. In some instances, the wording was slightly adapted to reflect the different target groups, but the meaning, the multiple choices, and the order was kept consistent.

The external survey was undertaken in seven languages, namely WHO’s six official languages (Arabic, Chinese, English, French, Russian, and Spanish) and Portuguese, owing to the presence of Brazil and other smaller Portuguese-speaking countries in the country selection.

The internal survey was available to respondents in English, French, and Spanish.

The questions in both surveys were drafted in joint collaboration between Grayling and the WHO Communications Department and were reviewed and tested on several occasions. The final version of the questions was approved by WHO senior management.

Grayling also undertook a trial run of each survey around the globe, using their own network of offices, to test the questions in order to ensure that the questions were easily understandable in each language and could not be misinterpreted. Likewise, WHO internally reviewed the questions with several peer groups.

See Annex I for the full survey questions.

F. THE SURVEY TOOL

Once the questions for both surveys had been agreed with WHO, they were placed on a reputable survey tool, “SurveyMonkey”.
SurveyMonkey is the leading online provider of tailored market research polls and surveys. The tool enables the user to label and brand a survey with its own logo and messages (as was the case for both surveys here).

SurveyMonkey is widely used by Fortune 500 companies, international institutions, and educational establishments worldwide.

G. TIMING

The surveys were emailed out to all stakeholders on 3rd August 2012 by Grayling with a letter of introduction. Reminders for the external survey were sent to participants who had not responded on 20 August, 3 September, and 10 September in order to ensure the maximum response rate possible.

For the internal survey, reminders were sent to those respondents who had not completed the survey on 29 August, 3 September, and 11 September. A news story was also published on the WHO internal website (intranet) at HQ and all regional office sites. In this way, all WHO staff were encouraged to participate.

The external survey was closed on 12 September, which allowed for a 6-week survey time period which was judged the correct amount of time to collect responses, but not too long in order to prevent any external events from taking place which could potentially alter stakeholder perception in the meantime.

The internal survey was closed on 17 September, in order to maximise the response rate and ensure that all employees had the opportunity to respond.

H. CONFIDENTIALITY GUARANTEE

From the outset, total confidentiality of the responses had to be guaranteed in order to encourage respondents to provide honest and open responses. Failure to do this would have compromised the survey and its results, and jeopardised WHO’s relations with its stakeholders and employees.

This confidentiality aspect meant that for the external survey no respondent was asked at any point for his/her identity, merely the country and type of organisation he/she works for. Similarly, no WHO employee was asked for his/her identity, merely whether they were an employee, intern, or external consultant.

Furthermore, although individual responses could be highlighted in the report, they were never attributed. Only aggregated data was provided to WHO.
Email identification was used only by the online survey tool to ensure that reminder e-mails were only sent to those individuals who had not yet submitted a response.

As a result, the respondent’s identity was never revealed, and the confidentiality of the responses was guaranteed.
III. **EXTERNAL SURVEY RESULTS**

A. **RESPONSE RATE**

**Overview Of Stakeholder Response Rate**

Grayling was provided with 5375 contacts by WHO, with 5054 of them being valid emails. The remaining 321 contacts were either website addresses or did not contain valid email identification (such as an @ sign or a regional identifier, such as .com, .co.uk, etc.).

As such, 5054 respondents were approached worldwide, and this figure was used for calculating the worldwide response rate.

There were 1035 responses to the survey worldwide from 5054 contacts, providing a worldwide response rate of 20.47%, which was considerably higher than the target of 10% (seen as the average response rate for such a survey) and can, therefore, be considered a very good return rate.

This high response rate confirms that the survey was well-received by stakeholders and that they clearly believed there was value in them responding. The real response rate could be considered even higher, given the fact that 3.86% of all valid emails “bounced”, which, though not ideal, is still a negligible percentage for a survey of this size.

It is also important to state that the answers from those respondents who left the survey before completing it (1.36% - this is perfectly normal and well below the expected Grayling average of 3-5%) were not counted in the final scenario. This is because their inclusion would skew the results. In addition, the ethical considerations of analysing the results of a stakeholder, who had not formally submitted his or her answers in their totality, needed to be borne in mind.

A very small percentage of stakeholders (0.7%) opted out of doing the survey and informed Grayling accordingly. This is perfectly normal and the very statistic is considerably lower than the Grayling expected norm of 3%. The reasons provided can be broadly categorised as follows: their refusal to provide their opinions regarding WHO; the fact that they did not consider themselves a valid WHO stakeholder; and/or they felt they were unable to respond to the questions in an informed manner.

1. **Response rate in countries in specific WHO regions**

The response rate by region – as opposed to the worldwide response rate – can also be considered very positive. All WHO regions recorded well above the 10% target, although
there is divergence between the lowest response rates (14.11%) and highest (25.35%) – see table below.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>AFR</th>
<th>EMR</th>
<th>EUR</th>
<th>AMR</th>
<th>SEAR</th>
<th>WPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of contacts</td>
<td>5054</td>
<td>762</td>
<td>1758</td>
<td>742</td>
<td>837</td>
<td>641</td>
<td>635</td>
</tr>
<tr>
<td>whom the survey was</td>
<td>sent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of responses</td>
<td>1035</td>
<td>139</td>
<td>248</td>
<td>161</td>
<td>201</td>
<td>125</td>
<td>161</td>
</tr>
<tr>
<td>received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response rate</td>
<td>20%</td>
<td>18%</td>
<td>14%</td>
<td>22%</td>
<td>24%</td>
<td>20%</td>
<td>25%</td>
</tr>
</tbody>
</table>

In particular countries from EUR, AMR and WPR had high response rates above 20%, whilst countries from AFR and SEAR were slightly below at 18.24% and 19.50% respectively.

Countries from AFR had a surprisingly high response rate given the fact that concerns were voiced early on that respondents would not have access to computers in order to complete the survey. The 18.24% response rate for countries in AFR can therefore be considered a particular success.

Regarding countries from EMR, although 14.11% is still a strong response rate, factors such as access to computers and the internet, allied with a political culture in which surveys are unlikely to be a common feature, explain why this region had the lowest response rate of all the WHO regions.

As to the response rate for Question 15, 56.4% of respondents provided comments – a particularly high percentage - and these are analysed in the relevant section below.

2. Breakdown of responses by region

The pie chart below shows the breakdown of responses received from countries in specific WHO regions. As can be seen, this represents a good representative sample from all WHO regions, which in turn ensures that the survey will provide a good reflection of results across WHO regions.
Not surprisingly, countries in EMR provided the largest share of responses, thereby demonstrating that the larger the sample of stakeholders contacted, the larger the return.

With each selected country office being ultimately responsible for collating the details of the stakeholders, it is not surprising that the number of stakeholders contacted varied considerably between WHO regions and stakeholders. For the next survey, we should aim to collect the same number of stakeholders per region in order to avoid this potential bias.

That said, the distribution between WHO regions, as shown in the pie chart above, is relatively balanced, with a differentiation of just 12% between the lowest (12.08% from countries in SEAR) and the highest (23.96% from countries in EMR).

3. Breakdown of responses by Region and Stakeholder

The table below shows the number of responses by region and by category of stakeholder. Whilst there are of course variations – to be expected – these can be attributed to the
original list of relevant stakeholders compiled by the countries. Furthermore, with such a survey being voluntary, there is no obligation for those who are contacted to participate.

<table>
<thead>
<tr>
<th></th>
<th>EMR</th>
<th>AMR</th>
<th>WPR</th>
<th>EUR</th>
<th>AFR</th>
<th>SEAR</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Ministry of Health</td>
<td>43</td>
<td>65</td>
<td>57</td>
<td>45</td>
<td>31</td>
<td>25</td>
<td>266</td>
</tr>
<tr>
<td>NGO/Civil Society</td>
<td>78</td>
<td>23</td>
<td>16</td>
<td>23</td>
<td>12</td>
<td>21</td>
<td>173</td>
</tr>
<tr>
<td>UN Agency</td>
<td>34</td>
<td>31</td>
<td>15</td>
<td>10</td>
<td>42</td>
<td>29</td>
<td>161</td>
</tr>
<tr>
<td>Other government department</td>
<td>14</td>
<td>14</td>
<td>11</td>
<td>22</td>
<td>10</td>
<td>12</td>
<td>83</td>
</tr>
<tr>
<td>Government Development Agency</td>
<td>13</td>
<td>11</td>
<td>18</td>
<td>14</td>
<td>9</td>
<td>5</td>
<td>70</td>
</tr>
<tr>
<td>International organization</td>
<td>18</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>6</td>
<td>66</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>14</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>6</td>
<td>63</td>
</tr>
<tr>
<td>Health professional association</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>8</td>
<td>43</td>
</tr>
<tr>
<td>WHO Collaborating Center</td>
<td>2</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Foundation</td>
<td>4</td>
<td>10</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Journalist/Media</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Health Partnership</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>248</strong></td>
<td><strong>201</strong></td>
<td><strong>161</strong></td>
<td><strong>161</strong></td>
<td><strong>139</strong></td>
<td><strong>125</strong></td>
<td><strong>1035</strong></td>
</tr>
</tbody>
</table>

Given the low numbers in many of the categories above, it was decided to focus the analysis of the results on the region and category of stakeholder, but not to analyse the results based on a cross-reference of both stakeholder and region, since the numbers would be too low to provide meaningful and representative results.

B. **KEY FINDINGS AND ANALYSIS PER QUESTION**

In this section we will provide for each question a chart which will portray at a glance the results at the worldwide level. For most questions, and where it is relevant to do so, we will also provide a chart by region and in some instances by stakeholder.

For each question, the key findings and the analysis will be provided.

Furthermore, we advise that any stakeholder group which represented less than 5% of the total number of stakeholders does not provide a meaningful, representative sample. For this reason, we have not analysed the results of such a small sample, since it could give a
misleading picture of this particular stakeholder group. Concretely, this means that in this survey we do no analyse the results for Health Partnerships, Journalists/Media, Foundations, WHO Collaboration Centers, and Health Professional Associations.

**Question 1**
Please describe your organization using one of the criteria below

**TOTAL NUMBER OF STAKEHOLDERS WHO RESPONDED TO THE PERCEPTION SURVEY BROKEN DOWN BY STAKEHOLDER CATEGORY**

- Government Ministry of Health: 25.70% (266)
- NGO/Civil Society: 16.71% (173)
- UN Agency: 15.56% (161)
- Other government department: 8.02% (83)
- Other: 6.99% (63)
- International organization: 6.38% (66)
- Government Development Agency: 6.76% (70)
- Other health professional association: 4.15% (43)
- Foundation: 2.90% (30)
- Health Partnership: 1.45% (15)
- Journalist/Media: 2.80% (29)
- WHO Collaborating Center: 3.48% (36)

**KEY FINDINGS**

- The highest number of responses was from Government Ministries of Health (26%) and NGOs/Civil Society (17%), whilst the lowest response rates came from Journalists/Media (3%) and Health Partnerships (1%).

- The numbers were proportionally similar across the WHO regions, although EMR included a larger number of NGOs/Civil Society, which was due to the large numbers of contacts in this category which had been identified by the EMR countries.
ANALYSIS

- At the worldwide level, the low number of responses from the media is disappointing, given that the aim of the survey is to inform WHO’s future communications strategy. It perhaps reflects the low number of contacts in the media which were provided by the countries.

- The 6% of stakeholders who classified themselves as “other” suggests that a number of stakeholders decided to purposefully not provide their identity when completing the survey – a not-uncommon occurrence, particularly if respondents want to guarantee their confidentiality or feel unsure whether they are talking on behalf of themselves or their organisation. Others who selected this category felt that they did not fit into any category – this was the case for academics who contacted Grayling to explain this predicament.

- Since the WHO country offices were ultimately responsible for collecting the list of names, and given the wide variations in the numbers of each stakeholder collected by the countries, it is not surprising that the results for this question vary hugely. Indeed, the results largely reflect the numbers contacted within each stakeholder category, but there can at least be assurance that the largest categories provide an excellent basis for analysis.

Question 2
Please select in which country, territory, or area you are working

The results to this question are provided and analysed in the section above, in which we include a chart of the responses received per region.
Question 3
Which areas of WHO's responsibilities (core functions) are you most familiar with? (Please select up to three (3) boxes)
KEY FINDINGS

Worldwide

- Worldwide, “Providing leadership” came in first at 62%, closely followed by “Monitoring the health situation” (60%) and “Providing technical support” (55%). At the other end of the scale, “Articulating ethical and evidence-based policy options” comes in at 13%.

Responses within countries in specific WHO regions

- The breakdown of responses revealed that most countries in WHO regions broadly follow the worldwide picture, although EUR countries gave the lowest percentage (55%) to the “leadership” responsibility.

- There are of course some differences between countries in WHO regions when it comes to the selection of responsibilities. For example, 57% in EUR countries selected the “Setting norms...” responsibility, whilst only 36% from AMR countries selected the same responsibility.

- In EUR and EMR countries, more respondents selected “Monitoring the health situation and assessing health trends” than “Leadership”, which could be seen to go against the grain of the overall worldwide results.

Stakeholder

- Most stakeholder groups followed the worldwide picture, with some exceptions.

- For example, Government Development Agencies did not put “Monitoring” in the top three responsibilities, instead preferring “setting norms and standards”.

- “Providing technical support” is also the most popular answer for Government Development Agencies, whilst “Leadership” is the second most popular choice.

ANALYSIS

- With a response rate of over 60%, it is very positive for WHO that the most popular answer refers to WHO’s “Leadership”, confirming that WHO is still seen worldwide as the primary stakeholder and expert on health by the stakeholders approached for this survey.

