2015 Global Stakeholder Perception Survey

World Health Organization

(WHO)

Survey Report

Prepared by Grayling

22 April 2016
# TABLE OF CONTENTS

I. **EXECUTIVE SUMMARY** ................................................................................................................3

II. **INTRODUCTION** ..........................................................................................................................5

III. **METHODOLOGY** .......................................................................................................................5

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

IV. **OVERVIEW OF RESPONSE RATES** .......................................................................................11

V. **KEY FINDINGS** ..........................................................................................................................12

VI. **SURVEY RESULTS** .....................................................................................................................20

   A. RESPONSE RATE ....................................................................................................................... 20
   B. KEY FINDINGS AND ANALYSIS PER QUESTION ...................................................................... 23

VIII. **ANNEX** ..................................................................................................................................84

   A. QUESTIONNAIRE, COVER LETTER AND REMINDERS .............................................................. 84
I. EXECUTIVE SUMMARY

The 2015 WHO Global Perception survey was carried out in August/September 2015 as a follow-up to the 2012 survey to evaluate and benchmark the effectiveness of WHO’s communication. The views of 1039 external stakeholders were confidentially collected as an online survey.

The questions were designed to capture and assess respondents’ attitudes and views according to five (5) critical criteria:

- general awareness and perception of WHO;
- WHO’s work and performance;
- WHO’s leadership;
- WHO’s communications; and
- WHO’s independence.

WHO recognises and appreciates most warmly the support of all those who participated in the surveys, and is grateful for the time they invested and the honest feedback they gave. Here is a summary of the key findings:

WHO is seen as an essential leader to improve global health outcomes
The percentage of external respondents who find WHO either indispensable or important for the work of their organization has risen from 82% to 88% between 2012 and 2015. Moreover, compared to 2012 the number of respondents who ranked WHO as either of limited importance or irrelevant have dropped. In addition, 72% of external respondents would speak positively about WHO, with 41% doing so “spontaneously”. The fact that almost 90% of respondents view WHO as either “important” or “indispensable” demonstrates that it is still highly respected and relied upon throughout the world.

WHO is perceived as the most effective organization at influencing policy for improving people’s health at the global level
Both internal and external stakeholders still consider WHO to be the most effective organization at influencing policy for improving people’s health at the global level. While WHO and national governments lost points between 2012 and 2015, the big climbers are academic institutions, the media and private philanthropy.

A majority of external stakeholders commended WHO’s leadership of the EVD outbreak but confidence in WHO’s ability to manage future public health threats has been challenged
About two in three external stakeholders view WHO’s leadership to the Ebola Virus Disease (EVD) outbreak as either good or excellent. However, a comparison with 2012 results also shows a decrease in stakeholders’ confidence regarding WHO’s ability to manage public health threats in the future. 67% of respondents declared that it was “excellent” or “good” in 2015, as compared to 79% in 2012.

WHO’s communication is perceived as reliable, accurate and useful, but timeliness can be improved
While the reliability, accuracy and usefulness of WHO’s information consistently scored high in 2012 and 2015, over one third of external respondents (and almost half of WHO employees) felt that the timeliness of WHO’s communications could be improved.

75% of external respondents base their perception of WHO on first-hand experience
An overwhelming majority (91%) of respondents are familiar with WHO. This demonstrates the reliability of the results of this survey. The majority of respondents were basing their views on first-
hand experience, rather than second-hand reports or rumours, hence the survey findings are credible.

**A majority of respondents commended WHO’s work across its six priority areas**

More than half of respondents thought that WHO’s performance in each of its six areas of responsibilities was either “excellent” or “good”. External stakeholders in each of the regions were broadly supportive of all six areas.

**In terms of stakeholder categories, Ministries of Health are particularly supportive of WHO**

There are variations in the way different stakeholders perceive WHO and its standing compared to other stakeholders. Ministries of Health are a critically important stakeholder for WHO and stand out as one of the most supportive stakeholders amongst the respondents to the survey. Between 2012 and 2015, academic institutions and publications, as well as private philanthropy and media, have clearly risen in importance according to external stakeholders.

**WHO’s independence is recognized by the majority of people yet it is called into question by one in five of respondents**

The percentage of respondents who believe that WHO guarantees the independence of its public health experts did not significantly change in the past few years. In both 2012 and 2015, the proportion of respondents who believe that WHO guarantees the independence of its public health experts was around 70%.

**External stakeholders’ perceptions vary depending upon geographical location**

Regional breakdowns of answers show that the regions are broadly supportive of WHO’s work across its different areas of responsibilities but that opinions differ from one WHO region to another, and these differences vary depending on the topic. As examples, respondents in the African region tend to be the most positive, particularly when it comes to assessing WHO’s response to the Ebola outbreak, whilst respondents in South-East Asia and Europe are also particularly positive when it comes to assessing WHO’s ability to influence policy.

These full survey findings are shared broadly and transparently with all WHO stakeholders, and serve as a reference for WHO’s Communications Department together with WHO leadership, to inform future decisions and actions, as relevant. A future benchmark survey is planned to take stock of how any eventual changes will have shifted perceptions.

A large number of stakeholders (65%) responded to the open question “What do you like/dislike about WHO?” This was slightly rephrased in comparison to 2012 when respondents were asked “what do you value the most about WHO?” The high number of responses to this question reflects stakeholders’ commitment to provide feedback and their overall engagement in the work of WHO.

The five key strengths of WHO as identified by stakeholders were: Leadership, Professionalism, Technical expertise, Support & capacity building, and Information sharing.

The five key issues to be addresses, as identified by stakeholders were: Bureaucratic & slow, Operates in silos, Lack of independence, Lack of coordination, and WHO’s response to the Ebola crisis.
II. **INTRODUCTION**

The WHO Stakeholder Perception Survey is a global perception exercise, the aim of which is to conduct a representative, time-sensitive, quantitative and credible assessment of global perceptions of WHO by key external stakeholders.

This 2015 survey is a follow-up survey to a survey conducted in 2012 and is designed to be used as a benchmark. A number of actions may be undertaken by WHO senior management, taking into account key findings from this survey.

The 2015 WHO Global Perception survey was carried out between 18 August 2015 and 14 September 2015. The exercise consisted of online questionnaires targeted at external stakeholders.

Overall, 1039 external stakeholders were approached from all six WHO regions. The survey was undertaken by the Belgium office of Grayling Public Relations, a global communications agency.

This report consists of four sections:

- The first part provides a **detailed overview of the methodology** of the external survey, explaining the selection of recipients, the design of the questionnaire, and key elements such as confidentiality.

- In the second chapter of the report, an **overview of responses** is provided.

- The third chapter includes **key findings and some discussion and decision points**, based on the responses to the survey.

- In the final chapter of the report, the **detailed findings of the survey** are presented, with an analysis of the results developed by Grayling. In each of these sections a benchmark comparison is provided with the results of the 2012 survey (where applicable). A detailed breakdown of survey responses per region and stakeholder categories is also provided.

III. **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’s multinational and multilingual office employs 40 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 global, European, and national surveys with a variety of complex methodologies across a range of organisations.
Grayling first met with WHO in July 2015 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 findings of the survey in Geneva in December 2015 to the Director General and Assistant Director Generals.

B. GEOGRAPHICAL SCOPE

Since the 2015 survey is a benchmark survey to the survey conducted in 2012, the geographical scope had to remain the same.

In order to provide an evidence-based understanding of how stakeholders view the roles, 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)
- Eastern Mediterranean Region (EMR)
- European Region (EUR)
- Region of the Americas (AMR)
- South-East Asia Region (SEAR)
- Western Pacific Region (WPR)

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

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

C. TARGETED RECEPIENTS

WHO contacted the WHO Regional Offices and asked them to encourage the selected WHO Country Offices 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, Country Offices came back with considerably 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. Relevant stakeholders was defined as those who are in regular touch with WHO and whose work necessitates a degree of interaction with WHO representatives or the Organization.

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. The stakeholder list was updated by WHO country offices and transmitted to WHO DCO office which then passed the information on to Grayling to create the database.

WHO provided Grayling with a database comprising each country’s relevant stakeholders. The total number of contacts received numbered 5794, together with their language preference, and came
from 47 countries (50 were contacted, with three 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 49 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.

Only four Country offices did not submit a list of stakeholders in 2012. 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. In 2015 only three countries were missing from the initially developed list of countries.

