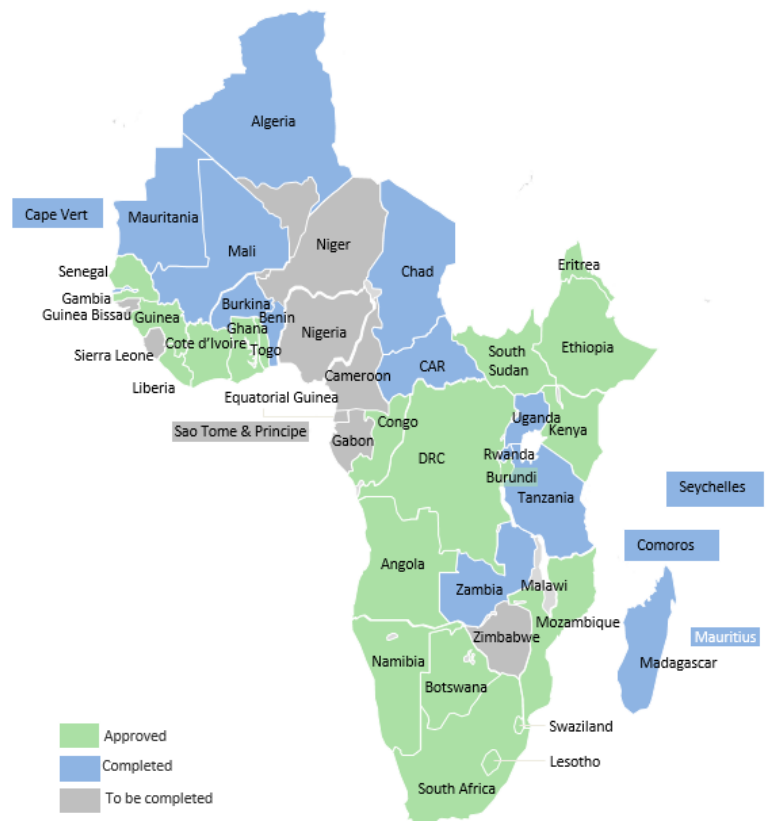


This report is produced by the Functional Review Team in collaboration with the respective Country Offices. The next report will be issued in August 2019. For comments and/or additional, please contact: functionalreviewteam@who.int.

Highlights

- The reviews of 38 out of the 47 country offices have been completed, and the nine remaining countries will be reviewed by the end of August 2019. Implementation is ongoing in 21 countries.
- As a key process of the country functional reviews, the team has met with the Ministers of Health and/or Principle Secretaries, UN Country Team (UNCT), bilateral and multilateral donor agencies, NGOs/CSOs and cross-sectoral ministries in all 38 countries completed to date.
- As work continues towards the completion of the review in the remaining nine country offices, Phase Two of the functional review has started with a focus on supporting countries to implement the approved functional review recommendations including the new structures and “non-human resource”¹ actions; and transiting from the project approach to continuous, sustained support of countries by the Regional Office. The project team is also documenting best practices, lessons learned and the impact of the functional reviews.
- Implementation focuses not only on human resource actions using fast-track procedures, but also on simultaneous delivery of other functional review components, namely delivery of strategic priorities, sustained resource mobilization, and proper office management which will be critical to achieving the overall “desired impact” of the functional reviews of WHO country offices in the African Region.
- In-country and remote support is being provided to further accelerate implementation of functional review HR and non-HR actions using standard guidelines that have been developed and pre-tested. Countries slated for in-country support are Angola, Ethiopia, Central African Republic, Uganda, Zimbabwe, Sierra Leone, Kenya, Liberia and Chad. The remaining approved countries will continue to receive remote guidance from the FRT and Regional HR team.
- A prioritization exercise has been undertaken to define the minimum human resources required to deliver the GPW 13 results at country level and for the WHO country office to play its optimal role in the context of the new UN reform. The prioritization exercise has identified the minimum competencies required (detailed on page 3) to deliver critical functions for universal health coverage (UHC), emergencies, health, well-being and enabling functions, leading to significant increases in HR costs.