- It is to be noted that “setting norms and standards”, which is a high priority for the WHO Secretariat, is ranked as the fourth WHO core function with which stakeholders are familiar.
• The fact that fewer people in EUR countries prioritised “Leadership” could be attributed to the fact that the EU, and European countries in general, are currently extremely active in the health field, and hence WHO does not need to provide as much leadership in countries in EUR, compared with, for example, countries in AFR (the highest percentage for “Leadership”) and AMR.

• Moreover, out of the 14 countries surveyed in the EUR region, nine countries belong to the European Union (EU) and, hence, no doubt believe that the EU has a greater say in health policy in their region.

• Out of the six core functions, “Shaping the research agenda” and “Articulating ethical and evidence-based policy options” receive a response of 23% and 13% respectively. This either suggests that stakeholders are simply not aware of these functions and/or do not see WHO having a significant role to play in these two areas. Either way, this is a somewhat worrying issue given the considerable importance of these two functions undertaken by WHO across the globe.
Question 4
How essential is WHO for your organization?

How essential is WHO for your organization? (Worldwide)

- Indispensable: 19%
- Important: 63%
- Limited importance: 16%
- Irrelevant: 2%

Count of How essential is WHO for your organization? (Responses within countries in specific WHO regions)

- AFR: 85% Indispensable, 15% Important
- WPR: 75% Indispensable, 25% Important
- EMR: 70% Indispensable, 30% Important
- SEAR: 90% Indispensable, 10% Important
- EUR: 95% Indispensable, 5% Important
- AMR: 80% Indispensable, 20% Important
KEY FINDINGS

Worldwide

- Worldwide more than 80% of respondents consider WHO as either “indispensable” or “important”. By contrast, 16% of stakeholders worldwide consider WHO has “limited importance” and less than 2% view WHO as “irrelevant”.

Responses within countries in specific WHO regions

- Across the countries in the various WHO regions, the results were almost identical with between 75% and 88% believing that WHO was dispensable or important, whilst at the other end only between 12% and 25% viewed WHO as having “limited importance” and less than 3% as “irrelevant”.

- EMR countries had the highest number of respondents who rated WHO as either of “limited importance” or “irrelevant.” It should however be noted that the responses from EMR countries included a large proportion of NGOs, which could have affected this result.
Stakeholder

- From a stakeholder category point of view, most stakeholders viewed WHO as being either “indispensable” or “important”. Not surprisingly, WHO Collaborating Centers were the stakeholders who most rated WHO as “indispensable” (39%).

- NGOs and foundations were most critical, with 27% and 34% respectively rating WHO either as “limited importance” or “irrelevant”.

ANALYSIS

- The total number of respondents who rated WHO as “irrelevant” was approximately 3%, a very low percentage which indicates that at the least the vast majority of stakeholders worldwide still see WHO as having some relevance.

- The fact that over 80% of respondents view WHO as either “important” or “indispensable” is extremely positive for WHO and demonstrates that it is still highly respected and relied upon throughout the world.

- The reason for the high number of respondents in EMR countries who rated WHO as either being of “limited importance” or “irrelevant” could be due to the high number of NGOs who were contacted in the region – much higher than any other region.

- The fact that 18% of stakeholders perceive WHO to be of limited importance or irrelevant to their organization, should not be a cause for undue concern, although clearly a lower percentage would have been desired.

- However, the responses do vary quite starkly across the countries in the WHO regions, with countries in EMR, WPR, and SEAR being the least positive. It will therefore be important to benchmark this question for future surveys in order to track progress, particularly in the more negative regions.
Question 5
Which of the following best describes your view of WHO's work over the past three to five years?
KEY FINDINGS

Worldwide

- Worldwide, over 75% of respondents either have “increasing confidence” or “consistently high confidence” in WHO.

- At the other end of the spectrum, nearly 25% of respondents view WHO with “declining confidence” (23%) or “consistent disappointment” (3%).

Responses within countries in specific WHO regions

- Only countries in EUR and EMR do not exactly fit the worldwide picture. In EUR countries most answers were in the “consistently high confidence” category, whilst in EMR countries more respondents had “declining confidence” than “consistently high confidence”. However, the other regions fit the worldwide picture exactly.

- Countries in EMR had the largest number of responses who expressed “consistent disappointment,” yet paradoxically also featured the largest number of respondents who stated they had “increasing confidence in WHO”, suggesting that the diversity of the region cannot provide a consistent baseline for a future trends analysis for the future.
Stakeholder

- Across stakeholders the picture was broadly the same as the worldwide snapshot, although for some stakeholders “declining confidence” was higher than “consistently high confidence”, notably UN Agencies, International Organizations, and Government Development Agencies.

ANALYSIS

- The large percentage of positive answers for this question suggest that WHO as an organisation is actually proving effective and meeting stakeholders’ expectations.

- On the other hand, the 25% representing “declining confidence” or “consistent disappointment” is of concern and probably reflects a number of critical factors aimed at WHO in the last few years, whether it be increasing donor fatigue, criticism of the WHO’s handling of the H1N1 pandemic, negative media coverage, need for reform, or even the increasingly competitive market with other organisations/players coming on the scene which claim to provide same or similar activities.

- The diverse results from EMR perhaps reflect the selected countries in the region, which include eight hugely different states compared, for example, with SEAR’s four.

- Development agencies, international organizations, and UN agencies were less positive
Question 6
How do you view WHO’s leadership of the H1N1 pandemic?

How do you view WHO’s leadership of the H1N1 pandemic? (Worldwide)

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<thead>
<tr>
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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Percentage</td>
<td>21%</td>
<td>54%</td>
<td>21%</td>
<td>5%</td>
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How do you view WHO’s leadership of the H1N1 pandemic? (Responses within countries in specific WHO regions)

[Bar charts showing the distribution of views by WHO region for different levels of leadership.]

27
KEY FINDINGS

Worldwide

- Worldwide, there are very positive results, with 75% of respondents viewing WHO’s leadership of the H1N1 pandemic as either “excellent” or “good”. At the opposite end of the scale, 25% either thought WHO’s handling was “fair” or “poor”.

Responses within countries in specific WHO regions

- These results were also mirrored in the regions, although in some regions more stakeholders opted for “excellent” than “fair”, such as countries in AMR and SEAR.

Stakeholder

- Similarly, the various stakeholders subscribed to the worldwide results, with positive results across the board. Those that went against the worldwide picture included Government Ministries of Health, Health Professional Associations, Other Government Departments, WHO Collaborating Centres (in all of which more people selected “excellent” than “fair”), and Health Partnerships, where the same number of people selected “good” and “fair”.

ANALYSIS

- Given the considerable and sometimes negative media attention WHO received during the pandemic crisis, especially in the EUR region in the media, the Council of Europe, and the European Parliament, the results are more positive than would have been expected.

- This suggests that WHO’s key stakeholders are not swayed by media coverage and appreciated the work of WHO in tackling the epidemic.

- The variations in responses from countries in specific WHO regions, although small, suggest that countries in AFR and SEAR had the most faith in WHO’s leadership.

- Those stakeholders that scored highly tended to be decision-makers (Government Ministries of Health, Other Government Departments, etc.) which suggests that informed stakeholders were not swayed by the negative media coverage.

- The results demonstrate that, despite a high level of criticism in the media, WHO stakeholders had a considerably more positive view of the situation and how WHO handled it.
Question 7
How does your organization view WHO's ability to manage international public health threats in the future?

How does your organization view WHO's ability to manage international public health threats in the future?
(Worldwide)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>21%</td>
</tr>
<tr>
<td>Good</td>
<td>58%</td>
</tr>
<tr>
<td>Fair</td>
<td>20%</td>
</tr>
<tr>
<td>Poor</td>
<td>2%</td>
</tr>
</tbody>
</table>

How does your organization view WHO's ability to manage international public health threats in the future?
(Responses within countries in specific WHO regions)
KEY FINDINGS

Worldwide

- Worldwide, there is a very positive result with nearly 80% of respondents replying with “excellent” or “good”, 20% replying “fair”, and only 2% replying “poor”.

Responses within countries in specific WHO regions

- Within countries in specific WHO regions, the results very much mirror the worldwide picture, with “good” being the overwhelmingly popular response.

- Countries in SEAR could be seen to slightly contradict this picture, with more respondents replying “fair” (20%) than “excellent” (16%).

Stakeholder

- From a stakeholder category point of view, the results are on a par with the worldwide results, even if there are greater variations, yet on the whole “good” receives ratings of between 53% and 70%.
ANALYSIS

- As with question 6, it is perhaps surprising that, given the amount of press attention that criticised WHO’s handling of the H1N1 pandemic, the answers were not more negative than is the case. As above, this could suggest that WHO’s key stakeholders are not swayed by media coverage as well as the fact that enough time has passed since the negative coverage, and that stakeholders have reverted back to the possible sentiment they previously had about WHO. Overall, it seems stakeholders appreciate the work of WHO, and most importantly, have considerable trust in WHO’s ability to manage health threats in the future.

- When compared with the previous question, it is interesting to note that 4% more respondents answered either “excellent” or “good”. This suggests that stakeholders positively view WHO’s ability to manage future health threats, despite the negative reporting around its handling of the H1N1 pandemic, and demonstrates their on-going trust and faith in WHO’s leadership when it comes to international health threats.
Question 8
Which of the WHO following areas of work below do you perceive to be the most important? Please select your top five (5) choices.

KEY FINDINGS

Worldwide

- WHO’s ten key areas of work all receive 19% or more of responses.
- Worldwide, all areas of work have at least 5% of responses.
- In priority, work areas which were most often cited by stakeholders as being the most important are:
  - Non-communicable diseases – 44%
  - HIV/AIDS – 38%
  - Emerging, epidemic & pandemic diseases – 37%
  - Tuberculosis – 31%
  - Vaccine preventable diseases and neonatal & maternal health – both 27%.
• At the other end of the spectrum, gender equality in health, injuries & disabilities, and information technology for health are the least important, all coming under 10%.

Responses within countries in specific WHO regions

• There are variances which on the whole reflect the different priorities within countries. For example, in countries from AFR HIV/AIDS and malaria are the top two areas of work, whilst EUR countries rate non-communicable diseases 15% higher than the worldwide results and put health financing higher up the ranking, again reflecting regional concerns.

Stakeholder

• By contrast, the stakeholder categories on the whole reflect the worldwide picture.

ANALYSIS

• It is perhaps not surprising that non-communicable diseases is the most popular answer, since this has been an increasing priority of WHO’s work in recent years and an issue which is relevant across the globe.

• The fact that all issues receive at least 5% of respondents’ answers should be seen as positive for WHO, since it is still seen as an organisation which deals with the whole gamut of health issues across the board.
Question 9:
Which organizations or institutions do you consider the most effective at influencing policy for improving people's health at the global level? Please select your top five (5) choices.

**KEY FINDINGS**

**Worldwide**

- Worldwide, WHO is by far the most popular choice with 90% of respondents selecting it as being the most effective organization at influencing policy at the worldwide level.

- National Governments come in second with 62%, UNICEF with 43%, World Bank with 39%, and the media with 37% completing the top five.

- The bottom end of the scale consists of celebrities (6%), GAVI (12%), and “other international organisations” (12%).
Responses within countries in specific WHO regions

- As for the breakdown per region, we can clearly see that the results in the countries broadly mirror that of the worldwide picture with some slight deviations in countries in AFR, EUR, and WPR.

- The Global Fund to Fight AIDS, Tuberculosis and Malaria received a higher score in countries in AFR than worldwide, and in EUR countries almost 50% of respondents rated the European Union institutions as the most effective policy-makers. In WPR countries, the third most popular answer was private philanthropy (Bill & Melinda Gates Foundation in particular), with this high ranking specific only to the countries from this region.

Stakeholder

- Across the stakeholder groups, the worldwide pattern was reciprocated, with WHO seen as by far the most effective organization.

ANALYSIS

- These responses present an extremely positive picture for WHO, since it is by far the most effective at influencing policy worldwide.

- Academic institutions and publications were rated higher than some UN bodies such as UNAIDS and UNFPA, which could be go against expectations given the high profile of the UN worldwide.

- Perhaps surprisingly, the EU institutions score is very low (17%) worldwide compared to what may have been expected.

- WHO’s strong showing across stakeholder groups demonstrates that its key stakeholders still see WHO as the “go-to” organization when it comes to influencing policy at the worldwide level.
Question 10
Which organizations or institutions do you consider the most effective at delivering public health programmes at country level? Please select your top five (5) choices.

**KEY FINDINGS**

**Worldwide**

- From a worldwide standpoint, respondents identified five clear organisations/institutions as the most effective at delivering public health programmes at country level. These in order of ranking include:
  - National governments;
  - WHO;
  - NGO;
  - UNICEF; and
  - Global Fund to fight HIV, Tuberculosis, and Malaria.
Responses within countries in specific WHO regions

- Broadly speaking, all regions appear to mirror the worldwide results with some minor exceptions.

- In AFR countries, WHO received a slightly lower score (60%) compared to almost 75% worldwide. The Global Fund to Fight HIV, TB, and Malaria, as well as faith-based organizations, were also rated higher than WHO in this region.

- In EUR countries more than 40% of the respondents selected the European Union institutions, giving them a disproportionally higher rating than in any other region.

- In SEAR countries, an overwhelming majority of respondents (90%) consider national governments to be the most effective in delivering health policy. Countries in WPR were the only ones which selected the Bill & Melinda Gates Foundation (30%).

Stakeholder

- Stakeholder responses broadly followed the worldwide and regional results, although some bias could be detected from certain stakeholders, resulting for example in NGOs rating themselves as the most effective as was the case for UN agencies and national governments.