D. CATEGORISATION OF STAKEHOLDERS

For the purposes of the survey, external stakeholders included:

- Decision-makers: representatives from the Ministries of Health, government development agencies, other government departments, and UN agencies.
- Opinion formers: health partnerships, foundations, NGOs/civil society, media, health professional associations, and WHO collaborating centres.

E. THE QUESTIONS

It was agreed that the optimal length would be around 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 was not too time-consuming to complete.

The external stakeholders perception survey included 15 “closed questions” and one “open” question, whilst the internal survey included 14 “closed questions” and one “open” question. One additional question compared to 2012 was added. 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.

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.

The final “open” question was optional and asked the respondent whether they would like to provide any additional comments on what they like and/or dislike about WHO. The questions were designed to capture five (5) critical criteria:

- Assess respondents’ general awareness and perception of WHO;
- Assess respondents’ view of WHO’s work and performance;
- Assess respondents’ view of WHO’s leadership;
- Assess respondents’ view of WHO’s communications;
Assess respondents’ view WHO’s independence.

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

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 questions 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 the 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 for language.

See Annex A for the full survey questions.

F. THE SURVEY TOOL

Once the questions 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 survey was emailed out to all stakeholders on 18 August 2015 by Grayling with a letter of introduction. Reminders were sent to participants who had not responded on 25 August, 1 September, 7 September, 10 September and 14 September in order to ensure the highest possible response rate.

The survey was closed on 14 September, which allowed for a 4-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 2015 survey was open for two weeks less than the 2012 survey.
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. 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.
IV. OVERVIEW OF RESPONSE RATES

EXTERNAL

Response Rate

• The survey was sent via email to a total of 5375 external stakeholders across Ministries of Health, government development agencies, UN agencies, NGOs, health partnerships, foundations, media and WHO Collaborating Centres.

• These respondents were selected by WHO offices in the participating countries, which were randomly selected as a representative sample for the 6 WHO regions. These stakeholders are familiar and/or work with WHO and are supposedly knowledgeable about the WHO, its work, objectives, and priorities.

• There were 1039 responses to the survey, giving a worldwide response rate of 19%, comparable to the response rate of 20.5% in 2012. This slightly lower response rate can be attributed to the fact that respondents in 2015 had two weeks less time to complete the survey than in 2012.

• The lower response rate for EMR can be attributed to the fact that more stakeholders were contacted in this region. In real terms, the number of responses received from EMR was very high.

Breakdown of Responses Received

• The distribution between the regions is relatively balanced. This means that all regions are represented equally in the survey, and no region “dominates” the responses or skews the results.

• The highest number of responses comes from Government Ministries of Health (29%), NGOs/Civil Society (19%), and UN agencies (12%), which reflects the proportionality of the denominator. Other stakeholder categories represent less than 10%, and Foundations and Health Partnerships make a very low proportion of the responses at 2% and 1% respectively.


V. KEY FINDINGS

1ST KEY FINDING: WHO IS AN ESSENTIAL LEADER TO IMPROVE GLOBAL HEALTH OUTCOMES

Across the many questions that refer to its leadership, WHO scores very well. Stakeholders recognize that WHO is the top worldwide organization to influence global health policy, and results show that WHO is seen to be performing very well in this role. A significant number of stakeholders who provided comments to the open question also acknowledge the influence of WHO's leadership. Moreover, many respondents answered that they would speak positively about WHO. These results were very largely reflected across the regions and across stakeholders and was especially prevalent among the three biggest stakeholder groups, namely Government Ministries of Health, NGOs/Civil Society and UN agencies.

It is important to note that the three biggest stakeholder groups are also the groups who work the closest with WHO and it is perhaps unsurprising that they would also perceive WHO as an influential and important actor. However, since these stakeholders already hold WHO to a high standard and their support is critical, their views should be especially relevant to WHO.

KEY STATISTICS:

✓ An overwhelming majority (91%) of respondents are familiar with WHO.
✓ Around 90% of respondents view WHO as either “important” or “indispensable” to the work performed by their own organization / institution.
✓ 84% of external respondents consider that WHO is the most effective organization at influencing global policy for improving people's health.
✓ 56% of external respondents are familiar with the WHO “providing leadership on matters critical to health.”
✓ 72% of external respondents would speak positively about WHO, 41% spontaneously.

BENCHMARK WITH 2012

• Compared to 2012 the results show a positive trend. The number of respondents who find WHO either indispensable or important has risen by 6%, while the number of respondents who ranked WHO as either of limited importance or irrelevant has dropped by 6%.
• WHO is still seen as the most effective organization at influencing global policy for improving people's health, 28% ahead of national governments which have the second highest ranking.
2\textsuperscript{nd} KEY FINDING: A MAJORITY OF EXTERNAL STAKEHOLDERS COMMENDED WHO’S LEADERSHIP OF THE EVD OUTBREAK BUT CONFIDENCE IN WHO’S ABILITY TO MANAGE FUTURE PUBLIC HEALTH THREATS HAS BEEN CHALLENGED

About two in three external stakeholders view WHO’s leadership to the EVD outbreak as either good or excellent. However, a comparison with 2012 results shows a decrease in stakeholders’ confidence regarding WHO’s ability to manage public health threats in the future.

Three years ago stakeholders were more positive about WHO’s leadership of the handling of the H1N1 pandemic. In the feedback provided as part of the open questions, Ebola is regularly referred to, with stakeholders criticizing the fact that WHO was “too cautious” and “too slow”.

KEY STATISTICS:

✓ About two in three external stakeholders view WHO’s leadership to the EVD outbreak as good or excellent.
✓ One in four views it as “fair”, and 9% as “poor”. This equates to over a third of respondents being neutral to negative.
✓ A third of the external respondents are neutral (28%) to negative (5%) when they assess WHO’s ability to manage public health threats. However, about two thirds of all respondents view this ability positively and describe it as either “excellent” (16%) or “good” (51%).

BENCHMARK WITH 2012

- In 2015, 65% of external stakeholders perceived WHO’s leadership of the Ebola outbreak as either “excellent” or “good”, compared with 75% in 2012 regarding the H1N1 pandemic\textsuperscript{1}.
- There is a decrease in stakeholders’ confidence regarding WHO’s ability to manage public health threats in the future. In 2015 67% of respondents answered either “excellent” or “good” compared with 79% in 2012.

\textsuperscript{1}It should be noted that the H1N1 pandemic was different to the Ebola outbreak and cannot be compared like for like. Hence, it is difficult, and perhaps misleading, to compare H1N1 and Ebola, but it is clear that respondents had a more positive perception of how WHO managed the H1N1 outbreak compared with Ebola.
3rd KEY FINDING: WHO’S COMMUNICATION IS PERCEIVED AS RELIABLE, ACCURATE AND USEFUL, BUT TIMELINESS CAN BE IMPROVED

The importance of WHO communications is clear from the fact that a majority of external respondents base their perception of WHO from either first-hand experience or on the information provided by WHO. Hence, WHO can use communications to shape how it is perceived by external stakeholders.

The reliability, accuracy and usefulness of WHO communications are highly ranked by all stakeholders. However, its “timeliness” needs to be improved. Given the fact that what WHO communicates is seen to be valued, it is problematic that it is perceived to be difficult to access and late.

KEY STATISTICS:

✓ 75% of external respondents respectively base their perception on “first-hand experience”
✓ 59% base their perception on “information provided by WHO”
✓ The reliability/accuracy and usefulness of WHO communications is ranked very high by external respondents with over 80% or respondents answering either “excellent” or “good”.
✓ When rating WHO communications for “timeliness”, 31% of external respondents selected “fair”, and 6% “poor”.

BENCHMARK WITH 2012

• The external perception of WHO’s timeliness when it comes to communications has not improved since 2012.
• In 2012, 34% of external stakeholders perceived the timeliness of WHO’s communications to be either “fair” or “poor”. In 2015 this figure had increased to 37%.
4th KEY FINDING: IN TERMS OF STAKEHOLDER CATEGORIES, MINISTRIES OF HEALTH ARE PARTICULARLY SUPPORTIVE OF WHO

There are variations in the way different stakeholders perceive WHO and its standing compared to other stakeholders. Ministries of Health are a critically important stakeholder for WHO and stand out as one of the most supportive stakeholders in the survey.

Between 2012 and 2015, academic institutions and publications, as well as private philanthropy and media, have clearly risen in importance according to external stakeholders. Relations with these groups will likely only grow in importance in the coming years. Whilst this group of stakeholders are often trusted partners of the WHO, they are also occasionally competitors when it comes to influence and share of voice.

