

World Health Organization (WHO)

Organisational Information

The World Health Organization (WHO) is the largest specialized body in the United Nations system with 193 member governments. As the only multilateral institution dedicated to health, the WHO brings international legitimacy and a large pool of resources to combating global health problems.

Founded in 1948, the WHO provides a forum for governments to discuss health issues. An important aspect of the WHO's work is ensuring global health security by preparing for and responding to disease outbreaks, coordinating health responses during outbreaks and emergencies, and alleviating suffering from natural disasters or conflicts. Additionally, a key aspect of the organisation's work is to develop and maintain international health regulations.

Global health partnerships such as the Global Fund To Fight AIDS, Tuberculosis and Malaria and other UN bodies such as the World Bank broadening their remit to cover health issues have taken on tasks relevant to the WHO's sphere of activity. Despite this, however, the WHO remains in a unique position to affect change on, and coordinate response to, global health issues.

The WHO maintains six regional offices with a notable amount of autonomy. Regional Directors, elected by the Regional Committee for that region and approved by the WHO Executive Board head the Regional Offices. The 2006 Global Accountability Report did not assess the Regional Offices.

The WHO's international secretariat is based in Geneva, Switzerland and has approximately 3,500 staff. The total income for WHO programme activities for 2004-2005 was US\$2.984 billion.¹

The WHO actively engaged in the data collection process for the 2006 Global Accountability Report. They completed a questionnaire, provided access to internal documentation and representatives of the organisation were interviewed as part of the research.

Organisational Structure

The WHO has 193 member countries and its governing body is the World Health Assembly. Every member country represents themselves at the Assembly and has one vote. The Assembly meets annually, usually in May and has the duty to appoint the Director-General, oversee the WHO budget, and determine WHO policy.

The WHO's executive body is the Executive Board which advises the World Health Assembly as well as executing decisions and policies enacted at the Assembly. The Assembly elects 34 member countries to the Executive Board, each for a three year term. The Board meets at least twice a year, usually in January and May. To assist the Board in budgetary matters, the WHO has the Programme, Budget and Administration Committee.

Transparency Dimension

The WHO ranks ninth among the 10 assessed IGOs for their transparency capabilities with a score of 15 percent.

The WHO's transparency capabilities is impaired by the lack of an information disclosure policy and no senior executive overseeing transparency at organisational level. While general statements on the need for transparency have been made within the WHO Executive Board documents (EB115/INF.DOC/5 or EB118.R4), the organisation has not made a clear commitment to being open and transparent in a widely accessible public document.

The WHO needs to develop an information disclosure document that ensures a consistent organisation-wide approach to transparency. Importantly, it should make a commitment to the presumption of disclosure and detail a set of narrowly defined conditions for non-disclosure. The

¹ WHO, [Financial Report, 2004-2005 \(Document A59/28\)](#), p3.

policy should also commit the organisation to responding to all information requests in a defined period of time and include an appeals process for denied information requests.

To ensure compliance, a senior executive needs to be assigned responsibility for overseeing implementation. Training on transparency and how the commitment is to be translated into practice should also be provided to relevant staff; this document needs to be publicly disseminated and made available in formats accessible to the organisation's stakeholders. The regional offices can play an important role in this regard.

Participation Dimension

The WHO's participation capabilities ranks second among the 10 assessed IGOs with a score of 78 percent.

External Stakeholder Engagement

The WHO engagement with external stakeholders is guided by the Policy for Relations between the World Health Organization and Nongovernmental Organizations; according to this document, the WHO's engagement with NGOs is based on accreditation or collaboration. NGOs accredited with the WHO can appoint representatives to participate, without vote, in Executive Board sessions and Health Assemblies, and committees and conferences. Collaboration between NGOs and the WHO includes the establishment of work relations at regional and national levels. While the policy is significant in that it allows for NGO engagement at different levels within the WHO, it lacks certain good practice principles. For example, it does not commit to publicly disclosing the results of an engagement with NGOs or to changing policy or practice as a result of engagement else providing an explanation.

The WHO's management systems for supporting engagement with NGOs are well developed. The Director General oversees compliance with the Policy for Relations between the World Health Organization and Nongovernmental Organizations and the WHO offers training workshops for staff engaging with NGOs. The policy is also translated into six languages and disseminated through the internet and mailed upon request.