ANALYSIS

- These responses present an extremely positive picture for WHO. Although WHO is not directly involved in the implementation of national health policy, it is still considered to be effective, second only to national governments in this domain.

- It comes as no surprise that more than 40% of EUR respondents think that the EU institutions play a key role in delivering health policies. The high score of the Bill & Melinda Gates Foundation in WPR countries can most likely be explained by the organization’s strong presence in this region, especially in China.

- Lastly, the 58% which NGOs received may have been expected to be higher, given the fact that these organizations are on the ground in the countries.

- It is perhaps not surprising that certain stakeholder categories rated themselves as the most effective, and this perhaps touches on the difficulty of effectively asking stakeholders to rate their own performance as part of a third-party survey.
Question 11
How do you rate the way in which WHO communicates its public health information?

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<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability/accuracy</td>
<td>29%</td>
<td>60%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Usefulness</td>
<td>26%</td>
<td>60%</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Timeliness</td>
<td>14%</td>
<td>52%</td>
<td>29%</td>
<td>5%</td>
</tr>
<tr>
<td>Accessibility</td>
<td>13%</td>
<td>53%</td>
<td>29%</td>
<td>5%</td>
</tr>
<tr>
<td>In a language you can use</td>
<td>26%</td>
<td>49%</td>
<td>21%</td>
<td>4%</td>
</tr>
</tbody>
</table>

KEY FINDINGS

Worldwide

- Worldwide, if we aggregate all five criteria, over 20% believe WHO is “excellent” at communicating its public health information, nearly 55% believe WHO is “good” at it, over 20% think “fair”, and only 3.4% thought the WHO is “poor” at it.
• The two weakest criteria are timeliness and accessibility, which score 66% if we combine “excellent” and “good” as opposed to the average of 77%.

• For reliability, an extremely high 89% selected either “excellent” (29%) or “good” (60%), with only 10% selecting “fair” and 1% “poor”.

• Regarding the usefulness of WHO communication, just over three quarters (76%) responded “excellent” (16%) or “good” (60%), with only 15% selecting “fair” (13%) or “poor” (2%). Not surprisingly, the picture is extremely positive across all stakeholders and also extremely balanced, meaning all stakeholders appreciate the information they receive and can use it.

• Regarding timeliness, on the worldwide level two thirds (66%) responded either with “excellent” (14%) or “good” (52%), which presents an extremely positive picture. Over a quarter (29%) said it was “fair” whilst only 5% selected “poor”.

• Regarding the accessibility of information, two thirds of respondents answered either “excellent” (13%) or “good” (53%), which is a generally good score. 29% responded “fair” and only 5% rated it “poor”. EMR countries demonstrate the lowest satisfaction with “accessibility”, with almost 10% selecting “poor”.

• Regarding “in a language you can use”, exactly three quarters of the external stakeholders responded with either “excellent” (26%) or “good” (49%).

Responses within countries in specific WHO regions

• Across the regions the picture was similarly balanced, with all regions giving very high results for “excellent” or “good”. The most negative are countries in WPR in which 31% responded “fair”, whilst 12% chose “excellent”. 8% of respondents from EUR countries rated it as “poor”.

Stakeholder

• Across stakeholders categories the worldwide results were broadly followed, although it was interesting to note that international organizations and Ministries of Health tended to be more negative.

ANALYSIS

• The purpose of this question was to assess the perception of how WHO communicates. The results on the whole suggest that WHO is in fact perceived as doing a good to excellent job when it comes to the reliability/accuracy and usefulness of information (i.e. relevant content), but scores less well in terms of timing/dissemination.
• This suggests that whilst the information WHO provides is trusted and of high quality, it is slow and difficult to find. This risks undermining the content of your communication, could lead to frustration for those who need or want the latest information from WHO, and – more worryingly - enable your competitors to step in and fill the vacuum.

• That WHO is seen to be slow when it comes to communicating and that information is difficult to find is clearly a cause for concern, particularly in the digital age when social media has accelerated the pace of communications and given a voice to a greater number of commentators. Failure to respond to this concern could lead to a greater negative perception amongst recipients when it comes to future surveys of this nature.
Question 12
Which of the below phrases best describes how you speak about WHO?

Which of the below phrases best describes how you speak about WHO? (Worldwide)

Which of the below phrases best describes how you speak about WHO? (Responses within countries in specific WHO regions)
**KEY FINDINGS**

**Worldwide**

- Worldwide, over 75% of respondents would either speak “positively without being asked” or “positively when asked” of WHO.

**Responses within countries in specific WHO regions**

- This is mirrored within the WHO regions where the positive voices vary between 68% and 88%.
- Only 8% would be critical of WHO in any capacity.
- 14% would be “neutral when asked”, a figure which, when broken down, varies across regions (22% to 8%).

**Stakeholder**

- Ministries of Health and NGOs/Civil Society were overwhelmingly positive about WHO, with 95% and 94% respectively saying they would speak positively about WHO either when asked or when not asked.
- Half the respondents from International Organizations do not speak positively about WHO either when asked or not asked.

**ANALYSIS**

- In some areas, notably countries in SEAR (22%), EMR (19%), and AFR (18%), a surprisingly high number of responses replied that they would be “neutral when asked” about WHO. This is surprising, since this is a survey of WHO’s informed stakeholders and not of the general public, and therefore we can speculate as to why these high percentages may be.

- These large “neutral” voices also represent opportunities for WHO to turn them into positive voices. From this perspective it will be particularly interesting to note the results from future surveys on this point as a way to assess WHO’s progress in terms of its overall perception, particularly in the regions noted above.
Question 13
Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers?
KEY FINDINGS

Worldwide

- Worldwide, the majority of WHO stakeholders appear to believe in the independence of its public health experts with almost 80% answering either “always” or “most of the time”.

- However, over a fifth (21%) appear to have doubts, responding with one of “sometimes” (17%), “rarely” (3%) or “never” (1%).

Responses within countries in specific WHO regions

- Looking at the regional picture, the results are on the whole similar.

- Of note is that trust of respondents in countries in EMR is slightly below the trust indicated worldwide with almost 30% being doubtful about experts’ independence. Countries in WPR and EURO, on the contrary, express their trust in WHO experts - 88% and 86% respectively selected “always” or “most of the time”.

Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers? (By stakeholder)
Stakeholder

- Government Ministries of Health and Other Government Departments were the most positive.

- However, there is still a 21% share of stakeholders who believe that WHO should make more efforts in this domain.

ANALYSIS

- These responses represent on the one hand another positive result for WHO and signify its ability to ensure the independence of its experts.

- That said, it is clear that a sizeable proportion of stakeholders – one fifth - do have doubts, and at over one fifth this represent, and this should be seen as a cause for concern.
Question 14
Do you believe WHO is inappropriately influenced by industry/private sector?
**KEY FINDINGS**

**Worldwide**

- Worldwide, the number of respondents who believe WHO is influenced by industry is less than 20%.

- 46% confirmed that they had no opinion/did not know if WHO is inappropriately influenced by industry/private sector.

- Just over a third believed unequivocally that WHO was not influenced by industry/private sector (36%).

**Responses within countries in specific WHO regions**

- Furthermore, there is little difference in responses across regions, with between 15% (AMR countries) and 22% (EMR countries) believing that WHO is influenced by industry/private sector.

- The most positive in terms of believing in WHO’s neutrality were countries in AFR (42% of whom responded “no”) whilst 30% in countries EMR responded “no”.

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*Image*
• Those with the most uncertainty were countries in EMR, SEAR, and WPR, in all of which 48% responded “don’t know.” Those with the least uncertainty were AFR countries (39%).

Stakeholder

• Those who mostly responded “no” included Ministries of Health, International Organizations, and NGOs/Civil Society (all 38%).

• Those who mostly responded “I don’t know” included Foundations (53%), Other (53%), and Government Development Agencies (51%).

ANALYSIS

• That 18% of respondents worldwide believe that WHO is inappropriately influenced is a high score and should be a cause for concern.

• Indeed, it is perhaps disappointing that “only” 36% do not believe that WHO is inappropriately influenced by industry/private sector, and a higher score in the “no” column may have been expected.

• The large number of “don’t knows” suggests that this issue is not at the forefront of WHO’s stakeholders’ minds, contrary to what may have been expected. It suggests WHO’s stakeholders are not aware, apathetic, or sitting on the fence.

• That said, 46% of external stakeholders indicated that they did not know and therefore likely have doubts about WHO’s impartiality. This should be a cause for concern for WHO.
Question 15
What do you value most about WHO? (Optional question)

More than half of the respondents (56%) provided comments to the final optional question. The answers received in the different languages were then translated into English (see full list of comments in English in Annex IV) and were then divided as far as possible into five categories, which reflect the main themes addressed by the comments.

Below is a list of these five categories, including examples of the types of comments which we have grouped under each category:

LEADERSHIP/INFLUENCE

WHO is viewed as an organization capable of exerting influence and shaping health agenda on the worldwide scale

- “The leadership in influencing global and national health policies; technical resources”
- “WHO leadership role in developing norms and standards”
- “Its capacity to influence a national government's decision due to perceived objectivity with regards to data”

INTEGRITY

WHO is viewed as a credible, transparent and fair organization

- “Authority, balance, sustainability and integrity in the field of international public health”.
- “Pro-active approach, a transparent organization”
- “Transparent and inclusive organization aiming to protect people's health in general and that of elderly people in particular. Thank you!”

ASSISTANCE

Appreciation for WHO when it provides technical advice and assistance

- “Provided technical assistance to solve many public health problems in our country”
- “Technical expertise and updates”
• “Its global reach, research in medicines and assistance in emergency situation”

INFORMATION

Appreciation for WHO as an information provider

• “Most of the time when I need any information on health related issues, WHO is the first place to visit and obtain necessary information with trust. In this regard, I really appreciate its information dissemination and frequently-updated data”

• “A widely accepted platform for leadership and information regarding global and local public health issues”

• “Access to information from various regions to guide actions in the city in which I work”.

EXPERTISE

WHO is efficient in conducting cutting edge research and producing well-balanced guidelines

• “WHO is equipped with a wide range of expertise and resources, hence is able to make independent judgements and recommendation”

• “Connection with research and reacting rapidly towards emerging issues in public health”

• “Its permanent concern over research and control of pandemic diseases for its adequate management”

The answers were sorted by region to provide insight into what aspects of WHO’s work are most valued in the different regions. As many comments touch upon various aspects of WHO activities, they were added to more than one category (hence that some add to more than 100%).
• The overwhelming majority of respondents recognize WHO’s ability to provide worldwide leadership and shape health policies worldwide. Assistance was the second popular answer, especially in developing regions.

• AMR countries come out as being rather positive overall in their attitude and view of WHO and its actions.

• Respondents from EMR and EUR countries are the least positive regarding WHO and its activities, yet this should not detract from the fact that the overall perception from these countries remains positive.

• Some comments contained criticism or suggestions for WHO on how to improve its performance.

• The recurring themes are:
  
  o There is a need to increase countries’ national capacity through training and sharing knowledge and expertise instead of hiring foreign experts.
  
  o Local staff is not always integrated into the WHO worldwide network of experts and are less qualified and trustworthy than the HQ staff.
  
  o There is a need for more advocacy and activities at local level, and WHO should cooperate more with local governments.
  
  o The independence of WHO experts is not always obvious. In some cases WHO seems to be “following the money”.

**Country specific comments:**

• “I believe that WHO is the best organization and supports the Somalia Communities through local organizations or other institutions in Somalia”; “timely updates and communications and building the capacity of Somali local NGOs and partnering with them”

• “WHO is an appreciable organization in health and research and in polio eradication especially in Afghanistan. I appreciate WHO work in Afghanistan.”

• “The contribution made by WHO to Sri Lanka is technologically appropriate, timely, & very valuable.”

• “Good cooperation at the national level – Slovakia.”
C. SUMMARY OF KEY FINDINGS & ANALYSIS

1. The External Survey in Numbers

<table>
<thead>
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<th>Response Rate</th>
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<tbody>
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<td>Grayling was provided with 5375 contacts by WHO, with 5054 of them being valid emails.</td>
</tr>
<tr>
<td>These respondents had been handpicked by WHO offices in 46 participating countries on the basis that they are familiar and/or work with WHO on the ground and hence, are supposedly somewhat knowledgeable about the WHO, its work, objectives and priorities.</td>
</tr>
<tr>
<td>There were 1035 responses to the survey, giving a worldwide response rate of 20%.</td>
</tr>
<tr>
<td>The response rates in the regions varied from 14% (EMR countries) to 25% (WPR countries). These response rates were considerably higher than our target response rate of 10% and can therefore be considered a very good return rate.</td>
</tr>
</tbody>
</table>

Breakdown of Responses Received

- The distribution between regions is relatively balanced, with a differentiation of just 12% between the lowest (12% in SEAR countries) and the highest (24% in EMR countries). This means that all regions are represented equally in the survey, and no region “dominates” the responses, thereby skewing the results.
- The highest number of responses was from Government Ministries of Health (26%) and NGOs/Civil Society (17%), whilst the lowest response rates came from Journalists/Media (3%) and Health Partnerships (1%).
2. **Key Findings & Analysis**

In providing a summary of the key findings and analysis from the questions, it is necessary to recall the objectives which were set for each question in the methodology:

- Assess the respondent’s general perception of WHO;
- Assess the respondent’s view of WHO’s communications performance;
- Assess the respondent’s view of WHO’s response to campaigns and outbreak events;
- Assess WHO’s value vis-à-vis its competitors; and
- Assess WHO’s leadership and integrity.