KEY STATISTICS:

✓ 74% of respondents from Ministries of Health said there had been either a “slight” or “significant” improvement in the work of WHO over the last 3-5 years – this was the highest percentage of any stakeholder group.
✓ 79% of respondents from Ministries of Health said that WHO’s ability to manage international public health threats in the future was either “good” or “excellent” – this is the highest percentage of any stakeholder group.
✓ When asked which of the 18 organizations or institutions they considered the most effective at influencing policy for improving people's health at the global level, the second most popular answer (after WHO) was National governments (56%), followed by academic institutions and publications and media (both 41%).
✓ UNICEF and private philanthropy came 5th and 6th with 37% and 34% respectively.

BENCHMARK WITH 2012

• It is notable that the top four options which respondents selected in 2012 all reduced in number in 2015, including WHO, which whilst still comfortably in pole position, still lost 6% – as did national governments, UNICEF, and the World Bank.
• “Academic Institutions and Publications” has grown the most in influence since 2012, moving from 3rd place from 8th, and an increase of 11%.
• “Private philanthropy” is also shown to have increased by 6% in influence since 2012.
5th KEY FINDING: A MAJORITY OF RESPONDENTS COMMENDED WHO’S WORK ACROSS ITS SIX PRIORITY AREAS

More than half of respondents thought that WHO’s performance in each of the six areas was either “excellent” or “good”.

The six areas are:

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

External stakeholders in each of the regions were broadly supportive of all six areas and there was no large disparity between the external and internal results, with WHO staff also praising WHO’s work across the six areas.

KEY STATISTICS:

- Externally, “Good” is the top answer for each area, and “excellent” is a clear second for “monitoring the health situation and assessing health trends”
- The area with the most excellent/good answers externally is “monitoring the health situation and assessing health trends” (71%).

BENCHMARK WITH 2012

- This question was not asked in 2012, but if included in future surveys, would provide a good basis for a trends analysis and identification of changing sentiments.
6TH KEY FINDING: WHO’S INDEPENDENCE IS RECOGNIZED BY THE MAJORITY OF PEOPLE YET IT IS CALLED INTO QUESTION BY ONE IN FIVE OF RESPONDENTS

A majority of respondents trust WHO’s ability to take the necessary measures to ensure the independence of its public health expert advisers. However, there are still doubts regarding the inappropriate influence of industry over WHO, as well as the independence of its public health experts. The benchmark indicates that the results did not improve significantly between 2012 and 2015.

The responses to the open question demonstrate for the first time that many stakeholders worry less about the influence of the private sector than of powerful donors and governments.

There were also accusations about the lack of effectiveness of the organizational reforms aimed at preventing corruption and inappropriate influence.

KEY STATISTICS:

- 80% of external respondents broadly trust WHO’s ability to take the necessary measures to ensure the independence of its public health expert advisers – but 20% are more sceptical.
- 43% of external respondents believe that WHO is, or could be, inappropriately influenced by the private sector.
- Only 10% believe that WHO is definitely influenced by industry.

BENCHMARK WITH 2012

- The perception of WHO’s independence has remained unchanged. In 2015, the number of respondents who said they trust WHO’s ability to take the necessary measures to ensure the independence of its public health expert advisers replying “most of the time” was 56% (in 2012, it was 57%). The respondents selecting “sometimes” were 18% in 2015 (17% in 2012).
- The number of external stakeholders who said that WHO was definitely inappropriately influenced decreased from 18% in 2012 to 10% in 2015.
- The number of stakeholders who believe WHO is not inappropriately influenced by industry remained essentially the same at 36% in 2012 and 34% in 2015.
7TH KEY FINDING: EXTERNAL STAKEHOLDERS’ PERCEPTIONS VARY DEPENDING UPON GEOGRAPHICAL LOCATION

Regional breakdowns of answers show that opinions differ, and these differences vary depending on the topic and on the geopolitical circumstances of a particular region. As examples, respondents in the WHO African region tend to be the most positive, particularly when it came to assessing WHO’s response to the Ebola outbreak, whilst respondents in South-East Asia and Europe are also particularly positive when it comes to assessing WHO’s ability to influence policy.

It should also be noted that there were disparities between regions when it came to the contact list for the survey. For example, in some regions a large number of NGOs were contacted, which could in turn have impacted the results.

KEY STATISTICS:

✓ Respondents in AFR were the most positive region when it came to assessing WHO’s work on “monitoring the health situation...” (70% in AFR selected either “excellent” or “good”)

✓ Respondents in EUR are more critical than other stakeholders in other regions of WHO’s leadership of the Ebola outbreak with the highest number of “poor” answers (12%) and the lowest number of “excellent” answers.

✓ Respondents in AFR, SEAR and WPR show high confidence with over 70% of respondents replying that WHO’s ability to manage international public health threats in the future is either “good” or “excellent”.

BENCHMARK WITH 2012

• In 2012 external respondents in all six WHO regions were very supportive of WHO, although there were variations within regions. This was also the case in 2015.

• In general, stakeholders in regions in conflict or with large economic disparities seemed to be the most critical of WHO and its work both in 2012 and 2015.
Additional Insights

A large number of stakeholders (65% of respondents) responded to the open question “What do you like/dislike about WHO?”. This was slightly rephrased in comparison to 2012 when respondents were asked “what do you value the most about WHO?”. The high number of responses to this question reflects stakeholders’ commitment to provide feedback.

To provide clarity, five key strengths and issues to be addressed, which stakeholders identified, have been highlighted below.

PERCEIVED STRENGTHS

1. Leadership
2. Professionalism
3. Technical expertise
4. Support & capacity building
5. Information sharing

ISSUES TO BE ADDRESSED

1. Bureaucratic & slow
2. Operates in silos
3. Lack of independence
4. Lack of coordination
5. Its response to the Ebola crisis

BENCHMARK WITH 2012

- The question in 2012 was phrased “what do you value most about WHO?” and hence almost all respondents were encouraged to focus on the positive. This makes this question hard to benchmark, seeing as the wording of the question in 2015 asked respondents what they liked and disliked about WHO – thereby encouraging them to include both a positive and negative element in their response.

- The main positive responses from 2012 were grouped around leadership, integrity, expertise, and as a provider of information – which are very similar to the positive answers received in 2015.
VI. **SURVEY RESULTS**

**A. RESPONSE RATE**

**Overview of Stakeholders Response Rate**

Grayling was provided with 5794 contacts by WHO, with 5375 of them being valid emails. The remaining 419 contacts were either website addresses or did not contain valid email identification (such as an @ sign or a regional identifier, such as .com, .cn, etc.).

As such, 5375 respondents were approached worldwide, and this figure was used for calculating the worldwide response rate.

There were 1039 responses to the survey worldwide from 5375 contacts, providing a worldwide response rate of 19%, which is slightly lower than in 2012 (20.5%) but still 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. Moreover, it should also be noted that the survey in 2015 was only open for four weeks, compared to six weeks in 2012.

This high response rate confirms that the survey was well-received by stakeholders and that they clearly believed there was value in them responding. It is also important to state that the answers from those respondents who left the survey before completing it (3% - this is perfectly normal for a survey this size) were not taken into account. 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 (0.4%) opted out of participating in the survey and informed Grayling accordingly. This is perfectly normal and the 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.

**Response rate by regions**

All WHO regions, except EMR, recorded well above the 10% target, although there is divergence between the lowest response rates (9.4%) and highest (30.6%) – see table below.

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>AFR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of contacts to whom the survey was sent</td>
<td>5375</td>
<td>562</td>
<td>792</td>
<td>2167</td>
<td>481</td>
<td>653</td>
<td>720</td>
</tr>
<tr>
<td>Number of responses received</td>
<td>1039</td>
<td>172</td>
<td>159</td>
<td>203</td>
<td>196</td>
<td>129</td>
<td>180</td>
</tr>
<tr>
<td>Response rate</td>
<td>19.3%</td>
<td>30.6%</td>
<td>24.7%</td>
<td>9.4%</td>
<td>27%</td>
<td>19.8%</td>
<td>25%</td>
</tr>
</tbody>
</table>
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 30.6% response rate for countries in AFR can therefore be considered a particular success.

Regarding countries from EMR, although 9.4% could be considered a low response rate compared to the other regions, it should be noted that the response rate for this region is low due to the high number of stakeholders targeted.

**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, a large sample of stakeholders from the EMR and WPR regions have responded to the survey, as the larger the sample of stakeholders contacted, the larger the return.

