

Evaluation of the utilization of National Professional Officers at country level

Terms of Reference

Background

1. National professional officers (NPOs) are nationals of the country in which they are to serve, are recruited locally and are not subject to assignment to any official station outside the home country. They are staff members of the Organization and are subject to the Staff Regulations and Rules of WHO. They perform functions of a professional nature requiring local knowledge, expertise and experience of a national as opposed to an international dimension.¹ **Several UN agencies** employ NPOs, including UNICEF (since 1960), UNDP (since 1975) and WHO (since 1995).
2. Prior to resolution EB95/R20, WHO employed a large number of national professionals as National Professional Project Personnel/National Experts. Following this resolution, WHO started employing NPOs on a trial basis for 3 years, at the recommendation of the Director-General.² Since then, NPOs have been an important component of the WHO workforce at country level (and at regional offices and other outposts) to support and/or lead critical functions. In 2001, a review³ noted an increasing number of NPOs in WHO country offices, varying across the regions. Three WHO regions (Africa, Europe and South-East Asia) employed 200 NPOs, with the majority (164) in the African Region. By 2012, the total number of NPOs had increased to 894 (13% of a total of 7,817 WHO staff, excluding the Region of the Americas).⁴ Most recently (2017), 974 NPOs form over 12% of WHO's total staff, and 28% of its country staff.⁵ The majority of NPOs (62%) are employed in the African Region,⁶ with the remaining NPOs in other regions and headquarters outposts (such as the WHO Centre for Health Development in Kobe and the Global Service Centre in Kuala Lumpur). The majority of NPOs are concentrated in a few large country offices. The WHO Regional Office for the Americas also employs around 75 NPOs.⁷

Rationale

3. Since the introduction of NPOs into WHO's workforce in 1995, there have been no internal reviews or independent evaluations to assess how WHO has been utilizing the skills and competencies of NPOs in delivering its mandate at the country level. To our knowledge, no other UN agency which employs NPOs has conducted an evaluation to this effect.
4. International Civil Service Commission (ICSC) regulations regarding NPOs have evolved since the recruitment of NPOs in WHO in 1995. In 1994, ICSC criteria for employment of NPOs at non-headquarters duty stations included: (a) *employment of NPOs by a given UN common system organization should be grounded in a policy framework established by that organization's*

¹ WHO e-manual section III.13.4.10, National Professional Officers.

² WHO (1994). National Professional Officers – Report by the Director-General. Document EB95/46.

³ JIU (2001). Review of Management and Administration in the World Health Organization (2001). Document JIU/REP/2001/5.

⁴ JIU (2012). Review of Management, Administration and Decentralization in the World Health Organization – Part I Review of management and administration of WHO. Document JIU/REP/2012/6.

⁵ WHO (2017). Who Presence in Countries, Territories and Areas (<http://apps.who.int/iris/bitstream/10665/255448/1/WHO-CCU-17.04-eng.pdf>).

⁶ WHO (2018). Human resources: update – workforce data as at 31 December 2017.

⁷ As of December 2016. See: WHO (2017). Who Presence in Countries, Territories and Areas (<http://apps.who.int/iris/bitstream/10665/255448/1/WHO-CCU-17.04-eng.pdf>).

*legislative body; (b) NPOs should not be subject to assignment to any duty station outside the home country; (c) work performed by NPOs should have a national content [and] NPOs should bring to bear in the job national experience and knowledge of local culture, language traditions and institutions; (d) Organizations employing NPOs should maintain a balance between international and local Professionals appropriate to their needs, bearing in mind the need to preserve the universal character and the independence of the international civil service; (e) NPO posts should be graded on the basis of the Master Standard for the classification of Professional posts; (f) career prospects of NPOs are necessarily limited, given (i) the continued employment of international staff in senior management positions, (ii) the number of grades in the category and (iii) the fact that the functions they perform may be finite. Organizations should make NPOs aware of these limitations, [but] endeavour to develop the potential of NPOs as a matter of sound personnel policy.*⁸ The ICSC guidelines, as well as practices, have evolved since 1994 and, as of 2017, ICSC guidelines for the employment of NPOs⁹ require, inter alia, that NPOs are entitled to the same allowances and benefits as General Service staff, except for language allowance and overtime compensation.

5. Several recent independent reviews and evaluations refer to the role of NPOs at country level; these findings and recommendations should also inform this current evaluation. A 2012 JIU review¹⁰ considered the appointment of NPOs as heads of WHO country offices (in 16% of the country offices) as an issue of concern due to its potential for conflict of interests, and issues of WHO's independence. The review recommended that the practice of assigning NPOs to lead operations of country offices be gradually discontinued, even if it proved more cost-effective than appointing an international staff member as head. Other recent evaluations in WHO, such as the WHO Reform evaluation¹¹ and the Evaluation of WHO's Presence in Countries,¹² highlighted the need for matching country team capacity to country needs. The latter recommended to consider the balance of international and national staff in order to support WHO country offices' capacity to lead and deliver the WHO functions effectively.
6. WHO's Thirteenth General Programme of Work (GPW) is the strategic plan for the next five years (2019-2023) which aims to contribute towards the achievement of the sustainable development goals (SDGs) and to drive public health impact at country level.¹³ In this regard, WHO will become more focused and effective in its country-based operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, depending on the country context. Thus, NPOs will continue to have a role in realising the goals and targets of the Thirteenth GPW in particular and, beyond that, in the achievement of the SDGs at country level.
7. The findings and recommendations of this evaluation will therefore help inform the effective utilization of NPOs as part of WHO's workforce at country level.