In the section below we have therefore grouped the key findings and analysis under one of the above objectives.

**Assess the respondent’s general perception of WHO**

Over 80% of respondents consider WHO as either indispensable or important for their organisation.

- This was reflected in all regions and stakeholders, and demonstrates the excellent reputation WHO continues to have, despite the negative press coverage, competition from other stakeholders, and donor dissatisfaction.

**WHO is best known for its leadership on health matters, monitoring the health situation, and providing technical support. Articulating ethical and evidence-based policy options was the least popular answer.**

- The regions broadly followed the worldwide picture, albeit with some slight variations in EMR and EUR countries, in which “monitoring” was a more popular answer than “leadership.”

**Worldwide, over 75% of respondents either have “increasing confidence” or “consistently high confidence” in WHO. At the other end of the spectrum, nearly 25% of respondents view WHO with “declining confidence” or “consistent disappointment.”**

- This was reflected by and large across regions and stakeholder categories.
- The 25% who appear to have a negative view is a course of concern and suggests a downward pattern which needs to be addressed urgently.
- This question should be used in future surveys in order to benchmark progress.
WHO’s stakeholders view the six most important work priority areas as being non-communicable diseases, HIV/AIDS, emerging, epidemic & pandemic diseases, tuberculosis, vaccine preventable diseases, and neonatal and maternal health (the latter two issues came in at the same score).

- WHO’s three priority areas ranked lowest in importance by respondents are gender equality in health, injuries and disabilities, and information technology for health.
- As expected, there are regional variations due to local contexts e.g. malaria scoring highly in countries in AFR and non-communicable diseases being hugely popular in countries from EUR.
- The worldwide results however were largely followed across stakeholder categories.

Over 75% of respondents would either speak of WHO “positively without being asked” or “positively when asked”. However, approximately 25% of stakeholders are not satisfied generally with WHO, be they neutral, critical, or “sitting on the fence.”

- This is mirrored within countries in specific WHO regions, where between 68% and 88% selected the two positive responses.
- This is another statistic that should be benchmarked in future surveys to assess progress.

56% of respondents provided a comment to final question, the vast majority of which were positive.

Grayling identified five values which came through very strongly in these comments, namely:

- **Leadership/influence** - WHO’s advice and guidance is respected and implemented (where possible).
- **Integrity** - WHO as a credible source whose information and guidance can be trusted that can be trusted.
- **Assistance** - The appreciation for WHO when it provides technical advice and assistance.
- **Information** - The appreciation for WHO as a provider and key source of information.
- **Expertise** - WHO is the most qualified when it comes to providing guidance in health.
Assess the respondents’ view of WHO’s communications performance

The results on the whole would suggest that WHO is in fact perceived as doing a good to excellent job when it comes to the reliability/accuracy and usefulness of information (i.e. relevant content) but scores less well in terms of accessibility and speed.

Assess the respondents’ view of WHO’s response to campaigns and outbreak events

Around three quarters of respondents consider WHO’s leadership of the H1N1 pandemic and its ability to manage international public health threats in the future as either “excellent” or “good.”

- This was mirrored across both countries in specific WHO regions and stakeholder categories.

Assess WHO’s value vis-à-vis its competitors

90% of respondents selected WHO as the most effective organisation at influencing health policy at the global level.

- National Governments were selected by 60% of stakeholders, whilst UNICEF, the World Bank, and the media complete the top five.

75% of respondents placed WHO as the second most effective organization at delivering health programmes at country level.

- The most popular response to this question, National Governments, was selected by 80% of respondents. NGOs, UNIFEF, and Global Fund to Fight HIV, TV & Malaria complete the top five.

- These results follow the worldwide snapshot in each region.

Assess WHO’s leadership and integrity

36% believe that WHO is not inappropriately influenced by industry, whilst one fifth believe it is. 45% “don’t know”.

- 64% of respondents therefore appear to have either doubts about WHO’s independence or do not feel qualified to comment.
80% of respondents trust WHO to take the necessary measures to ensure the independence of its public health experts, whilst only 20% have some concerns.

- The results are very similar across countries in specific WHO regions with only a 5-10% variation, whilst across stakeholder categories the picture is similar, though with some variations, notably that the most negative responses come from foundations and government development agencies.

As noted above, WHO is best-known for its leadership and 75% view WHO’s leadership as either “good” or “excellent” when dealing with the management of pandemics, both in the past and in the future.
D. CONCLUDING REMARKS AND RECOMMENDATIONS

In this section, we provide a recap on the survey’s findings looking at the good news, the not so good news and recommendations and key pointers for the next survey.

THE GOOD NEWS

✓ Most respondents consider WHO as either indispensable or important for their organisation.

✓ WHO is seen as the most effective organisation at influencing health policy at the global level.

✓ WHO is best known for providing leadership on health matters.

✓ The majority of WHO’s stakeholders approve of how WHO handled the H1N1 pandemic.

✓ Furthermore, it is clear that the perception of WHO’s ability to manage future health threats has not been affected by the media coverage of its handling of the H1N1 pandemic.

✓ The information which WHO provides is highly trusted and valued by WHO stakeholder as being accurate and useful.

✓ When asked to provide a comment to the final question, more than half of respondents (56%) took the time to give feedback, with the vast majority of contributions being positive.

AREAS FOR IMPROVEMENT AND RECOMMENDATIONS

We have identified seven (7) key separate concerns – the so called not “so good news” which, in our opinion, will need to be addressed.

We provide a recap explanation for each of these but of course the information was already highlighted under the facts and analysis sections under each question.
1. There is a declining confidence or consistent disappointment with WHO’s performance

Despite some excellent results at the other end of the spectrum, it is of concern that there is a declining and/or consistent disappointment with regard to the WHO’s performance.

The reasons are no doubt many and most likely well-known to the WHO, but in essence, it is our view that the world at large and in particular those stakeholders who work with you do not sufficiently appreciate the work that is being undertaken on the ground.

One aspect for WHO to improve, apart from the ongoing reform, is developing and communicating its good stories – focus on demonstrating more pro-actively the good work WHO is undertaking across the globe and particularly regions which are more critical, namely countries in EMR and SEAR.

Likewise, those stakeholder categories which are critical of WHO need the greatest attention, as WHO will need to work with and where necessary confront them (though not in public) to ensure that it can both stem their negativity and turn around their opinion.

2. There is doubt over the inappropriate influence of industry over WHO

The survey clearly demonstrates that there is concern as to the inappropriate influence of industry over WHO. However, this should be balanced as the data demonstrates that only one fifth believes WHO is inappropriately influenced by industry/private sector but 45% “don’t know.”

There is a perception problem which needs to be urgently addressed through some positive public relations.

3. There are concerns about the procedure of appointing independent public health expert advisers

It should be clearly stated at the outset that 80% of respondents trust WHO to take the necessary measures to ensure the independence of its public health experts. However, over a fifth (21%) appear to have doubts, responding with one of “sometimes” (17%), “rarely” (3%) or “never” (1%). It is this doubt that is of concern.

There is a need for WHO to communicate more regularly and more forcefully that it has very clear and strict guidelines which are unequivocally adhered to and that these are regularly reviewed and policed.

Any cases of doubt and/or wrongdoing need to be addressed quickly, and WHO needs to show that it is not afraid to go public rather than push the issue under the carpet.
Indeed, it should be recalled that it is very often the lack of transparency that creates doubt. When communicating on this issue, particular attention needs to be paid to Government Development Agencies, UN Agencies, and International Organizations, since these organizations perceived this issue more negatively and clearly have the most doubt.

4. **There is a clear need to improve the speed of delivery and accessibility of WHO information**

The results on the whole would suggest that WHO is in fact perceived as doing a good to excellent job when it comes to the reliability/accuracy and usefulness of information (i.e. relevant content), but scores less well in terms of timing/dissemination.

This suggests that whilst the information WHO provides is trusted and of high quality, it is slow and inaccessible. This risks undermining the content of your communication, could lead to frustration for those who need or want the latest information from WHO, and – more worryingly - enable your competitors to step in and fill the vacuum.

That WHO is seen to be slow at communicating is clearly a cause for concern, particularly in the digital age when social media has accelerated the pace of communications and given a voice to a greater number of commentators. Failure to respond to this concern could lead to a greater negative perception amongst recipients when it comes to future surveys of this nature.

5. **“Setting norms and standards” is not seen as being a top WHO responsibility**

With a response rate of over 60%, it is very positive for WHO that the most popular answer refers to WHO’s “Leadership”, confirming that WHO is still seen worldwide as the primary stakeholder and expert on health.

It is important to note that while the WHO Secretariat places a high priority on “setting norms and standards”, this core function is not viewed by external stakeholders as being a top WHO responsibility.

This does not match internal priorities and should have been better represented, and hence there should be a greater focus on communicating this aspect of WHO’s work in the future.
6. Whilst respondents from all WHO regions have a positive overall perception of WHO, the least positive responses come from countries in EMR which at times are negative

It should be made clear at the outset that all six WHO regions were on the whole very supportive and whilst there were variations within regions – to be expected – no one region stood out. That said, it does appear that countries in EMR are the most critical of the WHO.

The specific data can be found in the results above, but three in particular stand out:

- 25% within the region believe WHO is limited or irrelevant
- 23% expressed consistent disappointment
- 30% expressed doubts about experts’ independence.

WHO will need to take these results into account when communicating with external stakeholders, as well as during the reform which is currently underway. From a communication perspective, it will be key to communicate WHO’s “good news” stories within EMR countries on and emphasise its work, achievements, and thereby its relevance, when dealing with contemporary health issues.

However, this challenge cannot be met alone by communications, and WHO will also need to assess the scope for reforms in other parts of the organization.

7. Those most negative groups of stakeholders

The survey worked with 12 categories of stakeholders, and it would only be expected that some would be more critical than others.

It should be emphasised that whilst certain categories of stakeholders, notably WHO Collaborating Centres, Health Partnerships, and the Media, were more negative, since the number of responses from these three categories was each under 5% of the total responses received, Grayling advises that there is little to be gained from analysing such a small proportion of answers. Indeed, in the Key Findings and Analysis sections above, we have not taken these stakeholders into account.

Thus, on the whole, there was no one stakeholder category, which made up more than 5% of the total responses, that stood out as being more critical than others.

It was however striking that so few journalists were identified by countries in WHO regions and, hence, that so few were contacted regarding this survey. It may therefore be advisable to undertake a separate media campaign throughout the regions to explain the role of WHO, emphasise its unique and critical role in worldwide health, and communicate its many “good news stories”. In this way you will be able to have more media contacts at your disposal and
build relationships with your key journalists in order to improve perceptions of WHO in some of your more negative countries.
IV. **INTERNAL SURVEY RESULTS**

**A. RESPONSE RATE**

2,326 members of WHO staff submitted a response, giving a response rate of 25%\(^1\). This is a reasonable rate which provides a solid representative sample for analysis.

It should be noted that a number of respondents (681 employees (7%)) opened the survey, but did not complete it in its entirety. This statistic is more or less in line with what we would expect.

Their responses are not considered and analysed in this report. This is because their inclusion would skew the results. In addition, the ethical considerations of analysing the results of a stakeholder, who had not formally submitted his or her answers in their totality, needed to be borne in mind.

A further 49 employees (0.5%) opted out of doing the survey and informed Grayling accordingly. This statistic is much lower than expected.

The real response rate could be considered slightly higher, given the bounce-back rate of 1%, a negligible percentage for a survey of this size.

**B. KEY FINDINGS AND ANALYSIS PER QUESTION**

In this section we will provide for each question a chart which will portray at a glance the results at the internal level, the key findings, and the analysis.

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\(^1\) Note on statistics – Percentages are rounded to full numbers in most places to facilitate analysis. Where appropriate percentages to the 2\(^{nd}\) decimal point are included.
Question 1
Please select one of the categories below

KEY FINDINGS

- The majority of respondents (98%) to the internal survey are current WHO employees, with external consultants and interns representing 2% of the respondents.

ANALYSIS

- Because of the low representation of external consultants and interns in the survey results, the responses will not be broken down by category of respondents, and only aggregated statistics will be analysed in this report.
Question 2
Which areas of WHO's responsibilities (core functions) are you most familiar with? Please select up to 3 boxes.

### KEY FINDINGS

- “Providing technical support” is the WHO core responsibility with which employees are most familiar (69%).

- The core functions of “providing leadership on matters critical to health” and “setting norms and standards” follow closely with more than 50% of WHO employees choosing each one of them.

- The least popular answer was “Articulating ethical and evidence-based policy options”, with 14% of respondents indicating this response.

### ANALYSIS

- It appears that most WHO staff are broadly aware of WHO’s core functions across the board. The responses are most probably a representation of the functions which staff are currently involved in, thus respondents reflecting their work areas in the answers given.

- Nevertheless, the relatively low scores for “monitoring the health situation and assessing health threats”, “shaping the research agenda” and “articulating ethical and evidence-based policy options” are surprising, as a more equal distribution of answers would be expected considering these are core functions of WHO.
Question 3
How essential is WHO for improving people’s health?

**KEY FINDINGS**

- More than 95% of WHO staff perceives WHO as either indispensable (41%) or important (54%) for improving people’s health.

**ANALYSIS**

- Although these are excellent results, it is surprising that more WHO employees are not selecting “indispensable” and this presents an opportunity to shift the perception.

- Although a low percentage of all responses, it is nevertheless worrying that more than 110 employees (5%) think that the WHO is of “limited importance” to improving health.
Question 4
Which of the following best describes your view of WHO's work over the past three to five years?

![Chart showing confidence levels]

**KEY FINDINGS**

- 60% of WHO employees have a consistently high or increasing confidence in the work of the WHO over the last three to five years.