Each selected WHO Country Office was responsible for collating the list of stakeholder. It is therefore not surprising that the number of stakeholders contacted varied considerably between WHO regions and stakeholders.

That said, the distribution between WHO regions, as shown in the pie chart above, is relatively balanced, with a differentiation of just 7% between the lowest (12.4% from countries in SEAR) and the highest (19.5% from countries in EMR).

**Breakdown of responses by stakeholders**

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>Answer Options</th>
<th>Percentage of total responses</th>
<th>Response count</th>
<th>AFR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Ministry of Health</td>
<td>29%</td>
<td>297</td>
<td>41</td>
<td>40</td>
<td>65</td>
<td>44</td>
<td>38</td>
<td>69</td>
</tr>
<tr>
<td>Non-governmental organization / Civil society</td>
<td>19%</td>
<td>196</td>
<td>27</td>
<td>24</td>
<td>48</td>
<td>51</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UN agency</td>
<td>12%</td>
<td>120</td>
<td>39</td>
<td>12</td>
<td>26</td>
<td>9</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Other government department</td>
<td>9%</td>
<td>94</td>
<td>9</td>
<td>14</td>
<td>13</td>
<td>34</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>International organization</td>
<td>6%</td>
<td>67</td>
<td>13</td>
<td>8</td>
<td>13</td>
<td>19</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>55</td>
<td>13</td>
<td>17</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Government development agency</td>
<td>5%</td>
<td>53</td>
<td>7</td>
<td>12</td>
<td>7</td>
<td>8</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>WHO Collaborating Centre</td>
<td>5%</td>
<td>50</td>
<td>1</td>
<td>9</td>
<td>4</td>
<td>9</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Journalist/Media</td>
<td>4%</td>
<td>37</td>
<td>13</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Health professional association</td>
<td>3%</td>
<td>34</td>
<td>4</td>
<td>10</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Foundation</td>
<td>2%</td>
<td>22</td>
<td>1</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Health partnership</td>
<td>1%</td>
<td>14</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
<td><strong>1039</strong></td>
<td><strong>172</strong></td>
<td><strong>159</strong></td>
<td><strong>203</strong></td>
<td><strong>196</strong></td>
<td><strong>129</strong></td>
<td><strong>180</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

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

- Government Ministry of Health
- Government development agency
- Other government department
- UN agency
- Health partnership
- Foundation
- Non-governmental organization / Civil society organization
- Journalist/Media
- Health professional association
- WHO Collaborating Centre
- International organization
- Other

KEY FINDINGS

Overall Results

- The highest number of responses was from Government Ministries of Health (29%) and NGOs/Civil Society (19%), whilst the lowest response rates came from Foundations (2%) and Health Partnerships (1%). This reflects the fact that there were more names from Ministries of Health and NGOs and also indicates that these stakeholders successfully “bought in” to the survey as a whole.

- There are three significant stakeholder groups that together make up 60% of all respondents: Government Ministry of Health (29%), NGOs/Civil Society (19%) and UN agency (12%)

- Stakeholder groups with less than 5% of the total number of stakeholders do not provide a meaningful, representative sample.

Regional Breakdown

- The numbers were proportionally similar across the WHO regions, although EMR and EUR included a larger number of NGOs/Civil Society.

- The third biggest stakeholder groups varies per region. For example: WHO Collaborating Centre (WPR) and Other government department (EUR).

ANALYSIS

- The 5% 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 are unsure whether they are talking on behalf of their organisation or as themselves.

- 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. 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.

COMPARISON WITH 2012 RESULTS

- Compared to the 2012 survey, the stakeholder groups have largely stayed the same.
- In terms of percentage, most of the larger stakeholder groups have increased in size, while smaller groups are even smaller in 2015.
- The stakeholder group Journalists/media have increased in 2015 but is still one of the least represented stakeholder groups.
Question 2
Please select in which country, territory, or area you are working
KEY FINDINGS

Overall Results

- Respondents who chose “Other” when identifying what country they are from were mostly stakeholders from international organizations. To better provide a regional overview, these stakeholders have subsequently been matched with the region in which that organization and/or person is headquartered/based.

Regional Breakdown

![Regional Breakdown Chart]

ANALYSIS

- Most of these respondents were classified as belonging to either the EUR region or AMR, likely due to the large number of international organizations that are headquartered in these regions.
Question 3
How well do you know WHO?

KEY FINDINGS

Overall Results

- This is a new question in 2015 which was not asked in the 2012 survey.
- An overwhelming majority (91%) of respondents are familiar with WHO.
- Merely 0.3% of respondents answered that they were “not at all” familiar with WHO.
Regional Breakdown

- Respondents in EUR and EMR are slightly more familiar with the WHO. 14% of respondents in AMR responded “not well”.

Stakeholder Breakdown

ANALYSIS

- This question is a new question for the 2015 survey.
- Perhaps unsurprisingly, the three biggest stakeholder groups overall are also the most familiar with WHO.
Question 4
How important is WHO for the work of your organization?

KEY FINDINGS

Overall Results

- Worldwide 88% of respondents consider WHO as either “indispensable” or “important”. By contrast, 11% of stakeholders consider WHO has “limited importance”, and 1% view WHO as “irrelevant”.

Regional Breakdown

- Across the various WHO regions, the results were almost identical, with between 85% and 95% believing that WHO is indispensable or important, whilst at the other end of the scale only between 7% and 14% viewed WHO as having “limited importance” and less than 3% as “irrelevant”.
Most stakeholders viewed WHO as being either “indispensable” or “important”. Not surprisingly, WHO Collaborating Centres were the stakeholders who most rated WHO as “indispensable” (32%), closely followed by Government Ministries of Health (31.3%).

Health Partnerships (29%), NGOs (14%), and foundations (14%) were the respondents most likely to rate WHO either as “of limited importance” or “irrelevant”.

**ANALYSIS**

- Almost 90% of respondents view WHO as either “important” or “indispensable” for the work of their organizations.
- This high proportion demonstrated a broad base of strong relationship between WHO and its stakeholders.
• However, the high number of respondents who find the work of WHO important likely also means that expectations of WHO’s performance are particularly high.

• The total number of respondents who rated WHO as “irrelevant” was approximately 1%, a very low percentage which indicates that at the least the vast majority of stakeholders worldwide still see WHO as having relevance to their organization.

• It should be noted that the question has been slightly rephrased from the 2012 survey which asked “How essential is WHO for the work of your organization?”

• It will be important to benchmark this perception for future surveys in order to track progress.

**COMPARISON WITH 2012 RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDISPENSABLE</strong></td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td><strong>IMPORTANT</strong></td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>LIMITED IMPORTANCE</strong></td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>IRRELEVANT</strong></td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

• Compared to 2012 the number of respondents who find WHO either indispensable or important have risen while the number of respondents who ranked WHO as either of limited importance or irrelevant have dropped.
Question 5
Which of the following best describes your view of WHO's work over the past three to five years?

KEY FINDINGS

Overall Results

- Overall, a majority of respondents see “significant improvement” or “slight improvement” at global, regional, and country level.

- The number of respondents who answered “slight deterioration” and “significant deterioration” are low but more common at country level.
Regional Breakdown

At global level

- Significant improvement
- Slight improvement
- No change
- Slight deterioration
- Significant deterioration
- No comment

At regional level

- Significant improvement
- Slight improvement
- No change
- Slight deterioration
- Significant deterioration
- No comment
Stakeholder Breakdown

Government Ministries of Health see the most improvement in WHO's work over the past three to five years, while Government development agencies find either a significant or slight deterioration (20%).

ANALYSIS

- The ability for respondents to answer “no change” and “no comment” is a new addition to the 2015 survey.
- Respondents were also given the option not to comment on WHO’s performance at global, regional or country level, since not all respondents would be familiar with the work of WHO at these different levels.
- It should be noted that the answer “no change” does not necessarily indicate a positive or negative answer.
COMPARISON WITH 2012 RESULTS

- It should be noted that the question alternatives were phrased differently in 2012 and are thus not directly comparable. Whilst this does not represent an exact benchmark, since the wording is slightly different from question to question, there is still value in comparing the responses.

- Such a comparison will enable WHO to identify certain trends and movements which can shed light on how WHO is perceived - the difference in semantics between the surveys should not necessarily prevent this comparison from being made.

- Compared to 2012, respondents see less improvement but also less deterioration.

- Respondents in 2012 could not choose “no change” or “no comment”. Moreover, respondents in 2012 were asked about their confidence in WHO, rather than how they perceive the work of WHO.

