Summary

In December 2012 the Global Policy Group decided to establish a Taskforce on the roles and functions of the three levels of WHO, co-chaired by RDs EMRO and WPRO. The Terms of Reference of the Taskforce were to:

- Describe the roles and functions of the three levels of the Organization with due consideration of the diversity of the regions, the different socio-economic and political contexts in which the country offices operate and the Headquarters’ dual functions, i.e. office and corporate functions;
- Examine how the roles and functions at each of the levels are performed currently; analyze the role differentiation, the relations between each of the levels of the Organization and the implications of current practice;
- Review the roles and responsibilities of the senior management i.e. ADGs, DRDs and DPMs for strengthening the overall WHO management;
- Identify factors that foster synergies or constrain Organizational effectiveness vis-a-vis the performance of roles and the relations across the three levels;
- Based on the analyses and reviews of the existing information on the roles and functions of the three levels of the Organization, develop a practical and realistic framework that will further align the roles and functions of the Organization, promote synergies and collaboration across the different levels, and enhance Organization effectiveness and operational and budgetary efficiency; and
- Make recommendations on the way forward to the GPG

The Taskforce held several meetings between January 2013 and February 2013, and developed an overarching framework for the work of the three levels of the organization, based on the six core functions. The final meeting of the Taskforce included a meeting with Category Network leads, to review the draft outputs in the proposed programme budget 14-15, and identify the contributions of each level of the Organization to those outputs. These are reflected in the proposed Programme Budget 2014-15 presented to the 66th World Health Assembly.

The Taskforce also recommended a mechanism for programming the roles and functions of the three levels of WHO (PRF3L) by formalizing the structure, roles, functions and management of the Category Networks, including development of standard operating procedures and code of conduct for operations of the Category Networks. The Taskforce also recommended establishing a mechanism for overall coordination and oversight of the Category Networks.

The report of the Taskforce was presented and discussed at the Global Policy Group Retreat in March 2013. The GPG welcomed the report of the Taskforce, and the key recommendations. Concerning the matrix of roles of the different levels of the organization, they noted that this is still a work in progress, and agreed that it should not yet be incorporated into the GPW12. On strengthening matrix management in WHO, the GPG emphasised that RDs and ADGs both have a global role, and ADGs should have an organization-wide perspective as technical leads for their respective Category, which should be reflected in their job descriptions and in the work on clarifying the roles, functions and responsibilities of Category Networks. They proposed holding a joint meeting of the GPG with ADGs as network leads to take this work further. The work of the Taskforce in contributing to the PB14-15 will also be helpful in preparing a roadmap for the development of the PB16-17.

The GPG decided to commission a study of organizational design in WHO, with the aim of aligning structures with functions, harmonizing organizational structures and positions, and developing terms of reference for the Category Networks.
Taskforce on the Roles and Functions of the Three Levels of WHO

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Summary of the outcomes of the work of the Task Force on Roles and Functions of the Three Levels of the Organization

1. Agreed framework on the Overarching Roles and Functions of the Three Levels of WHO (ORF3L).

Following two meetings of the Task Force in 16-18 January and 19-20 February 2013, the Task Force with its Co-Chairs of RD/EMRO and RD/WPRO discussed and agreed on the framework for the Overarching Roles and Functions of the Three Levels of WHO. The ORF3L articulates the delineated roles and functions of each of the levels of the Organization based on the Six Core Functions of WHO in the 12th GPW. See agreed framework in Annex 1.

2. The draft Programme Area Roles and Functions of the Three Levels of the WHO (PRF3L), which was developed by the Category Networks, were reviewed by the Task Force with the category network leads, several programme directors at the Headquarters, and representatives from some WHO regional and country offices. The Task Force made comments and specific recommendations to the category networks on how to improve the PRF3L, which include the following:

- Great collaboration between headquarters and Regional Offices in developing the PRF3L, although the consultation at the country level was very limited;
- The scope of some of the programme areas need to be more realistic in their aspirations;
- Confusion over what are ‘roles and function’ and ‘products and activities’ still exists in the PRF3Ls; this has to be addressed in the next version;
- The vertical logic, which is the results chain or hierarchy, the horizontal logic of the PRF3L matrices, and the delineation of roles of the three levels, need to be improved; and
- Varying degrees of misplacement of roles and functions at different levels of the Organizations were found, perhaps due to reasons related to variations in capacity, programme maturity and resource availability; this gap needs to be re-visited and reconciled.