⁸ As quoted in document EB95/46

⁹ United Nations (2017). United Nations Common System of Salaries, Allowances and Benefits (<https://icsc.un.org/resources/pdfs/sal/sabeng17.pdf>, p.19.)

¹⁰ JIU (2012). Review of Management, Administration and Decentralization in the World Health Organization – Part II Review of decentralization in WHO. Document JIU/REP/2012/7.

¹¹ WHO (2017). Leadership and management at WHO; Evaluation of WHO Reform (2011-2017), third stage (<http://www.who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf?ua=1>).

¹² WHO (2015). Evaluation of WHO's Presence in Countries (<http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1>).

¹³ WHO (2018). Thirteenth General Programme of Work 2012-2023. (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1).

Purpose and objectives

8. The overall purpose of the evaluation is to assess the role played by NPOs in WHO country offices, towards the effective delivery of WHO's mandate at country level in support of Member States to achieve their national health targets. The evaluation will specifically focus on the role NPOs play and how WHO has been utilizing NPOs, and explore the ways in which the skills and competencies of NPOs could be utilized more effectively in the future. The evaluation will also document successes, challenges and best practices, and will provide lessons learned and recommendations for future use by management to inform policy and decision-making. The evaluation meets accountability as well as learning objectives.

Target audience and expected use

9. The principal target audience of this evaluation are WHO senior management (the Director-General, regional directors, directors of programme management, directors of administration and finance at regional level) and heads of WHO country offices. The main expected use for this evaluation is to support WHO senior management to strengthen country office capacity to improve WHO's performance at country level, enhance accountability and learning for future planning.
10. Member States and other partners also have an interest in understanding the role of NPOs and their added value in contributing to achieving WHO's mandate at the country level, as well as in improving the national critical mass in countries.

Scope and focus

11. The evaluation will consider the relevance, effectiveness and efficiency (and, where feasible, the impact and sustainability) dimensions of using NPOs at the country level. It will assess the specific contributions and added value of NPOs in countries in relation to delivering results in response to the outputs and outcomes identified by the key WHO strategic instruments, i.e. the GPW, the Country Cooperation Strategies and the biennial programme budgets.
12. The evaluation will also consider the evolution of the main functions of NPOs since the introduction of NPOs in WHO and the eligibility criteria used during the process of recruitment of NPOs, with a focus on the past ten years. However, the evaluation will be forward looking and should provide useful and actionable recommendations to facilitate future policy and decision-making.

Evaluation questions

13. High-level evaluation questions and the corresponding indicative areas for investigation are presented below:¹⁴

Evaluation questions	Indicative areas of investigation
EQ1: How relevant is the current role played by NPOs in fulfilling WHO's mandate at the country level?	Analyse the specific roles played by the NPOs; explore challenges associated with the roles envisaged and the actual roles played by the NPOs; issues in relation to the roles played by the NPOs such as independence; role of NPOs vis-à-vis country needs, organizational priorities, policies and practices.
EQ2: What are the specific contributions and	Assess the added value of employing NPOs within

¹⁴ Detailed evaluation sub-questions will be finalized as part of the evaluation matrix at the inception phase in agreement with the WHO Evaluation Office.

added value of NPOs in countries in relation to achieving results at country level?	WHO; and effectiveness and efficiency aspects, including cost-effectiveness.
EQ3: What are the main overlaps and complementarities between the roles of NPOs and International Professionals in countries?	Assess the complementarity of roles of International Professionals and NPOs to deliver results at country level.
EQ 4: As WHO moves towards more focused and effective country-based operations, what is the future role of NPOs? What skills and competencies are required for this role?	Assess: decision-making processes that define the role and deployment of NPOs and the changes in the processes over time; current NPO skills/competencies mix; future NPO needs and roles; opportunities for career development.

Approach and deliverables

14. The evaluation team at the inception stage will develop an **inception report**, following the principles set forth in the WHO Evaluation Practice Handbook and the United Nations Evaluation Group's Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The inception report will include a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights and include to the extent possible disaggregated data and analysis. In addition, gender-specific sub-questions will be developed at the inception stage and included in the inception report. These include aspects of recruitment of women, their inclusion, retention and recognition of their contribution. The inception report will also include an evaluation matrix as per WHO guidelines, detailing information needs, sources and methods for all evaluation questions.
15. **The evaluation methodology** will demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information from various stakeholder groups gathered through a variety of means. The evaluation will rely mostly on document review, key informant interviews and online surveys. In particular, the evaluation will generate 6-8 country case studies, to highlight emerging issues and challenges and good practices. The selection of country case studies may be done after analysing the survey results, and could be done mostly through key informant interviews/desk reviews. Internal and external stakeholders to be consulted through the above means include, but are not limited to, regional directors, heads of WHO country offices, NPOs, WHO directors of administration & finance and ministry of health representatives.
16. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.
17. The evaluation report will include an executive summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation.
18. Once approved, the evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).

19. The management response to the evaluation recommendations will be prepared by WHO senior management and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate.
20. It is expected that the evaluation will start in October 2018 and be concluded within 22-24 weeks, by early 2019.

Evaluation management

21. The WHO Evaluation Office will commission and manage this evaluation. The evaluation team will report to the Evaluation Commissioner through the Evaluation Manager appointed by the WHO Evaluation Office.
22. In line with the WHO Evaluation Policy, an ad hoc Evaluation Management Group will assist the Evaluation Commissioner/Evaluation Manager in the review of the Terms of Reference and selection of the evaluation team, as well as the review of the inception report and the draft evaluation report.

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