¹ Non-human resource actions refer to the country office’s ability to communicate and effectively deliver on the strategic priorities, mobilize resources and institutionalize effective management practices.

- The operational planning process of PB 2020-2021 within the framework of the GPW 13 is an opportunity to align the critical functions budget with the available flexible funds. Other functions will be funded through active mobilization of voluntary contributions at country, regional and global levels.
- In addition to in-country consultation with stakeholders, an anonymous Partner Perception Survey was launched in 2018 to further gather partners' expectations of WHO offices at the country level. The outcomes of 325 partner responses across 20 African WHO country offices are being vigorously addressed through the incorporation of critical issues into the AFRO Leadership Training Programme for Senior staff members (including Heads of country offices), and by directly supporting countries to improve technical cooperation, partner engagement and management practices.
- Through in-country missions and regional meetings, the FRT is continuing to advocate with donor agencies and partners to align their respective financial support with functional review results and to avoid the "vertical" approach.
- An essential element for the implementation of the functional review recommendations is the need to support country offices with career counseling while ensuring that staff anxieties are addressed through one-to-one consultations. A plethora of one-to-one and group career counseling sessions have been provided to staff with greater emphasis on national professional officers and general administrative staff. The objective sought is to increase their chances of getting international positions.
- The functional review process is facing a number of challenges, notably the disconnect between the funding structure and the staffing needs; the heavy workload or slow implementation due to a significant increase in HR-related transactions.
- The Functional Review steering committee will convene to discuss implications of the announcement of the new global structure by the Director-General on the functional reviews in the WHO African Region.
- The human resource (HR) and financial implications of the functional reviews of 21 approved country offices are as follows:
 - *84% of the average increase in HR costs is attributed to the increase in technical capacity*
 - *Technical staff capacity is set to increase by an average of 41% (Pre-review: 508 vs Post 718)*
 - *Support staff are set to decrease by an average 16% (Pre-review: 582 vs Post 489)*
 - *International staff are set to increase by an average of 76% (Pre-review: 149 vs Post: 262)*
 - *National staff are expected to increase by an average of 40% (Pre-review: 343 vs Post: 481)*
 - *The highest percentage difference in technical staff ranges from an increase of 257% (Pre-review 14 vs Post: 50) in Mali to 7% in Ethiopia (Pre-review: 117 vs Post: 125)*
 - *The highest percentage difference in international capacity staff ranges from an increase of 500% (Pre-review: 1 vs Post: 6) in Congo and Eritrea to 3% increase in Ethiopia (pre: 29 vs Post: 30).*
 - *The highest percentage in HR cost ranges from an increase of 354% (US\$ 0.9 M vs US\$ 3.3 M) in Lesotho to 33% in Togo (US\$ 2.6 M vs US\$ 3 M)*

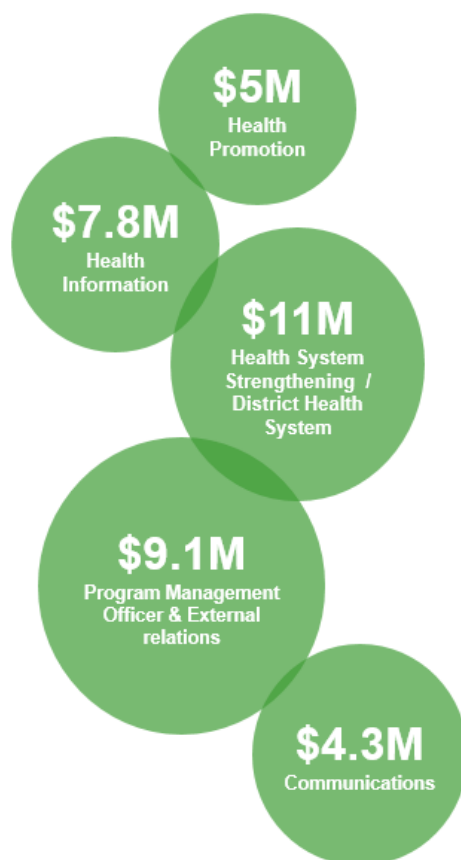
Financial Requirements to Deliver Critical functions