- A significant 38% of respondents indicate that their confidence in the work of WHO has been on the decline, and a negligible number have been consistently disappointed (2%).

**ANALYSIS**

- The responses to this question are worrying since they suggest that a number of WHO staff are losing confidence in the work of the organisation. This is a surprisingly high figure but it is somewhat going against responses to other questions, which on the contrary identify high levels of confidence in the work of WHO and the role of the organization vis-à-vis other competitors.

- This question is a benchmark question which, if included, in future surveys, would provide a good basis for trends analysis and identification of changing sentiments.
Question 5
How do you view WHO’s leadership of the H1N1 pandemic?

**KEY FINDINGS**

- Seven out of ten employees thought WHO’s leadership the H1N1 pandemic was excellent (23%) or good (48%).

- 30% of WHO employees felt that WHO either did a poor job or there were aspects which needed improvement in the handling of the pandemic.

**ANALYSIS**

- The results are positive, with 71% of respondents perceiving the handling of the H1N1 pandemic as either good or excellent. However, considering that the responses come from WHO staff, it would have been expected that this number would be higher.

- The perception that WHO carries excessive reputational baggage from the media negativity towards the handling of the H1N1 pandemic is not supported by these results.
Question 6
How do you view WHO’s ability to manage international public health threats in the future?

KEY FINDINGS

- Nearly three quarters (74%) of respondents trust WHO to manage international public health threats in the future.

- Just over one fifth of respondents is expressing the view that WHO will manage a future situation fairly, whilst a small 3% have expressed the view that the management will be poor.

ANALYSIS

- These answers present a positive picture of WHO demonstrating once again that the negative media coverage of the H1N1 pandemic does not detract from the staff’s positive assessment of WHO’s capacity to handle future threats.

- The results of this question once again go against the responses given to Question 3 “Which of the following best describes your view of WHO’s work over the past three to five years?” where 40% of staff were disappointed with WHO’s work. This indicates that the increasing disappointment does not relate to the trust that employees have in WHO’s ability to handle future threats, but rather due to the recent internal restructuring.
Question 7
Which of the WHO following areas of work below do you perceive to be the most important? Please select your top five (5) choices.

KEY FINDINGS

- WHO’s work in the area of non-communicable diseases is viewed as the single most important area of work among the 27 listed, with more than half (52%) of the respondents identifying it as one of their top five choices.

- Overall, all of the answers received equally distributed attention, with the exception of “gender equality in health” and “injuries and disabilities” receiving not only the lowest score but also so by a significant margin.

ANALYSIS

- Non-communicable diseases is perceived as the most important, since it has been a major priority of WHO’s work in recent years.

- On the whole, the curve is relatively flat and all areas are identified as important, except for “injuries and disabilities”, and “gender equality in health” which together scored under 10%. This demonstrates that WHO staff recognize WHO’s activities and contribution as important and valuable almost across all public health areas.
Question 8
Which organizations or institutions do you consider the most effective at influencing policy for improving people's health at the global level? Please select your top five (5) choices.

![Bar chart showing the percentage of respondents for each organization/institution](image)

**KEY FINDINGS**

- WHO is viewed by the majority of respondents (89%) as the most effective organization at influencing policy for improving health at global level.

- National governments are second with 56%, closely followed by private philanthropy and donor governments. UNICEF takes the fifth position together with media as indicated by 36% respondents.

- The least popular answers are UNFA, Celebrities, and Industry.

**ANALYSIS**

- WHO is seen by its employees as the single most effective actor at influencing health policy at global level by an overwhelming margin of 33%, therefore indicating high levels of confidence and acknowledgement of its achievements and contribution even in the face of ever-growing competition.

- The responses to this question demonstrate employees' high recognition of WHO’s work to set the public health agenda at worldwide level, therefore going against the results from Question 3 where 40% of respondents indicated decreasing confidence.
Question 9
Which organizations or institutions do you consider the most effective at delivering public health programmes at country level? Please select your top five (5) choices.

**KEY FINDINGS**

- National governments receive the recognition of 77% of respondents as being the most effective at delivering public health at country level. WHO is the second most favoured organization with 1% margin. NGOs, UNICEF and the Global Fund complete the top five (5) selected ranks.

- The bottom three places are taken by UN General Secretariat, European Union Institutions, and UNFPA.

**ANALYSIS**

- It is not surprising that national governments are the institutions most readily recognized as most effective in delivering public health programmes at country level, as they are inherently tasked with this responsibility.
• However, WHO comes a very close second with only 1% behind national governments, an excellent recognition of the work done at country level, once again demonstrating that employees believe their organization is effective and influential.

• Although WHO employees indicated a decline in confidence in WHO’s work (as noted in question 4), both the results of this and the previous questions reassert employees’ belief in WHO’s position as an essential actor in improving people’s health at worldwide and country level.

• Some WHO staff raised the issue that WHO does not in fact deliver programmes at country level, and therefore this question was “incorrect”. However, since this was a perception survey, and comparison with the perception of external stakeholders was an important factor, this question was left identical to the corresponding question for external stakeholders. The internal responses, placing WHO as the second most effective institution at delivering public health programmes at country level, was identical to the external response. This reveals that even if WHO does not claim to deliver programmes at country level, most staff perceive the organization to be second only to national Ministries of health in this regard.
Question 10
How do you rate the way in which WHO communicates its public health information?

<table>
<thead>
<tr>
<th></th>
<th>Reliability/Accuracy</th>
<th>Usefulness</th>
<th>Timeliness</th>
<th>Accessibility/Technology friendly</th>
<th>In a language you can use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>32%</td>
<td>24%</td>
<td>12%</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>Good</td>
<td>53%</td>
<td>55%</td>
<td>45%</td>
<td>49%</td>
<td>52%</td>
</tr>
<tr>
<td>Fair</td>
<td>13%</td>
<td>19%</td>
<td>33%</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Poor</td>
<td>2%</td>
<td>2%</td>
<td>10%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>

KEY FINDINGS

- WHO staff rate the reliability, usefulness and the usability (“in a language you can use”) of the organisation’s public health information very highly.

- 85% of WHO staff indicate that reliability of information which WHO provides is good (53%) or excellent (32%).

- Timeliness and accessibility of communication materials receive a below average score, with a higher percentage of respondents evaluating them as either fair or poor.
The responses to this question demonstrate the high confidence of WHO employees in the thought-leadership of WHO and the high value of the expertise and reliability they assign to the information which it disseminates.

The lower scores on the timeliness and accessibility characteristics are worrying, because they indicate that although valued and reliable, the information flow is slow and difficult to access. However, both these shortfalls are relatively easier to fix than reliability/accuracy and usefulness, the latter both scoring well on this question.
Question 11
Which of the below phrases best describes how you speak about WHO?

Which of the below phrases best describes how you speak about WHO?

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positively without being asked</td>
<td>36%</td>
</tr>
<tr>
<td>Positively when asked</td>
<td>43%</td>
</tr>
<tr>
<td>Neutral when asked</td>
<td>13%</td>
</tr>
<tr>
<td>Critical when asked</td>
<td>6%</td>
</tr>
<tr>
<td>Critical without being asked</td>
<td>1%</td>
</tr>
</tbody>
</table>

**KEY FINDINGS**

- 80% of WHO employees speak positively about WHO both proactively and when asked.
- Every fifth person would not speak positively of WHO, but neutrally (13%) or critically (7%)

**ANALYSIS**

- Although 8 out of 10 respondents speak positively about WHO, a very positive statistic, this is lower than expected for an internal survey.
- 13% sit on the fence and express what could be explained as apathy or indecision. Although the responses of 166 employees who say they would be critical of WHO are of a greater concern, it is also predictable that a number of employees would be critical of their organization.
- Although this question reveals employees’ feelings about WHO and examines how they speak about the organization internally and externally, the critical responses could be attributed to factors which do not necessarily relate to the perception of how WHO operates externally or its leadership abilities. For example, the outcome could be influenced by HR issues which are experienced on a personal level or could be attributed to the internal restructuring over the last few years.
Question 12
Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers?

KEY FINDINGS

- The majority of WHO employees (77%) trust WHO to take the necessary measures to ensure the independence of its public health expert advisers.

- Every fifth respondent answered “sometimes”, whilst 5% have little confidence that WHO ensures the independence of its public health advisors.

ANALYSIS

- This question reveals the broad confidence of WHO employees in the procedure (the so-called “checks and balances”) in place for selecting public health advisers.

- The responses should not be analysed as demonstrating confidence in the individual public health expert advisors who the respondents might be working with, rather their confidence in the appointing procedure.

- The responses to this question, whilst broadly positive, still include some cause for concern, such as a fifth of respondents who responded “sometimes” – a neither positive nor negative answer. There may be a lack of knowledge as regards internal procedures for such a process, and this may explain these rather ambivalent results.
Question 13
Do you believe WHO is inappropriately influenced by industry/private sector?

KEY FINDINGS

- 19% of WHO employees believe that the WHO is inappropriately influenced by industry, while 48% are convinced that this is not the case.

- A relatively large number (33%) indicate that they do not know if this is the case.

ANALYSIS

- These figures indicate a concerning internal pattern of lower confidence in the independence of WHO from inappropriate industry influence, or perhaps a genuine lack of awareness of the situation and internal processes.

- The “don’t knows” could either represent ignorance, uncertainty though knowledgeable about the debate, apathy or reluctance to give an opinion.

- These responses clearly indicated that there is a reason for serious concern. Every fifth employee of WHO believes that WHO is inappropriately influenced by industry. If the “I don’t know” answer option was not available to respondents, it is expected that the “yes” option would have gathered additional votes.
Question 14
What do you value most about WHO? (Optional question)

This was an open optional question with nearly 50% (1149) of respondents providing a comment. The comments received in the different languages were translated into English and then divided, as far as possible, into five categories (see Annex V for the full list of comments). These categories reflect the main themes which the comments effectively addressed, namely leadership/influence; integrity; assistance; information; and expertise.

Below is a list of the five categories with three examples of comments received:

LEADERSHIP/INFLUENCE

WHO’s advice and guidance is respected and implemented where possible (49% of all answers fell into this category)

- “Its leadership in health globally and at country levels”
- “WHO’s leadership role in Global Public Health. Organization that sets standards (that people follow and believe in)”
- “The ability to influence government policies that affect health”

INTEGRITY

WHO as a credible source whose information and guidance that can be trusted (24% of all answers fell into this category)

- “The hard work, integrity and leadership of the people working behind the scene”
- “Fairness, technical knowledge, independence”
- “Its uniqueness as a potentially unbiased, fair intergovernmental organization”

ASSISTANCE

The appreciation for WHO when it provides technical advice and assistance (5% of all answers fell into this category)

- “That it tries to assist all of those in a health crisis in any country”
- “Respect for maintaining high quality technical assistance for better health for all”
• “Close relationship and guidance/technical assistance provided to national governments”

INFORMATION

The appreciation for WHO as an information provider (5% of all answers fell into this category)

• “Availability of technical/medical information for all public for free”
• “Information sharing transparently health systems of all member countries”
• “Communicating information and stories that make a difference”

EXPERTISE

WHO is efficient in conducting cutting edge research and producing well-balanced guidelines (19% of all answers fell into this category)

• “Independence and expertise in advising in public health problems”
• “Ability to draw on global expertise - to convene consultations to inform WHO’s work and contributions”
• “Independent and evidence-based expertise”

Areas of improvement

Whilst the vast majority of the comments were actually positive, there were of course some criticism or suggestions for WHO on how to improve its performance. The recurring themes were:

• Increasing bureaucracy is a big hindrance for real actions
• Lack of communication between units,
• WHO has a great potential but falls short of realising it

As examples of comments:

• “WHO has the potential at a global level to be a reference to improve "global" health. Whether it uses that potential is another question.”
• “WHO should be the first organization in the world regarding health knowledge. Unfortunately we are still far from this. We have the potential. We should focus on the best people and their expertise. “

• “WHO has tremendous potential to assist and influence national governments, where things boil down to but for its poor quality experts, who do not possess knowledge on how things may move at policy level in the Member States.”

• “WHO is doing good jobs in improving public health and health education. However, personally I feel WHO budget (funds) is not distributed wisely and equally. Especially allowance related for travelling purposes.”
C. SUMMARY OF KEY FINDINGS AND ANALYSIS

1. The Internal Survey in Numbers

Response Rate

- Grayling was provided with 9311 contacts by WHO.
- There were 2326 responses to the survey, giving a worldwide response rate of 25%.
- 7% (681 employees) started filling in the survey, but did not complete it.

Breakdown of Responses Received

- Of all the responses received, 98% were current employees, 1.7% were external consultants, and 0.4% were interns.

2. Key Findings & Analysis

In providing a summary of the key findings and analysis, it is necessary to recall the objectives which were set for each question in the methodology. These objectives are as follows:

- Assess the respondent’s general perception of WHO;
- Assess the respondent’s view of WHO’s communications performance;
- Assess the respondent’s view of WHO’s response to campaigns and outbreak events;
- Assess WHO’s value vis-à-vis its competitors; and
- Assess WHO’s leadership and integrity.

The key findings and analysis were grouped under these objective headlines.
Assess the respondents’ general perception of WHO

95% of your employees believe WHO is either indispensable or important for improving people’s health.

Yet, 40% of your employees have either “declining confidence” or “consistent disappointment” in WHO’s work over the past three to five years.

- However, the fact that as many as 79% of your employees speak positively about WHO, either prompted or not, suggest that even those with “declining confidence” or “consistent disappointment” may continue to speak positively about you.