The Task Force requested that Category Networks finalize the PRF3L with consideration of the above recommendations and the guidance on institutionalizing the Programme Area Roles and Functions of the Three Levels of the Organization (PRF3L), which include the following:

- Develop a guide and manual for PRF3L to ensure consistency (format, content, terminologies, etc.) within and across the category networks
- Use ORF3L as the principal basis for the delineation of PRF3L
- Category networks should be responsible for developing the PRF3L
- Designate a responsible person and core group in each category network to develop the PRF3L

3. Sets of recommendations to the Global Policy Group, most importantly the strategic way forward (See next page). These recommendations have implications to the design, ways of working, strengthening management not only of the division of labor, but for improving the effectiveness on WHO delivers its work and meet Member States’ needs.
Recommendations on management and oversight of the Category Networks

- Formalize the structure of the category networks, including its membership across the Organization (include Country Offices)
- Define code of conduct to guide the interactions, relations between the entities (i.e., category leads, programme directors, technical staff), with clear entitlements and accountabilities of each of the entities
- Define the roles and functions of each of the entities in the Category Networks e.g., distinguishing roles for HQ and for global level of programme directors
- Designate an overall coordinator (or lead) who will provide oversight for all the Category Networks (on behalf of DG) and define the roles and functions
- Establish a highest level mechanism for communication, facilitation and monitoring and evaluation of the results of the Category Networks

Institutionalizing PRF3L and managing the Category Networks will require staff development and training, and an effective rotation and mobility policy.
Annex 1. Overarching Roles and Functions of the Three Levels of WHO

The effectiveness of WHO’s work depends on effective management systems at all levels of WHO (A65/5). This requires a clear differentiation of roles and responsibilities between the different levels, not just in terms of how they work together, but also in terms of what they actually deliver.

Clarification of roles across the three levels of the Organization will require a renewed look at the structure of WHO and relations between levels to ensure complementarity and synergy.

This matrix reflects the agreed overarching roles and functions delineated for each of the three levels of the WHO, i.e. Country Offices, Regional Offices and Headquarters. This is based on the WHO’s Six Core Functions as affirmed by the 12th General Programme of Work, namely:

1. Providing technical support and building capacity
2. Providing leadership
3. Setting norms and standards
4. Shaping the research agenda
5. Articulating policy options, and
6. Monitoring and health trends

Specific situations beyond the Overarching Roles and Functions of the Organization require additional considerations and will be exceptional and should take into account a WHO corporate perspective. This should allow quick decisions to be made on who should do what at which level.

The roles and functions are articulated to reinforce coordination and joint work and avoid duplication and inconsistencies. Accountability mechanisms will be developed based on the delineated roles and functions.

Functions that enable each level of the Organization to perform based on roles and responsibilities at each level, and at the same time, act as ‘one WHO’ are articulated under the Corporate Functions.
# Report of the Taskforce on the roles and functions of the three levels of WHO

## OVERARCHING ROLES and FUNCTIONS OF THE THREE LEVELS OF THE ORGANIZATION (ORF3L)

<table>
<thead>
<tr>
<th>Function</th>
<th>Country Offices</th>
<th>Regional Offices</th>
<th>Headquarters</th>
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</table>
| 1. Providing technical support and building capacity | - Lead the development of a country cooperation strategy (CCS) and its implementation.  
- Lead and manage the provision and brokering of technical cooperation  
- Lead in the implementation and monitoring of international commitments, conventions and legal instruments  
- Lead emergency response/action during crisis and emergencies | - Contribute to the development of country cooperation strategies (CCS)  
- Backstop country offices in technical cooperation and in supporting the implementation of international commitments and legal instruments in collaboration with Headquarters  
- Lead technical collaboration in countries with no WHO presence  
- Backstop the strengthening of technical cooperation among countries, and among regions  
- Provide surge capacity during crisis and emergencies | - Coordinate the development of corporate guidance for CCS and the strategic analysis of content and implementation  
- Promote of application of best practices in support of regional and country technical cooperation  
- Backstop regional offices by providing specialized technical assistance and mobilizing surge capacity in crisis and emergencies |