Critical Functions

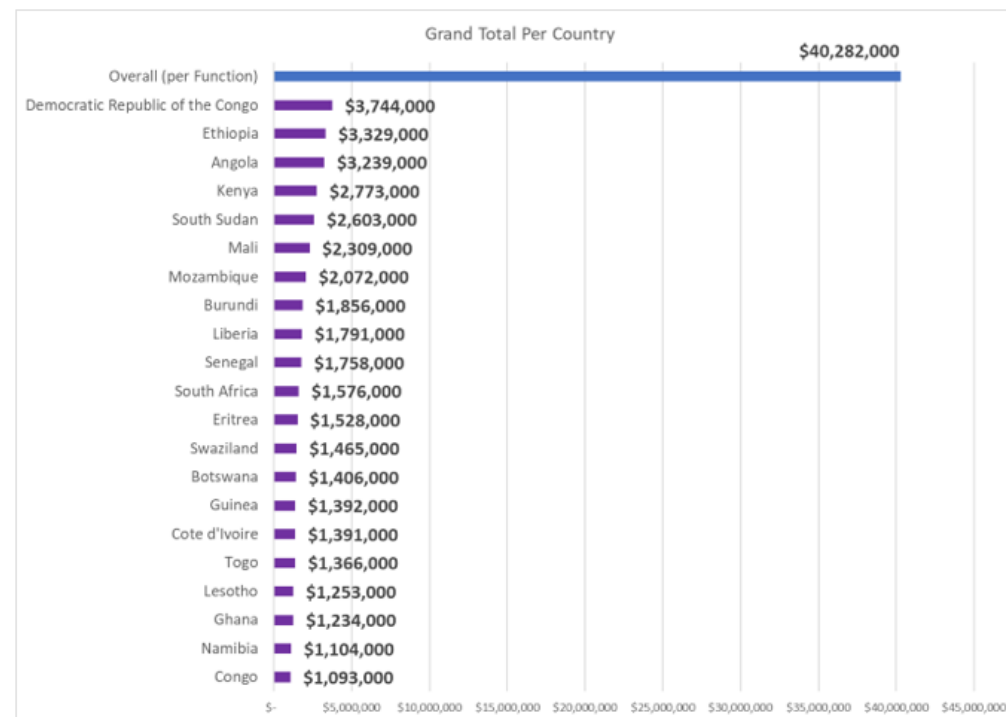
The functional review process has shown that the roles WHO is expected to play vary significantly from country to country, ranging from normative functions to technical support and operations, depending on countries' complexities and partnership landscape. However, both Governments and partners in virtually all the countries reviewed highlighted key functions that WHO is expected to perform. These functions are necessary for WHO country offices to support countries to achieve UHC, ensure health security and well-being in line with the GPW 13. For 20 approved countries a total of US\$ 37.7 million will be required every two years to support these critical functions.

- **Support for health coordination; generation and dissemination of health information;**
- **Support for health systems strengthening including district health systems;**
- **Outbreak and emergency preparedness;**
- **Health promotion;**
- **and three enabling functions, namely external relations, program management, and communications.**

Summary Costs



Grand Total Per Country



Mixed Skills

- Over 65% of Critical Functions are to be occupied by International.
- Over 25% of Critical Functions are to be occupied by National Professionals.
- 10% of Critical Functions to be occupied by International and National UN Volunteers.