Member Control

The WHO's Constitution provides for equitable control among members both in the governing and executive bodies. All member governments have representation in the Assembly and are able to add items to the agenda. Additionally, all members participate in the election of Executive Board members. The Constitution requires that not less than three members from each regional WHO organisation are elected to the Board to ensure equitable geographic representation. Furthermore, with a one member one vote policy, no member state is able to dominate decision making. The WHO could improve its member control by enabling members to initiate a process of dismissal for individuals on the Executive Board.

Evaluation Dimension

The WHO ranks eighth among assessed IGOs for their evaluation capabilities, with a score of 63 percent.

In its Evaluation Guidelines the WHO makes a strong commitment to evaluation; this commitment however falls short in a number of areas. For example, the Guidelines state that evaluation plans will be developed with stakeholder consultation and that the results from an evaluation will be used to inform future decision-making. But, the document does not guarantee that the organisation will publicly disclose evaluation results nor does it commit the WHO to evaluating organisation wide internal management/administrative policies.

The WHO's management of evaluation activities include the Head of Internal Audit and Oversight overseeing compliance with the Evaluation Guidelines and training for staff conducting evaluations. To improve its evaluation systems, the WHO needs to disseminate the newly updated policy through multiple mediums to external stakeholders, and translate it into more languages. In addition, the WHO needs to develop and implement a mechanism that disseminates the lessons learnt from evaluations to ensure organisational learning. Such a mechanism could include learning workshops, virtual knowledge networks, or management meetings to disseminate findings.

Complaint and Response Dimension

The WHO ranked eighth among the assessed IGOs for their complaint and response capabilities, with a score of 30 percent.

While the WHO has no policies on, or makes commitment to, handling complaints from external stakeholders, two documents guide the handling of complaints from internal stakeholders: the Fraud Prevention Policy and the Financial Rules. Together these cover the basic protections for internal complainants; including assuring confidentiality and that the organisation guarantees non-retaliation. The Fraud Prevention Policy also provides a degree of independence by allowing employees to file complaints through the Director of Internal Oversight Services directly.

To provide employees with a clear and easily accessible guide to their rights when lodging a complaint, the WHO should consider consolidating its approach to handling internal complaints into a single policy. In doing so, the WHO should also make a commitment to mandatory discipline for anyone found to have retaliated against a complainant and guaranteeing that all negative consequences suffered by victims of proven retaliation be reversed. Additionally, they need to include clear descriptions of how a complaint can be made and how it will be investigated.

The WHO also needs to improve the systems it has in place to ensure compliance with their internal complaints policies. While the Director of Human Resources provides executive oversight and the policies are disseminated internally both through the intranet and staff inductions, no formal training is provided to staff on the issue.

Conclusion

In the 2006 Global Accountability Report, the WHO performs well in the participation dimension thanks to an external stakeholder engagement policy, well developed management systems overseeing compliance to it, and provisions in their governing articles to ensure equitable member control.

The dimension where the WHO's accountability capabilities are least developed is transparency. The WHO needs to move beyond making general commitment to transparency to developing a formal information disclosure policy that conforms to good practice principles and is supported by effective management systems.

While the WHO already has an evaluation policy, it needs to improve its quality by committing to be transparent about evaluation results. Furthermore, the organisation needs to develop a mechanism that more effectively disseminates the lessons learnt from evaluations.

Another area where the WHO needs to focus its energies is in developing capabilities for handling and responding to complaints from external stakeholders.

The 2006 Global Accountability Report assessed the accountability of 30 global organisations from the intergovernmental, non-governmental and corporate sectors according to four key dimensions of accountability – transparency, participation, evaluation, and complaint and response mechanisms. The study investigated the extent to which these organisations have in place the capabilities – policies and systems – at headquarters or the global office that foster accountability to communities they affect and to the wider public. At the global level, organisations need to have in place enforceable policies on key dimensions of accountability in order to promote consistency in approach both at different levels throughout the organisation and in relation to their diverse stakeholder groups. The presence of a policy at the global office indicates a public commitment to the dimensions of accountability and enables stakeholders to demand compliance with these policies; yet how these commitments translate into practice is equally important. The project team at the One World Trust is actively seeking innovative ways to assess accountability in practice both at the global office and field

levels. Such assessments will help build a more comprehensive understanding of an organisation's accountability.

For a full list of indicators against which each of the 30 organisations were assessed click [here](#) or for further information on the 2006 Global Accountability click [here](#).