- It must be borne in mind that, although one fifth of your employees are neutral to critical and this could be seen as worrying, positive criticism can be welcomed within any organisation.

Your employees ranked their familiarity with your core responsibilities as follows (in order of popularity): Providing technical support, catalysing change and building sustainable institutional capacity; Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; and Setting norms and standards, promoting and monitoring the implementation.

- Generally, your employees should have a greater awareness of what WHO does and what they themselves do as individuals, and this may well have informed these results.

The five most important areas of WHO’s work for your staff are non-communicable diseases, emerging, epidemic & pandemic prone diseases, HIV/AIDS, vaccine preventable diseases, and neonatal & maternal health.

- All areas received at least some attention, with the exception of gender equality in health and injuries & disabilities.

Assess the respondents’ view of WHO’s communications performance

85% of your employees have “good” to “excellent” confidence in the content and accuracy of your communications

- 40% are however concerned about the lack of speed of and difficult access to your communications.
Assess the respondents’ view of WHO’s ability to manage international public health threats in the future

Approximately 70% of your staff has “good” to “excellent” trust in your handling of campaigns and outbreak events.

- This is the case for both the recent H1N1 pandemic and future public health threats.

Assess WHO’s value vis-à-vis its competitors

90% of your employees believe that WHO is one of the five most effective organizations or institutions at influencing policy for improving people’s health at the global level, although fewer believe that WHO is effective at delivering public health programmes at country level.

- The main competitors when it comes to “influencing policy are national governments and private philanthropy, whilst when it comes to delivering public health programmes at country level the main competitors are national governments, NGOs, and UNICEF.

Assess WHO’s leadership and integrity

77% trust WHO to take the necessary measures to ensure the independence of its public health expert advisers, although over 50% think WHO is either inappropriately influenced by industry/private sector or “don’t know”.

- Yet, as noted above, your employees clearly trust WHO when it comes to handling pandemics and international public health threats in the future.
D. CONCLUDING REMARKS AND RECOMMENDATIONS

In this section, we provide a recap on the survey’s findings looking at the good news, the not so good news and recommendations.

THE GOOD NEWS

✓ WHO staff are highly familiar with WHO’s core functions of providing technical support, providing leadership and setting norms and standards.

✓ WHO staff overwhelmingly believes in the importance and the role of WHO for improving people’s health both worldwide and at country level.

✓ The negative coverage of the H1N1 pandemic has not stuck with WHO employees.

✓ Moreover, WHO has the confidence of its staff that it will handle well a future health threat.

✓ WHO employees view most WHO areas of work as very important.

✓ The information which WHO provides is highly trusted and valued by WHO employees as accurate and useful.

✓ WHO staff generally would speak positively about WHO, with a large number of people proactively expressing encouraging opinion.

AREAS FOR IMPROVEMENT AND RECOMMENDATIONS

We have identified six (6) key separate concerns – the so called not “so good news” which, in our opinion, will need to be addressed.

We provide a recap explanation for each of these but of course the information was already highlighted under the facts and analysis sections under each question.
1. **WHO responsibilities – unequal knowledge on WHO core functions**

Whilst it appears that most WHO staff are broadly aware of WHO’s core functions across the board, “monitoring the health situation and assessing health trends”, “shaping the research agenda” and “articulating ethical and evidence-based policy options” receive relatively low scores.

WHO will need to consider whether it wishes its staff to recognise all the core function as of equal importance and, if so, then an internal communications strategy will need to be developed to re-balance the perception and most probably provide more/better information to employees about the importance, specifically, of those three core functions which scored below average.

2. **Declining staff confidence in WHO’s work in the last 3-5 years**

One of the most worrying aspects identified through this perception survey is the declining confidence of employees in the WHO work. A significant 38% of respondents indicate that their confidence in the work of WHO has been on the decline, and a negligible number have been consistently disappointed (2%).

Nevertheless, it should be balanced with the knowledge that 60% of WHO employees have a consistently high or increasing confidence in the work of the WHO over the last three to five years.

The concern needs to also be compared to other data the survey has picked up, in particular that it is going somewhat against responses to other questions, which on the contrary identify high levels of confidence in the work of WHO and the role of the organization vis-à-vis other competitors.

Therefore, we deduce that external factors such as negative media coverage, including the handling of the H1N1 pandemic and perceived conflicts of interest, increasing competition, and donor apathy are not key factors which give rise to the lower confidence. We would therefore attribute this largely to the internal changes, restructuring, and personal experiences.

This question is a benchmark question which, if included, in future surveys, would provide a good basis for a trends analysis and identification of changing sentiments.

Additionally, to ensure that staff is both confident in the work of WHO, but also continues to view WHO as very important and indispensable, WHO Communications Department should consider boosting existing systems for capturing achievements, but also ensuring that those achievements are regularly communicated to staff.
In addition, increased job security, organizational stability, and improved job satisfaction could all be factors which could increase the number of responses to this question. This is as much a question about the management of human resources as it is about communications, as well as employees’ overall confidence and pride in the organization they work for.

3. Perception that there is need for improvement of the speed of delivery and accessibility of WHO information

WHO staff rate the reliability, usefulness and the usability (“in a language you can use”) of the organisation’s public health information very highly. But the timeliness and accessibility of communication materials receive a below average score, with a higher percentage of respondents evaluating them as either fair or poor.

The concern shown for the timeliness and accessibility of information needs to be addressed, especially as they rate the content positively. The view is that the information is not getting to recipients on time.

WHO should try where possible to speed up the process of disseminating information and messages, particularly given the fact that the content of WHO communications is very much valued by stakeholders.

4. A number of people “sitting on the fence” when speaking about WHO

A significant number of staff speaks neutrally about WHO - 80% of WHO employees speak positively about WHO both proactively and when asked. But every fifth person would not speak positively of WHO, but neutrally (13%) or critically (7%).

While it is expected that in most organizations, some of its staff would be neutral to critical, it is nevertheless important to ensure that those “sitting on the fence” do not turn critical or apathetic – a risk which is already heightened by the decreasing confidence in WHO.

Although this reveals employees’ feelings about WHO and examines how they speak about the organization internally and externally, the critical responses could be attributed to factors which do not necessarily relate to the perception of how WHO operates externally or its leadership abilities. For example, the outcome could be influenced by HR issues which are experienced on a personal level or could be attributed to the internal restructuring over the last few years.

Nevertheless, the 20% is cause for concern, and hence one of the actions that should be introduced is a communications plan to consider how to redress this neutrality and ensure that those sitting on the fence move to the positive and not the negative.
However, this will not alone be sufficient, and WHO will need to assess the scope for changes in its human resources management. More briefings on WHO as an organization and a more regular monitoring of employees’ job satisfaction, amongst others, could help ensure that in future surveys responses to this question are more positive.

5. Concerns about procedure of appointing independent public health expert advisers

Whilst the overall picture is positive – namely that the majority of WHO employees (77%) trust WHO to take the necessary measures to ensure the independence of its public health expert advisors - there is concern nevertheless as some 25% have doubts (made up of every fifth respondent answered “sometimes”, whilst 5% have little confidence).

Furthermore, this issue reveals the broad confidence of WHO employees in the procedure (the so-called “checks and balances”) in place for selecting public health advisers. The responses should not be analysed as demonstrating confidence in the individual public health expert advisors who the respondents might be working with, rather their confidence in the appointing procedure.

WHO needs to look carefully at its procedure for appointing independent public health expert advisors, make changes if needed, and communicate this clearly, both internally and externally.

Any cases of doubt and/or wrongdoing need to be addressed quickly, and WHO needs to show that it is not afraid to go public rather than push the issue under the carpet. Indeed, it should be recalled that it is very often the lack of transparency that creates doubt. When communicating on this issue, particular attention needs to be paid to Government Development Agencies, Foundations, UN Agencies, and International Organizations, since these organizations perceived this issue more negatively and clearly have the most doubt.

6. High perception of inappropriate influence by industry

WHO staff is clearly concerned about the inappropriate influence of industry. Whilst almost half of your staff has no worries, 19% have definite concerns and 33% claim not to have an opinion. These figures indicate a concerning internal pattern of lower confidence in the independence of WHO from inappropriate industry influence, or perhaps a genuine lack of awareness of the situation and internal processes.

The negative perception needs to be addressed by, amongst others, some positive internal communication and as well as a clear explanation of the compliance issues when working with the pharmaceutical industry.
V. COMPARATIVE REPORT

A. FINDINGS AND ANALYSIS

This section of the report brings together the key findings from both the external and internal survey and provides a comparative analysis for each question. Below this we outline some proposed recommendations based on the "good news" and "bad news" emanating from the survey.
Which areas of WHO's responsibilities (core functions) are you most familiar with?

**Which areas of WHO's responsibilities are you most familiar with?**  
(Worldwide)

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
- Monitoring the health situation and assessing health trends
- Providing technical support, catalysing change and building sustainable institutional capacity
- Setting norms and standards, promoting and monitoring the implementation
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Articulating ethical and evidence-based policy options

**Which areas of WHO's responsibilities (core functions) are you most familiar with? Please select up to 3 boxes**  
(Internal)

- Providing technical support, catalysing change and building sustainable institutional capacity
- Setting norms and standards, promoting and monitoring the implementation
- Monitoring the health situation and assessing health trends
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Articulating ethical and evidence-based policy options
KEY FINDINGS

External

- Worldwide, “Providing leadership” came in first at 62%, closely followed by “Monitoring the health situation” (60%) and “Providing technical support” (55%). At the other end of the scale, “Articulating ethical and evidence-based policy options” comes in at 13%.

Internal

- Providing technical support” is the WHO responsibility with which employees are most familiar (69%).
- The core functions of “providing leadership on matters critical to health” and “setting norms and standards” follow closely with more than 50% of WHO employees identifying them.
- The least popular answer was “Articulating ethical and evidence-based policy options”, with 14% of respondents indicating this response.

COMPARATIVE ANALYSIS

- The responses from both surveys do not match each other exactly, and therefore it is clear that there are different perceptions depending on whether you are a member of staff or an external stakeholder.
- Nonetheless, there is no major disparity between the results from external and internal audiences, with the same top four core functions for each.
- Whilst the fact that WHO is seen as being a leader both externally and internally is positive, it is perhaps a concern that “monitoring...” was the second most popular answer externally – more popular indeed than “setting norms and standards”, which was only the fourth most popular answer externally.
- There is a risk therefore that whilst internal audiences see WHO as “providing technical support”, “providing leadership”, and “setting norms and standards”, external stakeholders view WHO as a more passive body, and one that merely monitors trends.
Which of the following best describes your view of WHO's work over the past three to five years?

**Count of Which of the following best describes your view of WHO's work over the past three to five years?**

*Worldwide*

- Increasing confidence: 42%
- Consistently high confidence: 34%
- Declining confidence: 21%
- Consistent disappointment: 3%

**Which of the following best describes your view of WHO's work over the past three to five years?**

*Internal*

- Consistency high confidence: 31%
- Increasing confidence: 32%
- Declining confidence: 36%
- Consistent disappointment: 1%
KEY FINDINGS

External

- Worldwide, over 75% of respondents either have “increasing confidence” or “consistently high confidence” in WHO.

- At the other end of the spectrum, nearly 25% of respondents view WHO with “declining confidence” (23%) or “consistent disappointment” (3%).

Internal

- Roughly one quarter of WHO employees has had consistently high confidence in the work of WHO in the last three to five years, whilst over a third have increasing confidence.

- A significant 38% of respondents indicate that their confidence in the work of WHO has been on the decline, and a negligible number have been consistently disappointed (2%).

COMPARATIVE ANALYSIS

- The results from this question suggest that external stakeholders are in fact more positive towards WHO than staff.

- The number of staff who have “declining confidence” or “consistent disappointment” is more than twice as many as those external stakeholders who see WHO as either being of “limited importance” or “irrelevant”,

- This could point to internal factors, such as organisational restructuring, as being the prime motivation for WHO employees’ dissatisfaction, rather than any disaffection with the work or function of WHO as a whole.
How do you view WHO’s leadership of the H1N1 pandemic?
KEY FINDINGS

External

- Worldwide, there are very positive results, with 75% of respondents viewing WHO’s leadership of the H1N1 pandemic as either “excellent” or “good”. At the opposite end of the scale, 25% either thought WHO's handling was “fair” or “poor”.

Internal

- Nearly three quarters of respondents (71%) thought WHO’s leadership during the H1N1 pandemic was excellent (23%) or good (48%).
- 30% of WHO employees are not as positive, indicating that they viewed the way WHO handled the H1N1 pandemic was either “fair” (23%) or “poor” (7%).

COMPARATIVE ANALYSIS

- There is not a hugely significant difference between the responses from the external and internal surveys. This is perhaps surprising, and given the negative press coverage and criticism of WHO in recent months a more negative external response may have been expected.
- Indeed, when analysing the figures it can be seen that more staff (30%) viewed WHO’s leadership of the pandemic as either “fair” or “poor” against 26% externally.
- It, therefore, follows that more external stakeholders viewed WHO’s leadership as “excellent” or “good”, with the slight caveat that 2% more WHO staff viewed it as “excellent”.
- These results suggest that the media coverage has not impacted the views of external audiences – indeed, WHO staff may have been more affected by this – and means that, by and large, WHO remains a trusted leader externally when it comes to dealing with pandemics of this kind, as the following question indicates.
How do you (does your organization) view WHO's ability to manage international public health threats in the future?

### How does your organization view WHO's ability to manage international public health threats in the future? (Worldwide)

- Excellent: 21%
- Good: 58%
- Fair: 20%
- Poor: 2%

### How do you view WHO's ability to manage international public health threats in the future? (Internal)

- Excellent: 17%
- Good: 57%
- Fair: 22%
- Poor: 3%
KEY FINDINGS

External

- Worldwide, there is a very positive result with nearly 80% of respondents replying with “excellent” or “good”, 20% replying “fair”, and only 2% replying “poor”.