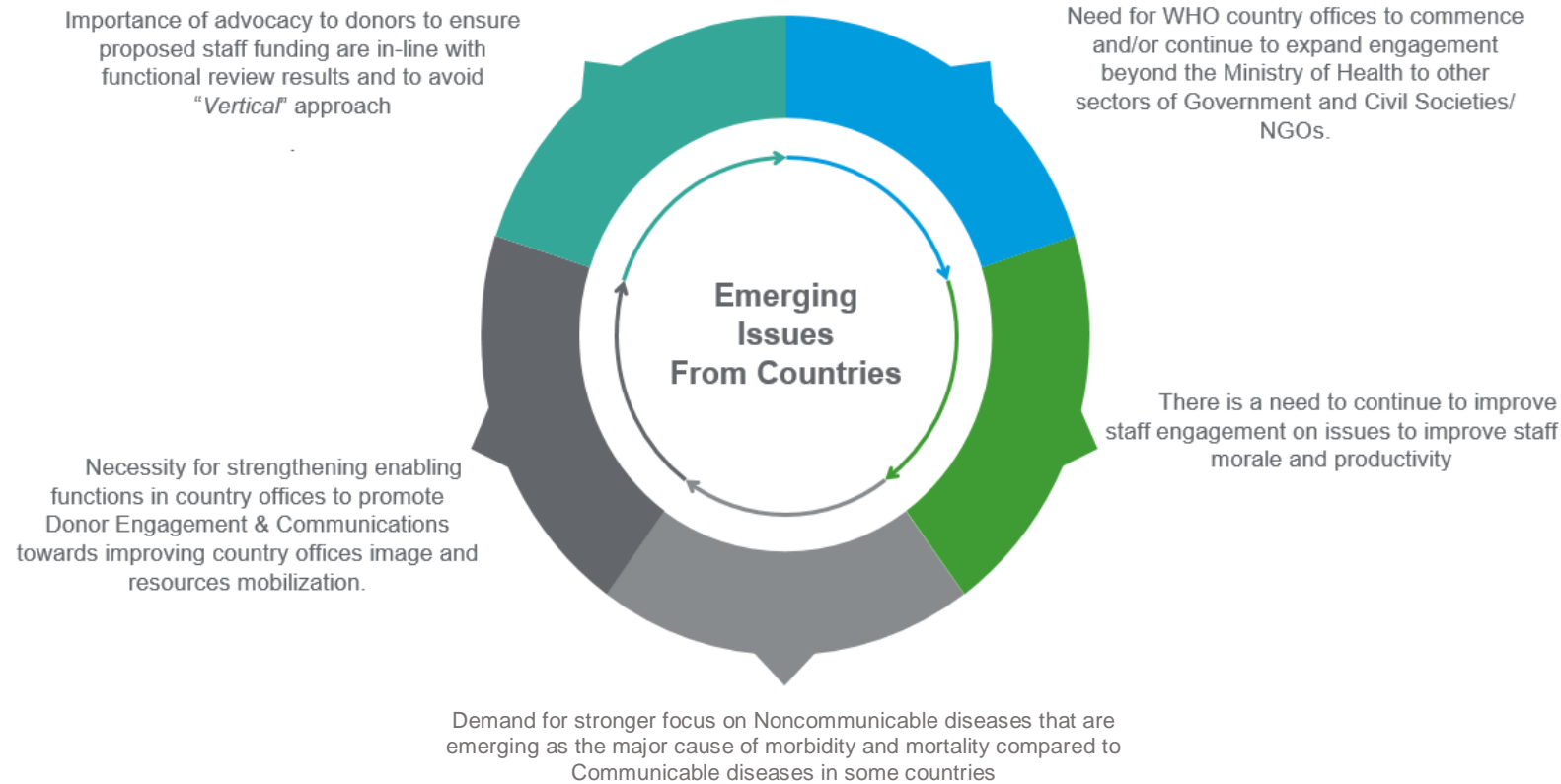
Function Costs

Varies from \$11 Million For Health System Strengthening to \$4.3 Million for Health Promotion