| 2. Providing leadership | - Advocate for health in all policies and promote dialogue for intersectoral and multi-stakeholder collaboration  
- Lead WHO’s UN interagency work in integrating national health priorities into the development agenda and UNDAF  
- Lead the convening and coordination of the health response in emergencies  
- Lead in strengthening country capacity in health diplomacy for better engagement in national and international processes, and global health governance | - Lead in supporting Member States for effective engagement in governing bodies  
- Convene regional intergovernmental meetings and working groups, and regional and inter-regional health platforms  
- Lead in supporting Member States for effective engagement in governing bodies  
- Lead in supporting Member States’ engagement in international initiatives and coordinate with regional and sub-regional entities, as well as their active participation in global health issues | - Lead in shaping the global health agenda and the development of international legal instruments, commitments and conventions  
- Convene global intergovernmental meetings and working groups and key stakeholders (including Member States) for global health initiatives |

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1. Emerging initiatives requiring technical cooperation among countries across regions will be led and coordinated by Headquarters in collaboration with respective Regional Offices, unless decided otherwise through established managerial process.
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| 3. Setting norms and standards        | • Support countries in the adaptation and implementation of guidelines, tools and methodologies  
• Contribute to setting global norms and standards by providing evidence from countries | • Adapt guidelines, when necessary, to apply norms and standards to regional context  
• Backstop the implementation of norms, standards and guidelines, at country level  
• Monitor the implementation of norms and standards in countries of the region | • Lead in the formulation of technical norms and standards; develop methodologies, guidelines and tools  
• Lead global monitoring and reporting on the implementation of norms and standards |
| 4. Shaping the research agenda        | • Promote research and the strengthening of research capacity in countries  
• Support and, when appropriate, conduct operational research and use of results  
• Contribute to the body of knowledge on best practices | • Establish and coordinate the implementation of the regional research agenda  
• Lead in strengthening the regional research and innovation capacity in collaboration with Headquarters  
• Generate and disseminate body of regional knowledge on best practices | • Lead WHO’s work in shaping and promoting the global research and innovation agenda  
• Support research and innovation on issues of global public health significance and broker inter-regional exchange of experience and lessons learnt  
• Generate and disseminate body of knowledge on best practices |
| 5. Articulating policy options        | • Lead health policy dialogue and provide policy advice to national counterparts and partners  
• Promote the engagement of countries in setting regional and global policies and strategies | • Adapt strategies or plans to apply policies to regional context  
• Lead development of regional policies and strategies as appropriate  
• Backstop country offices on policy advice and dialogue | • Lead in the formulation of global public health policies, strategies and plans  
• Lead in establishing principles and rules for global public goods for health. |
| 6. Monitoring and health trends       | • Lead WHO’s work in monitoring and evaluating national policies and programmes | • Monitor the regional health situation and trends by undertaking the aggregation, validation, analysis, dissemination and use | • Monitor the global health situation and trends by undertaking the aggregation, validation, analysis, |

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2 Regional Offices contribute to the development of norms and standards, as well as develop guidelines, methodologies and tools whenever required, in agreement and coordination with HQ.

3 This is based on the WHO Constitution Article 50a. RO may develop regional policies and strategies where there are no global policies and strategies but this should be in agreement with HQ.
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<td></td>
<td>• Support the collection, analysis, dissemination and use of data for monitoring the national health situation</td>
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<td>• Lead the development of guidelines and methodologies for national policy and programme evaluations</td>
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<td>• Backstop country offices in the evaluation of national policies and programmes</td>
<td>• Backstop country offices in the evaluation of national policies and programmes</td>
<td>• Lead in establishing standards and guidelines to strengthen health information systems</td>
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**Corporate functions**
(for further elaboration based on Category 6 discussions)

|          | • Leadership and governance (including Legal, IOS, GBS, …) | • Transparency, accountability and risk management, including oversight, monitoring and reporting |
|          | • Governing bodies (WHA, EB, RC) | • Management and administration |
|          | • Strategic planning, resource mobilization, resource coordination and reporting | • Country Focus Policy |
|          | • Strategic communications | |