Internal

- Nearly three quarters (74%) of respondents trust WHO to manage international public health threats in the future.
- Just over one fifth is expressing the view that WHO will manage a future situation fairly, whilst a small 3% have expressed the view that the management will be poor.

COMPARATIVE ANALYSIS

- As with the previous question, it can be seen that external audiences are actually more positive about WHO’s ability to manage international public health threats in the future than WHO staff.
- More external stakeholders than staff selected “excellent” or “good”, which reinforces the notion that the reputation of WHO has not been severely affected by the media coverage of the H1N1 pandemic.
- More importantly, the responses to this question provide WHO with a mandate to continue leading from the front during times of crises.
- The fact that just over a fifth of respondents externally and internally are less positive should be a cause for concern, but given the recent stresses and strains undergone by WHO, it is perhaps surprising that this percentage is not higher, particularly externally.
- As with the previous question, it will be important to include this question in future surveys in order to map progress and measure perceptions over time.
Which of the WHO following areas of work below do you perceive to be the most important? Please select your top five (5) choices.
KEY FINDINGS

External

• WHO’s ten key areas of work all receive 19% or more of responses.
• Worldwide, all areas of work have at least 5% of responses.
• In priority, the areas rated as most important are:
  o Non-communicable diseases – 44%
  o HIV/AIDS – 38%
  o Emerging, epidemic & pandemic diseases – 37%
  o Tuberculosis – 31%
  o Vaccine preventable diseases and neonatal & maternal health – both 27%.

• At the other end of the spectrum, gender equality in health, injuries & disabilities, and
  information technology for health are the least popular, all coming under 10%.

Internal

• WHO’s work in the area of non-communicable diseases is viewed as the single most
  important area of work among the 27 listed, with more than half (52%) of the
  respondents identifying it as one of their top five (5) choices.
• It is interesting to note that neonatal and maternal health (5th place), malaria (6th place)
  and tuberculosis (7th place) are just one per cent apart.
• Gender equality in health and injuries and disabilities are the areas of work which
  received the lowest score.

COMPARATIVE ANALYSIS

• It is positive finding that the top three areas of work are the same for both surveys, since
  it demonstrates that WHO’s work in these areas is recognised externally.
• Indeed, when analysing the top five choices, the only difference is that “neonatal and
  maternal health” does not feature in the top five for the external survey (it does however
  come 6th) and is replaced by “tuberculosis” (which comes 7th in the internal survey).
• The main message is to convey is that there are strong synergies between the responses
  to both surveys, and all WHO’s main areas of work feature prominently in the responses
  to both questions.
Which organizations or institutions do you consider the most effective at influencing policy for improving people's health at the global level?

### Worldwide

<table>
<thead>
<tr>
<th>Organization/Institution</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>WHO</td>
<td>90%</td>
</tr>
<tr>
<td>UNICEF</td>
<td>62%</td>
</tr>
<tr>
<td>World Bank</td>
<td>43%</td>
</tr>
<tr>
<td>National governments</td>
<td>39%</td>
</tr>
<tr>
<td>Media</td>
<td>37%</td>
</tr>
<tr>
<td>Donor governments</td>
<td>34%</td>
</tr>
<tr>
<td>Global Fund to Fight...</td>
<td>31%</td>
</tr>
<tr>
<td>Academic institutions...</td>
<td>30%</td>
</tr>
<tr>
<td>Private Philanthropy...</td>
<td>28%</td>
</tr>
<tr>
<td>European Union</td>
<td>17%</td>
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<tr>
<td>UNAIDS</td>
<td>15%</td>
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<tr>
<td>UNFPA</td>
<td>13%</td>
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<tr>
<td>Industry</td>
<td>13%</td>
</tr>
<tr>
<td>Other international organizations...</td>
<td>12%</td>
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<tr>
<td>GAVI</td>
<td>12%</td>
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<tr>
<td>Celebrities</td>
<td>6%</td>
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</tbody>
</table>

### Internal

<table>
<thead>
<tr>
<th>Organization/Institution</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>WHO</td>
<td>789%</td>
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<tr>
<td>National governments, i.e. Bill and.</td>
<td>56%</td>
</tr>
<tr>
<td>Donor governments</td>
<td>50%</td>
</tr>
<tr>
<td>Global Fund to Fight AIDS...</td>
<td>46%</td>
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<tr>
<td>Media</td>
<td>36%</td>
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<tr>
<td>World Bank</td>
<td>36%</td>
</tr>
<tr>
<td>GAVI</td>
<td>33%</td>
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<tr>
<td>Academic institutions and...</td>
<td>32%</td>
</tr>
<tr>
<td>UN General Secretariat</td>
<td>21%</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>16%</td>
</tr>
<tr>
<td>European Union institutions</td>
<td>16%</td>
</tr>
<tr>
<td>Other international organisations</td>
<td>13%</td>
</tr>
<tr>
<td>Industry</td>
<td>11%</td>
</tr>
<tr>
<td>Celebrities</td>
<td>9%</td>
</tr>
<tr>
<td>UNFPA</td>
<td>7%</td>
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</table>
KEY FINDINGS

External

• Worldwide, WHO is by far the most popular choice with 90% of respondents selecting it as being the most effective organization at influencing policy at the global level.

Internal

• WHO is viewed by the majority of respondents (89%) as one of the five (5) most effective organizations at influencing policy for improving health at global level.

• National governments are second with 56%, closely followed by private philanthropy and donor governments. UNICEF takes the fifth position together with media as indicated by 36% respondents.

• The least popular answers are UNFA, Celebrities, and Industry.

COMPARATIVE ANALYSIS

• It is heartening that “WHO” is comfortably the most popular answer in each survey with very high scores and testifies to the confidence and trust that both external stakeholders and staff continue to have in the organization.

• Below the top two, there are some interesting observations to make, such as the prominence of private philanthropy in the internal survey (3rd most popular answer, 50%) compared with the external survey (9th most popular answer, 28%) which suggests that staff perhaps view this as a more significant competitor than it actually is.

• However, by and large external and internal audiences have very similar perceptions of WHO’s competitors. Of particular note is that both surveys rank industry and celebrities as being the least effective from the list given, whilst the EU also scores relatively low in both.
Which organizations or institutions do you consider the most effective at delivering public health programmes at country level?

### Worldwide

- National governments: 83%
- WHO: 74%
- NGOs: 58%
- UNICEF: 52%
- Other international bodies: 42%
- World Bank: 26%
- Donor governments: 26%
- Faith-based organizations: 26%
- UNAIDS: 20%
- UNFPA: 19%
- Bill & Melinda Gates Foundation: 18%
- European Union Institutions: 18%
- UN General Secretariat: 17%
- GAVI: 14%
- Other: 7%

### Internal

- National governments: 77%
- WHO: 76%
- NGOs: 62%
- UNICEF: 55%
- Global Fund to Fight HIV: 37%
- Bill & Melinda Gates Foundation: 28%
- Donor governments: 27%
- Faith-based organizations: 26%
- Other international bodies: 23%
- GAVI: 21%
- UNAIDS: 18%
- World Bank: 17%
- UNFPA: 15%
- European Union Institutions: 11%
- UN General Secretariat: 6%
KEY FINDINGS

External

- From a worldwide standpoint, respondents identified five clear organisations/institutions as the most effective at delivering public health programmes at country level. These in order of ranking include:
  - National governments;
  - WHO;
  - NGO;
  - UNICEF; and
  - Global Fund to fight HIV, Tuberculosis, and Malaria.

Internal

- National governments receive the recognition of 77% of respondents as being the most effective at delivering public health at country level.
- WHO is the second most favoured organization at 76%. NGOs, UNICEF and the Global Fund complete the top five (5) selected ranks.
- The bottom three places are taken by UN General Secretariat, European Union Institutions, and UNFPA.

COMPARATIVE ANALYSIS

- Both internal and external audiences listed exactly the same organizations in the top five, and moreover in the same order, thereby demonstrating that external and internal perceptions are very similar.
- Regarding WHO’s competitors, more internal than external respondents believed that UNICEF and NGOs were effective in this domain, which again suggests that WHO staff are more preoccupied with their competitors than external audiences, and that perhaps their concern is not a reflection of reality.
How do you rate the way in which WHO communicates its public health information?
KEY FINDINGS

External

- Worldwide, if we aggregate all five criteria, over 20% believe WHO is “excellent” at communicating its public health information, nearly 55% believe WHO is “good” at it, over 20% think “fair”, and only 3.4% thought the WHO is “poor” at it.

- The two weakest criteria are timeliness and accessibility, which score 66% if we combine “excellent” and “good” as opposed to the average of 77%.

- For reliability, an extremely high 89% selected either “excellent” (29%) or “good” (60%), with only 10% selecting “fair” and 1% “poor”.

- Regarding the usefulness of WHO communication, just over three quarters (76%) responded “excellent” (16%) or “good” (60%), with only 15% selecting “fair” (13%) or “poor” (2%). Not surprisingly, the picture is extremely positive across all stakeholders and also extremely balanced, meaning all stakeholders appreciate the information they receive and can use it.

- Regarding timeliness, worldwide two thirds (66%) responded either with “excellent” (14%) or “good” (52%), which presents an extremely positive picture. Over a quarter (29%) said it was “fair” whilst only 5% selected “poor”.

- Regarding the accessibility of information, two thirds of respondents answered either “excellent” (13%) or “good” (53%), which is a generally good score. 29% responded “fair” and only 5% rated it “poor”. EMR countries demonstrates the lowest satisfaction with “accessibility”, with almost 10% selecting “poor”.

- Regarding “in a language you can use”, exactly three quarters of the external stakeholders responded with either “excellent” (26%) or “good” (49%).

Internal

- WHO staff rate the reliability, usefulness and the usability (“in a language you can use”) of the organisation’s public health information very highly.

- 85% of WHO staff indicate that reliability is good (53%) or excellent (32%).

- Timeliness and accessibility of communication materials receive a below average score, with a higher percentage of respondents evaluating them as either fair or poor.
**ANALYSIS**

- Overall internal audiences responded more negatively to this question than external audiences. Once again, this is somewhat surprising and suggests that WHO staff are more pessimistic than is necessary and that their perceptions do not match external realities.

- Across the surveys the results were broadly similar, with timeliness and accessibility the two main concerns for both sets of respondents, indicating that these are factors that WHO needs to work on in the future.
Which of the below phrases best describes how you speak about WHO?

(Worldwide)

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<tr>
<th>Statement</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Positively without being asked</td>
<td>32%</td>
</tr>
<tr>
<td>Positively when asked</td>
<td>45%</td>
</tr>
<tr>
<td>Neutral when asked</td>
<td>14%</td>
</tr>
<tr>
<td>Critical when asked</td>
<td>7%</td>
</tr>
<tr>
<td>Critical without being asked</td>
<td>1%</td>
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</tbody>
</table>

(Worldwide statistics show that 45% of respondents speak positively when asked, while 32% speak positively without being asked.)

(Internal)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Positively without being asked</td>
<td>36%</td>
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<tr>
<td>Positively when asked</td>
<td>43%</td>
</tr>
<tr>
<td>Neutral when asked</td>
<td>13%</td>
</tr>
<tr>
<td>Critical when asked</td>
<td>6%</td>
</tr>
<tr>
<td>Critical without being asked</td>
<td>1%</td>
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</tbody>
</table>

(Internal statistics show that 43% of respondents speak positively when asked, while 36% speak positively without being asked.)
KEY FINDINGS

External

- Worldwide, over 75% of respondents would either speak “positively without being asked” or “positively when asked” of WHO.

Internal

- The survey revealed that only one in three staff will speak positively about WHO without being asked. Additionally more than 40% will speak positively when asked.

- 13% would respond neutrally when asked, and 7% would be critical, with 1% speaking critically about WHO without being asked.

ANALYSIS

- The results of this question are strikingly similar, with the largest difference of 4% relating to “positively without being asked”. The difference in the other answers was at the most 2%.

- These figures are a cause for concern, since not only are staff considered as ambassadors of their organization, they also make a living from it. Moreover, it is surprising that the internal responses to this question were more negative than the external responses. This could point to their lack of confidence in either their employer or in their ability to communicate the values and good work of WHO.

- Nonetheless, this indicates that the worldwide perception of WHO is not as diverse as perhaps was expected. WHO is still widely respected and trusted both on the inside and the outside, and the negative media coverage from the H1N1 pandemic has not significantly impacted the overall perception.
Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers?

(Worldwide)

- Always: 22%
- Most of the time: 57%
- Sometimes: 17%
- Rarely: 3%
- Never: 1%

(Internal)

- Always: 28%
- Most of the time: 49%
- Sometimes: 19%
- Rarely: 4%
- Never: 1%
KEY FINDINGS

External

- Worldwide, the majority of WHO stakeholders appear to believe in the independence of its public health experts with almost 80% answering either “always” or “most of the time”.

- However, over a fifth (21%) appear to have doubts, responding with one of “sometimes” (17%), “rarely” (3%) or “never” (1%).

Internal

- These responses represent on the one hand another positive result for WHO and signify its ability to ensure the independence of its experts.

- That said, it is clear that a sizeable proportion of stakeholders – one fifth - do have doubts, and at over one fifth this represent, and this should be seen as a cause for concern.

ANALYSIS

- The worldwide responses were slightly more positive than the internal responses, which suggest, surprisingly, that staff have more doubts than external stakeholders.