Funding Needs

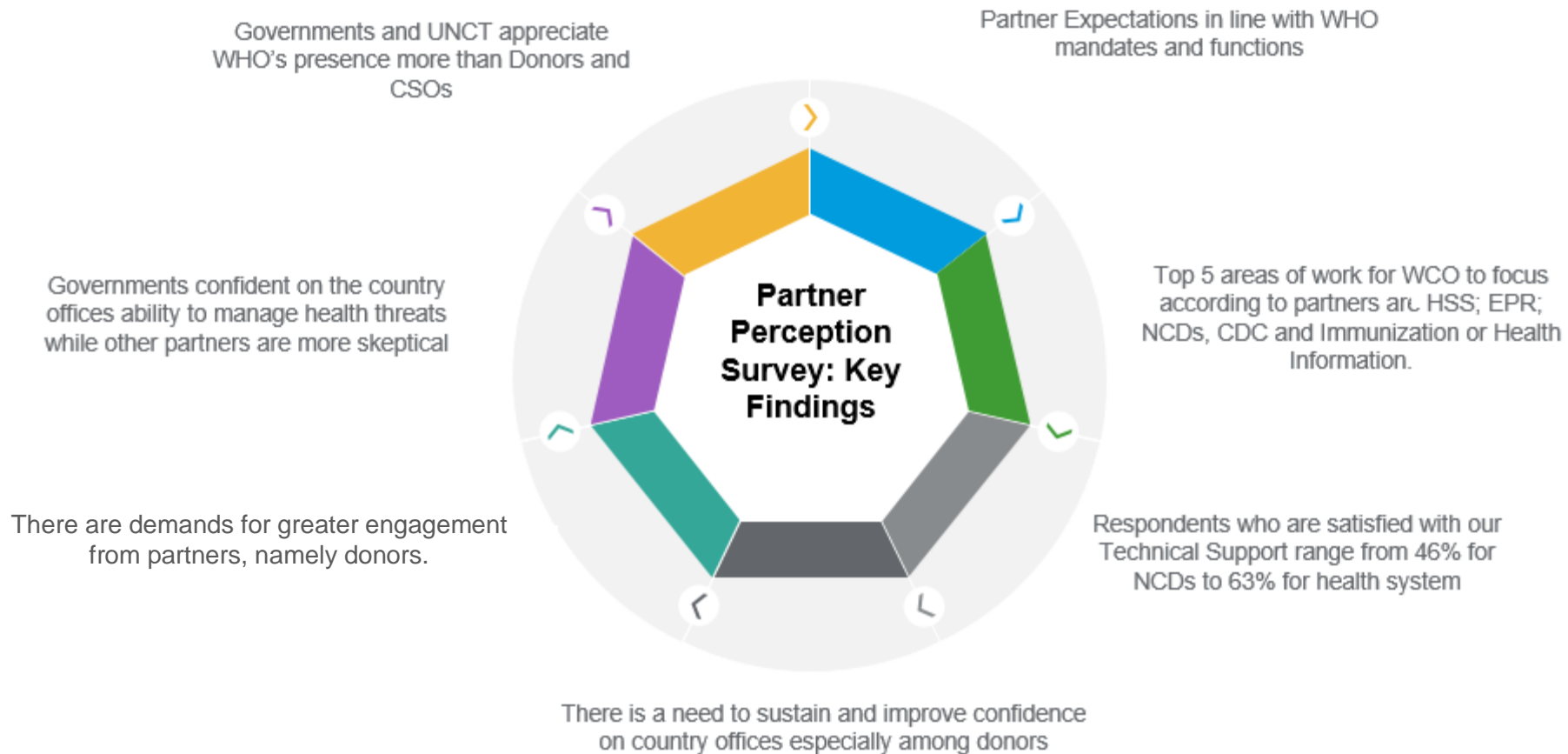
Varies from \$ 3.7 Million in DRC to \$ 1 Million in Congo

Key Human Resources Results Emerging Issues taken into consideration by the functional review



Emerging issues are being addressed by intuiting critical and cross-functions in all countries reviewed. Additionally, a Leadership Training Programme has been launched for country representatives, regional directors and senior & mid-level officers to strengthen managerial capacities, sharpen their analytical and strategic thinking skills, and gain greater understanding of the complex issues facing managers and leaders today and in the future.

Key Findings from 325 Respondents from 20 AFR WHO Country Offices



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