- While “no change” does not indicate improvement or deterioration, it will be an important benchmark to measure in a follow-up survey.
Question 6
Which areas of WHO’s responsibilities are you most familiar with?

KEY FINDINGS

Overall Results

- There are four responsibilities which are clearly the most popular with little separating “Providing technical support...” (59%) and “Setting norms and standards...” (52%).

- “Shaping the research agenda...” and “articulating ethical and evidence-based policy options” are clearly less well-known than the other four, with the latter the least popular by 9%.


- In general, stakeholders’ familiarity with WHO’s responsibilities was similar across regions.

- The largest difference was in the area of “providing leadership on matters critical to health…”, where there was a difference of 20% between stakeholders from the Western Pacific Region (65% said they were familiar) and stakeholders from the South-East Asia Region (45%).

**Stakeholder Breakdown**

- For “providing technical support..” there was significant variation between stakeholders, with 70% of Government/Ministry of Health respondents saying they were familiar with it, but only 47% of NGOs/civil society and 49% of “other government departments” saying they were familiar.

- The other responsibilities provided more uniform responses, with variations of 9% for “monitoring the health situation...” 8% for “providing leadership...”, and 8% for “setting norms and standards...”

- Stakeholder groups tended to follow the overall trend, although there were some standout figures, such as 27% of international organizations being familiar with “articulating ethical...”, whilst for “providing technical support...” 70% of Government/Ministry of Health and 47% of NGOs claimed familiarity, which were both significantly far away from the global average of 59%.
ANALYSIS

- The disparity between stakeholders regarding their familiarity with “providing technical support...” may have something to do with the fact that NGOs consider this to be their domain, and hence do not come into contact with WHO on this point. The fact that “Other Government Departments” also seemed rather unfamiliar with this responsibility could be because, outside the Ministries of Health (which were very familiar), this is a rather technical responsibility, and officials in other departments are not as likely to come across WHO on this basis.

COMPARISON WITH 2012 RESULTS

- In general, there was not a great deal of movement between 2012 and 2015, indicating that the familiarity of the responsibilities has stayed constant in the intervening period. As mentioned above, reformulating the question in the future could provide greater insights.

- The bottom two, “Shaping the research agenda...” and “Articulating ethical and evidence-based policy options”, both increased in familiarity among stakeholders, but are still the least familiar responsibilities.
Question 7
How would you rate WHO’s performance in the following areas?

**KEY FINDINGS**

**Overall Results**

- The area with the most excellent/good answers is “monitoring the health situation” (71%).
- The area with the least excellent/good answers is “shaping the research agenda...” (52%) and “articulating ethical....” (53%).
- “Good” is the top answer for each area, but “excellent” only comes a clear second for “monitoring the health situation...”
- In four of the areas, “fair” comes in a clear second place, and in one area (“providing leadership...”) it is joint second,
• Stakeholders from most regions rated WHO as excellent or good.

• About 60% of respondents from the Eastern Mediterranean and Southeast Asian regions rated WHO’s performance as excellent or good.
In general stakeholders in all regions scored similarly in this question, and stakeholders from no particular region were either particularly praiseworthy or critical.

Respondents from WPR scored highest best, with 59% of respondents selecting either “excellent” or “poor”. Respondents from AFR and EMR were the most negative, with 43% in both regions selecting either “fair” or “poor”.

There was a similar picture in other regions, with as many as 10% of respondents in SEAR selecting “poor” and 36% in EMR “fair”. Respondents in AMR had the most people selecting “excellent”.
Respondents in WPR were the most praiseworthy, with 77% selecting either “excellent” or “good”.

The most negative responses were in EMR, where 36% selected either “fair” or “poor” – the highest for each across all regions.

Respondents in EMR also had the least number of people who selected “excellent” or “good.”
• The most positive responses were from WPR, where 59% selected either “excellent” or “good”, although this was strikingly similar for the scores for responses in AFR (54%), AMR (56%), EUR (55%), and SEAR (55%).

• Respondents in EMR were by far the most negative, with only 39% selecting “excellent” or “good” – 15% fewer than respondents in AFR.

• That said, only 6% of respondents in EMR selected “poor”, which was actually less than the 7% in AMR and SEAR.
• The most positive respondents were in WPR, where 74% selected either “excellent” or “good”, and AFR, where the proportion was 71%.

• The most negative responses were in AMR, EMR, and EUR, where 55% selected “excellent” or “poor” – respondents in AMR and EMR scored identical marks for both “excellent” and “good”.

• Respondents in SEAR were in-between these two groups, with 62% selecting “excellent” or “poor”.

Providing technical support, catalysing change and building sustainable institutional capacity
The most positive responses were in AFR, where 77% selected either “excellent” or “good”, closely followed by respondents in WPR (75%), EUR (73%), and AMR (72%).

The most negative respondents were in EMR and SEAR, where 29% selected either “fair” or “poor”, although the number of “poor” responses was double in EMR compared to SEAR (6% and 3%).

Despite it being the most positive region, 6% of respondents in AFR selected “poor”, which was the joint highest score together with EMR.
Stakeholder Breakdown

- Across the areas, the most praising stakeholders tended to be WHO Collaborating Centers, whilst Government Ministries of Health were also positive for most of the areas.

- The most negative stakeholders were Health Partnerships, although this should be tempered by the fact that there were only 14 participants from this group in the survey.

- The better represented UN Agencies tended to select either “poor” or “excellent” when it came to “shaping the research agenda...”, “providing leadership...”, and “articulating ethical...”

- 35% of journalists selected “fair” for “setting norms and standards”, and 19% said they “didn’t know” when it came to “providing leadership”.

ANALYSIS

- On the whole these results are positive for WHO as it shows that regions are broadly supportive of all six areas.

- It is a concern that respondents in EMR seems less supportive than other regions across all areas, indicating a general malaise in the region regarding the work of WHO.

- Respondents in WPR and AFR are generally more positive than other regions, which for AFR may come as a surprise given the recent Ebola outbreak and the resulting criticism WHO received across the media.

- UN Agencies are disappointed with WHO’s work in a number of areas. It is no surprise that WHO Collaborating Centres are praiseworthy, but of more significance is the fact that Government Ministries of Health seem generally appreciative of WHO’s work – nonetheless, this is a statistic to be bench-marked for the next survey.
Question 8
How do you view WHO’s leadership of the response to the Ebola outbreak?

KEY FINDINGS

Overall Results

- Worldwide, the results are positive, with 65% of respondents viewing WHO’s leadership of the response to the Ebola outbreak as either “excellent” or “good”.

- One quarter of respondents believe that WHO’s leadership of the Ebola response was “fair”, which is neither good or bad.

- Only 9% of respondents declared that WHO’s handling of the Ebola outbreak was “poor”.

[Bar chart showing percentages of responses: Excellent 22%, Good 43%, Fair 26%, Poor 9%]

48
Regional Breakdown

- These results were also mirrored in the regions, with “good” being the most popular answer.

- Respondents in SEAR and WPR are particularly positive, providing a higher number of “excellent” than “fair” answers. Respondents in EMR are also very positive and provided the lowest number of “poor” answers (only 4%).

- Respondents in EUR are more critical than other regions, with the highest number of “poor” answers (12%) and the lowest number of “excellent” answers.
The most positive stakeholders towards WHO’s leadership of the response to the Ebola outbreak are WHO Collaborating Centres (86% replied “excellent” or “good” and no-one selected “poor”).

The media, health professional associations and Ministries of Health are also very positive, with low rates of “poor” answers (between 4% and 6%).

Health partnerships are the most critical with over 20% of “poor” answers. UN Agencies, international organizations, and foundations are also more critical than other categories with higher rates of “poor” answers (between 13% to 16%).
ANALYSIS

• Given the negative media attention WHO received following the Ebola outbreak, 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 outbreak.

• The variations in responses from countries in specific WHO regions, although small, suggest that countries in WPR had the most faith in WHO’s leadership.

• The sample of journalists surveyed has a positive opinion of WHO’s leadership of the response to the Ebola outbreak, which demonstrates that WHO can build advocates across all categories. This result could also mean that the media backlash of WHO on the Ebola outbreak has been overstated. This would also explain the fact that the findings for this question are more positive than expected.

• Another surprising result is the “lack of solidarity” by other UN agencies, who are almost as critical as international organizations and health partnerships.

COMPARISON WITH 2012 RESULTS

• In 2012, a similar question addressed the handling of the H1N1 pandemic by WHO.

• Overall, the comparison of 2012 H1N1 results with 2015 Ebola results show that stakeholders have a less positive opinion of the way WHO handled the Ebola outbreak.