- This could mean that staff have low confidence based on lack of knowledge on the processes used, have negative personal experience or are influenced by negative media coverage on this issue. It therefore emphasises the importance of communicating internally and building support from within.

- That nearly a quarter of your staff have doubts is too high, and this needs to be addressed in the coming months and years.
Do you believe WHO is inappropriately influenced by industry/private sector?

**Worldwide**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>36%</td>
</tr>
<tr>
<td>I don't know</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Internal**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19%</td>
</tr>
<tr>
<td>No</td>
<td>48%</td>
</tr>
<tr>
<td>I don't know</td>
<td>33%</td>
</tr>
</tbody>
</table>
KEY FINDINGS

External

- Worldwide, the number of respondents who believe WHO is influenced by industry is less than 20%.
- 46% confirmed that they had no opinion/did not know if WHO is inappropriately influenced by industry/private sector.
- Just over a third believed unequivocally that WHO was not influenced by industry/private sector (36%).

Internal

- A substantial 19% of WHO employees believe that the WHO is inappropriately influenced by industry, while less than 50% are convinced that this is not the case.
- A relatively large number (33%) indicate that they do not know if this is the case.

ANALYSIS

- Fewer internal respondents than external respondents believe that WHO is influenced by industry/private sector, although the number remains perhaps surprisingly high, particularly for an internal survey.
- Across both surveys there is a high percentage of “don’t knows” (although fewer in the internal survey), which for the internal survey could indicate that more people do believe there is inappropriate influence but were reluctant to voice this concern.
- Across both audiences the number of “yes” responses was almost identical, and in both cases this creates a concern since ideally this percentage should be much lower (particularly from internal respondents).
- Hence, although internal respondents were more sympathetic to WHO in this question, they are not overwhelmingly so, and this highlights once again the importance of looking at processes within the organization to prevent undue industry influence, and communicating internally as well as externally that WHO’s internal processes are above suspicion.
B. CONCLUDING REMARKS AND RECOMMENDATIONS

CONCLUDING ANALYSIS (THE GOOD NEWS)

- The vast majority of both internal (9 out of 10) and external stakeholders (three quarters) consider WHO as either indispensable or important for improving people’s health.
- WHO is best known for providing leadership on health matters.
- WHO is seen as the most effective organisation at influencing health policy at the global level and second only to national governments at country level.
- WHO staff and external stakeholders view most areas of work as very important.
- The majority of WHO’s stakeholders approve of how WHO handled the H1N1 pandemic and give WHO a resounding support to manage future health threats.
- The information which WHO provides is highly trusted and valued by WHO employees and external stakeholders as being accurate and useful.
- WHO staff and external stakeholders generally would speak positively about WHO, with a large number of people proactively expressing encouraging opinion.

AREAS FOR IMPROVEMENT AND RECOMMENDATIONS

1. There is a declining confidence or consistent disappointment with WHO’s performance

Despite some excellent results at the other end of the spectrum, it is of concern that there is a declining and/or consistent disappointment with regard to the WHO’s performance from an external stakeholder perspective.

The reasons are no doubt many and most likely well-known to the WHO, but in essence, it is our view that the world at large and in particular those stakeholders who work with you do not sufficiently appreciate the great work that is being undertaken on the ground.

Declining confidence can in part be addressed by developing and communicating its good stories – focus on demonstrating more pro-actively the good work WHO is undertaking across the globe and particularly countries falling under the EMR and SEAR regions, which tend to be more critical.
Likewise, those stakeholder categories which are critical of WHO need the greatest attention, as WHO will need to work with and where necessary engage with them (though not in public) to ensure that it can both stem their negativity and turn around their opinion.

From an internal perspective, a significant 38% of respondents indicate that their confidence in the work of WHO has been on the decline, and a negligible number have been consistently disappointed (2%). This should however be balanced with the knowledge that 60% of WHO employees have a consistently high or increasing confidence in the work of the WHO over the last three to five years.

Furthermore, this concern needs to also be compared to other data the survey has picked up namely that it is somewhat going against responses to other questions, which on the contrary identify high levels of confidence in the work of WHO and the role of the organization vis-à-vis other competitors.

Therefore, we deduce that external factors such as the H1N1 pandemic, increasing competition, and donor apathy are not key factors for the lower confidence, and therefore we would attribute this largely to the internal changes, restructuring and personal experiences.

This question is a benchmark question which, if included, in future surveys, would provide a good basis for a trends analysis and identification of changing sentiments.

Additionally, to ensure that staff is both confident in the work of WHO, but also continues to view WHO as very important and indispensable, WHO Communications Department should consider boosting existing systems for capturing achievements, but also ensuring that those achievements are regularly communicated to staff.

2. There is doubt over the inappropriate influence of industry over WHO

The survey clearly demonstrates that there is some doubt as to the inappropriate influence of industry over the WHO. However, this should be balanced as the data demonstrates that only one fifth – both external and internal stakeholders - believes WHO is inappropriately influenced by industry/private sector but 45% of external stakeholders and 33% of staff “don’t know.”

These figures indicate a concerning external and internal pattern of lower confidence in the independence of WHO from inappropriate industry influence, or perhaps a genuine lack of awareness of the situation and internal processes.

In any case, the negative perception needs to be addressed in part through some positive internal and, if need be, external communications.
3. **There are concerns about the “procedure of appointing independent public health expert advisers”**

It should be clearly stated at the outset that 80% of external respondents and 77% of staff trust WHO to take the necessary measures to ensure the independence of its public health experts.

However, over 21% of external stakeholders and 25% of employees have doubts. It is this doubt that is of concern.

There is a need for WHO to communicate more regularly and more forcefully that it has very clear and strict guidelines which are unequivocally adhered to and that these are regularly reviewed and policed.

Any cases of doubt and/or wrongdoing need to be addressed quickly, and WHO needs to show that it is not afraid to go public rather than push the issue under the carpet.

Indeed, it should be recalled that it is very often the lack of transparency that creates doubt. When communicating on this issue, particular attention needs to be paid to Government Development Agencies, Foundations, UN Agencies, and International Organizations, since these organizations perceived this issue more negatively and clearly have the most doubt.

Furthermore, this issue reveals the broad confidence of WHO employees in the procedure (the so-called “checks and balances”) in place for selecting public health advisers. The responses should not be analysed as demonstrating confidence in the individual public health expert advisors who the respondents might be working with, rather their confidence in the appointing procedure.

4. **There is a clear need to improve the speed of delivery and accessibility of WHO information**

The results on the whole would suggest that WHO is in fact perceived as doing a good to excellent job when it comes to the reliability/accuracy and usefulness of information (i.e. relevant content), but scores less well in- terms of timing/dissemination from the standpoint of both external and internal stakeholders.

This suggests that whilst the information WHO provides is trusted and of high quality, it may often arrive late and/or may not be sent directly to the recipients, who may have to search for it themselves. This risks undermining the content of your communication, could lead to frustration for those who need or want the latest information from WHO, and – more worryingly - enable your competitors to step in and fill the vacuum.
That WHO is seen to be “behind the curve” when it comes to communicating is clearly a cause for concern, particularly in the digital age when social media has accelerated the pace of communications and given a voice to a greater number of commentators. Failure to respond to this concern could lead to a greater negative perception amongst recipients when it comes to future surveys of this nature. Slow and difficult to access information by WHO could also undermine WHO’s reputation and prevent essential health information reaching key audiences.

5. “Setting norms and standards” is not seen as being a top WHO responsibility by external stakeholders

With a response rate of over 60%, it is very positive for WHO that the most popular answer refers to WHO’s “Leadership”, confirming that WHO is still seen worldwide as the primary stakeholder and expert on health.

It is however clearly concerning that “setting norms and standards” is only the fourth most popular answer and suggests that one of WHO’s main functions is not recognised by large swathes of WHO’s external stakeholders.

This does not match internal priorities and should have been better represented, and hence there should be a greater focus on communicating this aspect of WHO’s work in the future.

6. Whilst all regions are on the whole very supportive, the least supportive are countries in EMR which at times are negative

It should be made clear at the outset that countries from all six regions were on the whole very supportive, and whilst there were variations within regions – to be expected – no one region stood out. However, if we are to dig a little deeper it appears that countries in EMR are the most critical of the WHO.

The specific data can be found in the results above but three stand out in particular to justify our concern for EMR countries:

- 25% within the region believe WHO is limited or irrelevant
- 23% expressed consistent disappointment
- 30% expressed doubts about experts’ independence.

In addition to dealing with management and programmatic issues, if any, it will be necessary to focus future communications in EMR countries on WHO’s “good news” stories and emphasise its work, achievements, and thereby its relevance, when dealing with contemporary health issues. It is probable that the EMR regional office might require further support from WHO in helping to better communicate the benefits of the WHO’s work.
7. **Those most negative external stakeholder groups**

The survey worked with 12 categories of stakeholders, and it would only be normal that some would be more critical than others.

Before we identify a particular category, it should be said that on the whole no single stakeholder category stood out as being more critical than others. On the whole, the media was critical but was also under represented in numbers and, hence, we do not feel that we can gauge an accurate baseline for a trends analysis of their views.

Indeed, the low number of responses received from WHO Collaborating Centres, Health Partnerships, Health Professional Associations, Foundations, and the media suggests that WHO should look for other ways in which to explore the perception from these groups.

For example, it may be advisable to undertake a separate media campaign throughout the regions to explain the role of WHO, emphasise its unique and critical role in worldwide health, and communicate its many “good news stories”. In this way you will be able to build relationships with your key journalists, which could in time prevent the negative media coverage which was so prevalent during WHO’s response to the H1N1 pandemic and allegations of conflicts of interest more recently.

8. **WHO responsibilities – unequal knowledge on WHO core functions**

Whilst it appears that most WHO staff are broadly aware of WHO’s core functions across the board, “monitoring the health situation and assessing health trends”, “shaping the research agenda” and “articulating ethical and evidence-based policy options” receive relatively low scores.

WHO will need to consider whether it wishes its staff to recognise all the core function as of equal importance and, if so, an internal communications strategy will need to be developed to re-balance the perception and most probably provide more/better information to employees about the importance, specifically, of those three core functions which scored below average.

9. **A number of people „sitting on the fence“ when speaking about WHO**

A significant number of staff speaks neutrally about WHO - 80% of WHO employees speak positively about WHO both proactively and when asked. But every fifth person would not speak positively of WHO (neutrally (13%) or critically (7%)).
While it is expected that in most organizations, some staff would be neutral to critical, it is nevertheless important to ensure that those “sitting on the fence” do not turn critical or apathetic – a risk which is already heightened by the decreasing confidence in WHO.

It should also be noted that staff which are negative can translate this to external stakeholders and hence sow the seed of doubt in these audiences. Hence, an even greater need to reduce this negativity.

Although this reveals employees’ feelings about WHO and examines how they speak about the organization internally and externally, the critical responses could be attributed to factors which do not necessarily relate to the perception of how WHO operates externally or its leadership abilities. For example, the outcome could be influenced by HR issues which are experienced on a personal level or could be attributed to the internal restructuring over the last few years.

Nevertheless, the 20% is cause for concern and hence a communications plan should be put in place to consider how to redress this neutrality and ensure that those sitting on the fence move to the positive and not the negative.

10. Next Steps

As indicated, this survey is designed to be subsequently used as a benchmarking exercise, ideally repeated every 18-24 months to identify the effectiveness and direction of WHO’s communication. A number of key lessons learnt and recommendations were identified during the implementation and analysis of this survey.

- For future external surveys, it should be ensured that countries provide similar number of stakeholders from each region.

- For future internal surveys, the percentage of responses coming from interns and external consultants was low and not sufficiently representative to provide a reliable baseline for a trends analysis. It is therefore recommended that when carrying out the next survey, these two categories of recipients are not included. Furthermore, the inclusion of retired staff should be carefully considered in order to ensure that there is the capacity to poll among such a large group.

- Specifically for the media, it should be considered whether the external survey in its current form is the correct tool to gauge their opinions. Therefore, we should consider a separate and specific tool to directly target the media, as their views are indeed important. It must be borne in mind that the media, while in itself an opinion-former (and indeed a growing and critical one), takes a position which is based on two subjective
factors, namely their own assessment of the information they obtain and, secondly, how they wish to use this information.

- For the external survey, we would recommend seeking the views of industry and donor countries which can provide WHO with a fuller picture of how its key stakeholders perceive WHO.

- We recommend to keep the questions for future surveys broadly the same in order to facilitate comparisons and allow for an assessment of the market progression regarding WHO’s perceived importance as increasing or decreasing. We may, however, want to reassess the phrasing of some questions in future surveys e.g. “Which of the below phrases best describes how you speak about WHO? Positively without being asked...” etc., since in some cases the question could be clearer. Other questions in the survey are likely to provide a better basis for a trends analysis. We are also of the view that new questions could be added to the survey.

- It may be advisable to reword the question concerning the “delivery” of public health programmes, the phrasing of which is unclear, particularly given the fact that WHO does not do this.

- The question about industry/private sector influence should be repeated in future surveys and used as a benchmark to measure progress. However, we would recommend not including the “don’t know” option, since it allows respondents to opt out of giving a view. Since these are WHO stakeholders or staff, one would expect them to have a view either way, and we should encourage them to be honest in their response.

- For future surveys, one should consider covering as many WHO countries as possible or indeed all of them. This would clearly be a considerable undertaking but would ensure that the survey is completely representative as opposed to partly, as was the case this time round with only 46 countries participating.

- In terms of timing, we recommend to undertake the survey in the spring between Easter and Summer to avoid the main holiday seasons. This survey was undertaken over August which for some regions would not have been ideal.