• Whilst in 2012, 75% of respondents perceived that WHO’s leadership of the H1N1 pandemic as excellent or good, the results are much less positive regarding WHO’s response to the Ebola outbreak (65%).

• It should however be noted that the two situations are very different, which makes it difficult to compare the results.

• Whilst this does not represent an exact benchmark, since the H1N1 pandemic and the Ebola outbreak are different, there is still value in comparing the responses. Such a comparison will
enable WHO to identify certain trends and movements which can shed light on how WHO is perceived.

Question 9
How does your organization view WHO’s ability to manage international public health threats in the future?

KEY FINDINGS

Overall Results

- Worldwide, results are positive with two third of respondents (67%) replying with “excellent” (16%) or “good” (51%). Note that this question directly followed the question on Ebola, and so this would have been in respondents’ minds when they came to answer this question.

- 28% of respondents believe that WHO’s leadership of the Ebola response was “fair”.

- Only 5% of respondents declared that WHO’s ability to manage international public health threats in the future is “poor”.


Regional Breakdown

- Regional results very much mirror the worldwide picture, with “good” being the overwhelmingly popular response.

- Respondents in AFR, SEAR and WPR show high confidence with over 70% of respondents replying that WHO’s ability to manage international public health threats in the future is either “good” or “excellent”.

- Respondents in EUR and AMR are slightly more critical than others with 60% respondents replying “fair” or “poor”.
Stakeholder Breakdown

- Governments’ Ministries of Health and other Departments, as well as WHO Collaborating Centres, have the most faith in WHO's ability to manage international public health threats in the future.

- Almost 80% of Governments’ Ministries of Health responded “excellent” and “good”. In addition, the proportion of stakeholders across these three categories who replied “poor” is very low (between 1% to 3%).

- Health Partnerships, international organizations and foundations have less faith than other stakeholders in WHO’s ability to manage future health threats.

- Half of the health partnerships surveyed judge that WHO’s ability is “fair”. International organizations and foundations are even more critical with the highest scores for “poor” answers (10% and 9% respectively).
As with the previous question, it is perhaps surprising that, given the amount of press attention criticizing WHO’s handling of the Ebola outbreak, the answers were not more negative.

Overall, it seems stakeholders have considerable trust in WHO’s ability to manage health threats in the future – especially governments.

When compared with the previous question, it is interesting to note that answers are less polarized. Whilst 31% of respondents had strong opinions regarding WHO’s response to Ebola (22% “excellent” and 9% “poor”), 21% of respondents gave the same clear-cut responses for future health threats (16% “excellent” and 5% “poor”).

This relative “balance” is also reflected in the answers provided by each stakeholder category. For instance, whilst health partnerships were relatively very critical of WHO’s response to the Ebola outbreak, they did not completely lose faith in WHO’s ability to manage future health threats.

The comparison with 2012 results shows a decrease in stakeholders’ confidence regarding WHO ability to manage public health threats. While 79% replied “excellent” or “good” in 2012, this percentage decreased to 67% in 2015.

This can be explained by the proximity of the H1N1 and Ebola crisis in the past few years and their cumulative effect on today’s level of trust.
**Question 10**
Which organizations or institutions do you consider the most effective at influencing policy for improving people’s health at the global level?

**KEY FINDINGS**

**Overall Results**

- WHO comes out comfortably on top, 28% ahead of national governments, which is 15% ahead of “Academic institutions” and “media”

- Industry (11%) and celebrities (8%) score relatively low, as do both UNDP (13%) and UNFPA (12%).

- Based on these findings organizations can be separated into three groups – perceived as very influential (WHO, national governments), middling influence (“Academic” to Global Fund...”) and less influential (“UNAIDS” to “celebrities”).
Regional Breakdown

- WHO has strong support for all regions, with respondents in SEAR and EUR being particularly supportive – the lowest support was from respondents in AMR.

- Other organizations receive more varied responses. More respondents in AMR thought “academic institutions” were influential, SEAR thought highly of “private philanthropy”, and AFR perceives “Global Fund to fight AIDS...” as influential.

- Results are more variable towards the lower end of the scale within certain organizations. For example: respondents in EUR believe the EU Institutions are very influential, AMR thinks the UNDP is influential but not GAVI, which is liked by AFR.

- Respondents in AFR do not seem to think that industry is at all influential, but other regions score distinctly higher, though still only around 15% each.

Stakeholder Breakdown

- A very supportive stakeholder for WHO is Government Ministries of Health and “other government departments”, both of which scored 90% in terms of considering WHO influential. UN agencies are less supportive, although over 70% still rate WHO as influential.

- Elsewhere, organizations tend to rate themselves rather highly (not surprisingly) – this boosts the scores of national governments, World Bank, UNFPA, and EU Institutions.

- Interestingly, Government Ministries of Health tend to rate donor governments rather low, with just over 20% selecting them as being influential – they also do not rate private philanthropy as much as NGOs/Civil society and international organizations.
ANALYSIS

- This result is very positive for WHO as it shows it to be perceived across all regions as very effective at influencing policies.

- It is clear that “Academic institutions and publications” have upped their game since the last survey, particularly the major journals, and particularly in AMR.

- The relatively high showing for “private philanthropy” shows that respondents believe that “money talks” when it comes to influencing policy, particularly in SEAR.

- Some high regional scores reflect the local context – for example, it comes as no surprise that EUR rates European Union Institutions as being the most influential.
COMPARISON WITH 2012 RESULTS

- It is notable that the top 4 choices from 2012 all reduced in number in 2015, including WHO, which whilst still comfortably top, still lost 6% of its score – the same amount as national governments, UNICEF, and the World Bank.

- The big climber is “Academic Institutions and Publications” which rises to 3rd from 8th, and an increase of 11%. UNDP’s good score cannot be compared to 2012 as it did not feature in the survey.

- Media also rises by 4%, whilst “private philanthropy” is also shown to have increased in influence since 2012.
Question 11
How do you rate the way in which WHO communicates its public health information externally?

KEY FINDINGS

Overall Results

- Generally the results are positive, with at least two thirds of respondents responding “excellent” or “good” - except for timeliness, where 62% selected “excellent” or “good” but nearly a third (31%) selected “fair”, and 6% “poor”.

- “Accessibility/technology-friendly” was also critisised, with 31% saying it was “fair or “poor”.
Regional Breakdown

- Across the regions this question scored very highly, with over 80% in each region rating it either “excellent” or “good”.

- The most negative respondents were in EMR, although even here only 16% rated it “fair” and 2% “poor”. The most positive respondents were in WPR, where 94% selected either “excellent” or “good”.

- At least 80% in all regions selecting either “excellent” or “good”.

- The most negative responses were from EMR, where 18% selected “fair” and 2% “poor”. The most positive regions were SEAR (where only 12% selected “fair” or “poor”), AFR and WPR (both 13%).
“Good” was the highest score in all regions, although in five regions the second highest score was “fair”, indicating room for improvement.

The most positive responses were in WPR, where 24% selected “excellent” and 49% “good”. This was also the only region where “fair” came in third place. The most negative responses were in EMR, where 38% selected “fair” and 5% “poor”. Respondents in AFR scored the highest percentage of “poor” (8%).

Once again, it is positive that “good” scored the highest in all regions, but this time “fair” comes in second place in all regions.

The most positive responses were in WPR where 76% rate it “excellent” or “good”. The most negative responses were in EMR where 7% rate it “poor” and 32% “fair”.

C. Timeliness

D. Accessibility/Technology friendly
• This is very positive for WHO, as in two regions (AFR and AMR) the highest score is “excellent” followed by “good”. In the other regions “good” is the highest rating, and in two of these regions “fair” is either equal second (EMR) or a clear second (SEAR).

• The most positive responses were in AMR, where 20% select either “fair” or “poor”, with the most negative being – again – AMR, where 6% selected “poor” and 24% “fair”.

STAKEHOLDER BREAKDOWN

• For “Reliability/Accuracy” the most positive regions were “UN Agencies” and “Other Government Departments”, whilst the most negative were “international organizations” and “NGOs/Civil society”.

• For “Usefulness”, the most positive stakeholders were “Government Ministries of Health” (most “excellent” answers) and “international organizations” (most “good” answers), whilst the most negative were “other government departments” (most fair answers) and NGO/Civil Society (most poor answers).

• For “Timeliness”, the most positive stakeholders were “Government Ministries of Health” and “international organizations”, although a significant proportion of the latter were also critical, thereby demonstrating a mixed picture from this stakeholder category.

• For “Accessibility/Technology Friendly”, Government Ministries of Health scored high in both “excellent” and “fair”, whilst UN agencies scored high in the “poor” category.

• For “availability in a language you can use”, “Government Ministries of Health” and “Other government departments” rated either “excellent” or “good”, whereas “international organizations” tended to rate “fair” or “poor”.
ANALYSIS

- Responses to this question do not make it clear whether they are speaking communications related to HQ, Regional, or Country Office, and the survey itself does not distinguish between these. This is largely a problem originating from decentralization, and the question could therefore be re-worded in future surveys.

- Whilst this question is very positive for WHO, with “good” or “excellent” coming top in every question in each region, there are signs of concern.

- Respondents in EMR are consistently the most critical and are never the most positive. The other regions tend to be more positive and are occasionally the most positive.

- “Timeliness” and “Accessibility” are key measurables for WHO, but unfortunately these tend to be where regions are more critical of WHO’s communications. The best perceived element of WHO’s communications is for “Reliability/Accuracy” and “Usefulness”.

COMPARISON WITH 2012 RESULTS

![Reliability/Accuracy Comparison](image)

*RELIABILITY/ACCURACY*

![Usefulness Comparison](image)

*USEFULNESS*
“Timeliness” and “Accessibility/Technology-friendly” were both the least popular answers in 2012 – as they are today in 2015. Any changes elsewhere tend to be rather minimal, and it is therefore difficult to argue the case for any movement or trend, either positive or negative.
• The fact that neither “Timeliness” nor “Accessibility/Technology friendly” has been seen to improve is a concern.

• In general, across all areas, there was not much movement from 2012, indicating that little progress has been made since then.
Question 12
Which of the below phrases best describes how you speak about WHO?

**KEY FINDINGS**

**Overall Results**

- 72% of people would speak positively about WHO, with 41% doing so “spontaneously.”
- A mere 11% would speak “critically”, with only 4% doing so “spontaneously.”
Regional Breakdown

- Most regions have a large number of positive responses, with around three quarters of responses selecting either positive option.

- Responses in four regions had “positively (spontaneously)” as the highest score, whilst in the other two regions (EMR and SEAR) “positively (only when asked)” scored the most.

- The least positive responses were in EMR, where noticeably fewer respondents selected either positive option (57%). The most positive responses were in WPR, where over half (51%) would speak “positively (spontaneously)” and 29% would speak “positively (only when asked)”.

STAKEHOLDER BREAKDOWN

- Stakeholders who are more likely to speak positively of WHO are “other”, “WHO Collaborating Centres”, followed by “Government Ministries of Health”, “other government departments”, and “health professional associations”.

- Those most likely to speak critically would come from foundations (28%), international organizations (17%), health partnerships (14%), and NGO/civil society (14%).
ANALYSIS

- These represent very positive results for WHO as it shows how the vast majority of respondents would speak positively about WHO.

COMPARISON WITH 2012 RESULTS

- 2012 saw fewer people select “positively without being asked”, but in 2015 the overall percentage of respondents who selected a “positive” answer actually decreased by 5%. Consequently, more respondents in 2015 are either neutral or “critical without being asked”, which actually represents a slight negative trend.
Question 13
Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers?

KEY FINDINGS

Overall Results

- 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”.

- A fifth (22%) appear to have doubts, responding with one of “sometimes” (18%), “rarely” (3%) or “never” (1%). However, more respondents chose “always” over “sometimes”, with “most of the time” being the most popular answer.

Regional Breakdown

- Looking at the regional picture, the results are on the whole similar. Respondents in AMR and EMR are however less positive than the worldwide trend, with more respondents replying “sometimes” than “always”.

- Trust from respondents in WPR is very high, with 84% of respondents selecting “always” and “most of the time”.

• 40% of WHO Collaborating Centres and over one quarter of Government Ministries of Health and NGOs believe that WHO always ensure the independence of its public health advisors.

• On the other hand, only 9% of foundations and health professional organizations have no doubts about the measures taken to guarantee the independence of WHO’s staff.

• If one considers that “most of the time” is still a rather positive answer, most stakeholders trust WHO to take the necessary measures to ensure the independence of its public health expert advisers.

• The lowest scores come from foundations and international organizations (34% and 36% respectively replied “sometimes” or “rarely”).

• The “other” category was also more critical with the highest score of “never” (4%).

ANALYSIS

• These responses represent another positive result for WHO and signify its ability to ensure the independence of its experts.

• That said, a sizeable proportion of stakeholders – one fifth – do have doubts.
Results are almost exactly the same as in 2012 with a very slight deterioration: the number of respondents replying “most of the time” decreased from 57% to 56% while the respondents selecting “sometimes” increased from 17% to 18%.
Question 14
Do you believe WHO is inappropriately influenced by industry/private sector?

KEY FINDINGS

Overall Results

- Worldwide, only 10% of respondents are convinced that WHO is influenced by industry.
- Another 33% have doubts, whilst 37% believed unequivocally that WHO is not inappropriately influenced by industry/private sector.
- One respondent in five claims not to have an opinion.

Regional Breakdown

- Similar to the worldwide trend, the most popular answer across most regions is “no”, closely followed by “possibly”.
- The two regions where this trend is reversed is EMR and WPR. Responses from EMR specifically are more negative with 17% of respondents convinced that WHO is inappropriately influenced by industry and 37% replying “possibly”.

[Graph showing regional breakdown]
The category that has the most doubts about the influence of industry is the media, with 46% of journalists saying that WHO is possibly inappropriately influenced by the private sector. Only 22% claim that there is no influence.

Health partnerships are the most convinced that there is no inappropriate influence, with 57% selecting “no”.

**ANALYSIS**

That 43% of respondents worldwide believe that WHO is, or could be, inappropriately influenced is a high score, as “only” 37% do not believe that WHO is inappropriately influenced by industry/private sector.

A wide majority of health partnerships are convinced that there is no influence from the private sector.
• In 2012, the same question was asked with three answer choices: yes/no/don’t know. In order to better understand whether the “I don’t know” category referred to a lack of awareness or reluctance to give an opinion (no opinion) or a real doubt as to inappropriate influence (possibly inappropriately influenced but no evidence), the same question presented four choices in 2015: yes/possibly/no/don’t have an opinion.

• While 46% of respondents claimed not to know about inappropriate influence in 2012, only 20% said they had no opinion in 2015.

• The number of straight “yes” sharply decreased from 18% in 2012 to 10% in 2015. However, 33% of respondents are now expressing doubts about the inappropriate influence of the industry.

• The number of stakeholders who believe WHO is not inappropriately influenced by industry increased from 36% to 37%, showing a slightly positive trend.
Question 15
On what is based your perception of WHO?

KEY FINDINGS

Overall Results

- Most respondents base their opinion of WHO on first-hand experience (75%). They also widely use information provided by WHO (59%), national governments (41%), and colleagues (38%).

- Over a third of respondents (34%) declared that they form their perception of WHO based on information provided by the media. Social media is less popular with 12% of respondents using online comments to form their opinion.

- Another 28% claim to use information from development partners.

- Respondents who provided additional options in the “other” category mostly emphasised their direct relationship and collaboration with WHO. Three respondents referred to the information provided by NGOs and the civil society as a base for forming their opinion.
Regional Breakdown

- Regional results mirror worldwide trends, with most stakeholders basing their information on first-hand experience. Respondents in WPR and EUR also extensively rely on information provided by WHO.

- Respondents in AFR seem to be less sensitive to the information provided by the media than other regions.
• First-hand experience was the most popular answer for most stakeholder categories.

• Foundations, health professional organizations, and the media however first rely on information provided by WHO.
ANALYSIS

• It is very positive that 75% of stakeholders base their opinion on first-hand experience and 59% rely on information provided by WHO. This means that WHO is “in control” of its own image and can directly influence stakeholders’ perception based on its interaction with them as well as the information it provides to them. It also reflects the fact that respondents on the contact list are those with whom WHO is most often in contact.

• There is also an important role for the information coming from national governments – and to some extent development partners.
Question 16
What do you like and/or dislike about WHO? (Optional question)

More than 65% of respondents (680 respondents) provided comments to the final optional question, which was slightly rephrased in comparison to 2012 when respondents were asked “what do you value the most about WHO?”

The answers received in the different languages were then translated into English and were then divided into perceived strengths and weaknesses, broken into the main themes addressed by the comments.

**PERCEIVED STRENGTHS**

1. **Leadership**
   - “The world needs the WHO... It plays a hugely important function.”
   - “I like the fact that WHO is a true leader (governance, technical, research, ethical, standards, monitoring, protocol) in public health issues.
   - “I like the way WHO takes the lead in positively contributing to and influencing health outcomes.”
   - “I like the fact that WHO drives health agenda for countries and supports critical Public Health needs.”
   - “It is a great organisation providing leadership in health sector at large. The role it plays in matters relating to health at country, regional and global level has been commendable.”

2. **Professionalism**
   - “I LOVE THE PROFESSIONALISM OF WHO!”
   - “I like the professional and scientific publications, as well as experts.”
   - “I think there are a lot of excellent people working for WHO, who do a great job.”

3. **Technical Expertise**
   - “WHO is a unique center of gravity for global health expertise and knowledge.”
   - “There is always the assurance of expertise present in actions coming from the WHO.”
   - “I do like the technical nature of WHO, which should be adequately preserved and protected. In my opinion, the technical independency of the Organization constitutes the main basis for its legitimacy.”
   - “WHO is excellent at its normative work -- setting global standards of care.”
4. Support and Capacity Building

- “I like the WHO because it can provide information transfer technology and technical and management abilities to partner on an ongoing basis.”
- “I like WHO because (it is) very helpful and supports us in developing our programs.”
- “I like the support provided by WHO to assist developing countries in shaping policies, provide guidance to undertake technical assignments and direct support towards improving health care provision in the country.”

5. Information Sharing

- “I like the fact that they have up to date information on all health issues affecting the globe and you can rely on them for data and statistics on e.g disease outbreaks and latest innovations in the field of health.”
- “What we like most about WHO is the technical information provided on the website which is very useful in our programming.”
- “What I like is the current information's WHO is providing to the government and donor partners”.

PERCEIVED WEAKNESSES

1. Bureaucratic and Slow

- “What I dislike about WHO and most UN agencies is the many bureaucratic measures which often lead to unnecessary delays that may often be counter-productive to the overall objective of our actions.”
- “I dislike WHO lethargic and slow response from country offices in various sides.”
- “The WHO is still too much of a bureaucracy, operating in silos, inefficient, and very risk averse.”
- “Dislike: lack of flexibility; bureaucratic archaic practices; slow to adapt to new innovations and challenges.”
- “WHO is slow and very bureaucratic. However, I believe it strives to do as good as possible with the structure and the resources it has.”
2. Lack of Independence

- “I worry less about it being influenced by industry and private sector than by powerful donors and governments, and I appreciate when WHO can make difficult choices and unpopular stands - that independence is critical. The earlier question in this survey almost steered responses to focus on private sector when it is the influence of governments, media and donors that I find a greater threat.”
- “Funding of WHO makes the organization lack independence in action and responsiveness where it matters most i.e. most donor funding is ear-marked for specific causes which creates bias in WHO’s priorities. Seems like the much discussed organizational reforms are not going anywhere.”
- “Because they are influenced very significantly by member governments, I believe that the independence of their representatives to openly speak up about deficiencies in the policies and interventions of host country governments is heavily compromised.”
- “Corruption of the WHO Representatives due to political purposes has weakened the accountability of the institution”
- “Highly influenced by donors. Highly influenced by European countries.”
- “I hope WHO will continue its great job in helping the poor people on ground and trying better to protect itself from the influence of donors, especially the pharmaceutical industry.”

3. Lack of coordination

- “Problems in the relationship, collaboration and dialogue with NGO, academic sector and other important non governmental partners at the regional and national level.”
- “Poor coordination across clusters leads to fragmented information and clarity on what is or is not happening in a specific topic.”
- “A better coordination of the actions is necessary either on the local or regional level.”
- “Very slow interventions with lack of coordination sometimes (i.e., Ebola) ; - Slow coordination (between Geneva-Regional-Countries).”
- “Poor coordination between regional and global levels as well as the barriers between regions and between them and the seat.”

SPECIFIC MENTIONS OF WHO’S RESPONSE TO THE EBOLA OUTBREAK

- “WHO has terribly failed Africa in Ebola outbreak control.”
• “On Ebola, it was not able to get it right and was too cautious when it should have called the crisis.”
• “Although there are excellent and knowledgeable people at HQ who could handle issues like Ebola, WHO’s work appears hindered by regional offices that are not up to the task.”
• “In a future crisis, WHO will need to show it has changed and is able to be a flexible, reliable, and adaptable Organization.”
• “The Ebola crisis was not handled properly and tarred the good name of the agency. I blame the slow response to the Ebola crisis to some extent on funding cut backs and loss of expertise.”
A. QUESTIONNAIRE, COVER LETTER AND REMINDERS

EXTERNAL Cover letter

Dear Recipient,

We are contacting you with a survey commissioned by the World Health Organization (WHO). The survey will be carried out by Grayling, an independent communications agency which will guarantee the confidentiality of all answers.

This survey is designed to assess how you perceive WHO and its work, and enable us to track progress since our last perception survey in 2012.

Your honest answers will directly help WHO to measure its effectiveness, identify areas that require improvement, and strengthen the relationship between your organization and WHO.

We would be very grateful if you could take just 10 minutes of your time to complete the 16 question survey, before 14 September 2015. To fill-in the survey, please click here:

If you feel that you are not the right contact to reply to the survey, please forward this email to the appropriate person within your organization.

On behalf of WHO, we would like to thank you for taking the time to complete this survey.

Best wishes,

Ian Smith
Executive Director of the Director-General's Office

If you do not want to receive further messages, please click here.
EXTERNAL Survey questions

1. Please describe your organization using one of the criteria below
   - Government Ministry of Health
   - Government development agency
   - Other government department
   - UN agency
   - Health partnership
   - Foundation
   - Non-governmental organization / Civil society organization
   - Journalist/Media
   - Health professional association
   - WHO Collaborating Centre
   - International organization
   - Other

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

3. How well do you know WHO?
   - Very well
   - Well
   - Not well
   - Not at all

4. How important is WHO for the work of your organization?
   - Indispensable
   - Important
   - Limited importance
   - Irrelevant

5. Which of the following best describes your view of WHO’s work over the past three to five years?
   - At global level
   - At regional level
   - At country level

   - Significant improvement
   - Slight improvement
   - No change
   - Slight deterioration
   - Significant deterioration
   - No comment
6. Which areas of WHO’s responsibilities are you most familiar with? (Please select up to three (3) areas)
   - Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
   - Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
   - Setting norms and standards, promoting and monitoring the implementation
   - Articulating ethical and evidence-based policy options
   - Providing technical support, catalysing change and building sustainable institutional capacity
   - Monitoring the health situation and assessing health trends

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

   • Excellent
   • Good
   • Fair
   • Poor
   • Don’t know

8. How do you view WHO’s leadership of the response to the Ebola outbreak?
   - Excellent
   - Good
   - Fair
   - Poor

9. How does your organization view WHO’s ability to manage international public health threats in the future?
   - Excellent
   - Good
   - Fair
   - Poor

10. 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.
    - Academic institutions and publications
    - Celebrities
    - Donor governments
    - European Union institutions
11. How do you rate the way in which WHO communicates its public health information externally?
   - A. Reliability/Accuracy
   - B. Usefulness
   - C. Timeliness
   - D. Accessibility/Technology friendly
   - E. Availability in a language you can use

   • Excellent
   • Good
   • Fair
   • Poor

12. Which of the below phrases best describes how you speak about WHO?
   - Positively (spontaneously)
   - Positively (only when asked)
   - Neutrally
   - Critically (only when asked)
   - Critically (spontaneously)

13. Do you trust WHO to take the necessary measures to ensure the independence of its public health expert advisers?
   - Always
   - Most of the time
   - Sometimes
   - Rarely
   - Never

14. Do you believe WHO is inappropriately influenced by industry/private sector?
   - Yes
   - Possibly
   - No
   - Don’t have an opinion

15. Your perception of WHO is based on? (Please select all that are applicable)
☐ First-hand experience
☐ Information provided by WHO
☐ Information from colleagues
☐ Information provided by national governments and/or ministries
☐ Information from development partners
☐ Information provided by media
☐ Comments from social media channels
☐ Others (please specify)

16. What do you like and/or dislike about WHO?

(Free text box with plenty of space)

Reminder email

Dear Recipient,

In August you received a survey commissioned by the World Health Organization (WHO).

We would like to take this opportunity to remind you that the deadline for your responses is 14 September.

Best regards,

Grayling