Suggested approach for the evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property

Report by the Secretariat

1. The global strategy and plan of action on public health, innovation and intellectual property and agreed parts of the related plan of action were adopted by the Sixty-first World Health Assembly,\(^1\) with the plan of action being finalized by the Sixty-second World Health Assembly.\(^2\)

2. The Health Assembly requested biennial reporting of progress in implementation in addition to the comprehensive evaluation of the strategy to be undertaken after four years that was stipulated in the plan of action.\(^3\) Further, the Health Assembly requested the Director-General “to conduct an overall programme review of the global strategy and plan of action in 2014 on its achievements, remaining challenges and recommendations on the way forward to the Health Assembly in 2015 through the Executive Board”.\(^4\)

3. In 2010 and 2012, Member States considered and noted the biennial progress reports provided by the Secretariat.\(^5\)

4. In order to collect, analyse and share data and information on various aspects of the global strategy and plan of action, the Secretariat is developing a global platform on innovation and access. This platform is being built in collaboration with the Regional Office for the Americas on the basis of the PAHO Regional Platform on Access and Innovation for Health Technologies. The Secretariat has also developed a national assessment tool to map a country's situation in terms of innovation and access to medical products and technologies. This tool has been used in Kenya and the United Republic of Tanzania to identify areas that need further policy development and institutional strengthening in order to achieve the goals of the global strategy and plan of action.

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3. See resolution WHA61.21, Annex, paragraph 41, WHA61/2008/REC/1.
5. See documents A63/6 and A65/26; and WHA63/2010/REC/3, summary records of the second and twelfth meetings of Committee A and WHA65/2012/REC/3, summary records of the sixth meeting of Committee B.
5. Although the biennial reporting requirements are well-defined, there is no specific guidance in the global strategy and plan of action on how to conduct the overall programme review and the comprehensive evaluation. This report suggests an approach, combining evaluation and overall programme review, for the consideration of Member States.

**KEY ASPECTS OF THE EVALUATION AND PROGRAMME REVIEW**

6. The purpose of the combined evaluation and overall programme review is to assess the status of implementation of the global strategy with regard to innovation and access to medical products and technologies for diseases that disproportionally affect developing countries. This comprehensive evaluation would identify the efforts that have already been made in the context of the global strategy and plan of action and provide information on areas that require further improvements. The evaluation would document achievements, gaps, remaining challenges and make recommendations on the way forward. It would highlight the ways in which actions contribute to the achievement of the aim of the strategy.

7. The evaluation would provide information on:
   - the implementation of the global strategy by national governments;
   - the overall impact of the strategy as a policy and coordination instrument, considering also the resources invested globally;
   - the gaps still remaining to be addressed in order to increase innovation for and access to medical products and technologies in developing countries.

8. The scope of the evaluation would cover the implementation of the global strategy by all stakeholders listed in the action plan, Member States, WHO Secretariat, other relevant international intergovernmental organizations such as WIPO, WTO and UNCTAD, pharmaceutical companies, and the other stakeholders. It is important to recognize that, given the broad scope of this strategy and the many stakeholders involved in its implementation, it may be difficult to identify clear cause-effect links between inputs, actions, outputs, outcomes and impact.

9. The evaluation would take place according to the levels of implementation of the strategy i.e. global, regional and national, taking into account the views of the stakeholders that are playing a role in its implementation, the areas covered by the strategy itself (eight elements designed to promote innovation, build capacity, improve access and mobilize resources)\(^1\) and the 108 specific actions defined in the action plan.

10. The evaluation exercise would be guided by considerations of effectiveness, impact and sustainability. The evaluation approach would be participatory and inclusive, results-focused and efficiency-based. It would follow the United Nations Evaluation Group norms and standards for evaluations.\(^2\) It would also comply with the WHO evaluation policy,\(^3\) which refers to evaluation as an

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\(^3\) Document EB130/5 Add.8.
essential function at WHO, carried out at all levels of the Organization, ensuring accountability and oversight for performance and results, and reinforcing organizational learning in order to inform policy for decision-makers. It would use the progress indicators that have been formally approved and refined.\(^1\) It would be aligned with the WHO reform principles for adapting the Organization to the changing public health landscape and for fitting it to fulfil its role with greater coherence, improved outcomes, transparency and accountability.

11. The evaluation would be conducted using a combination of methods in order to answer the evaluation questions adequately:

- review of available literature in innovation and access to medical products and technologies for diseases disproportionately affecting developing countries;
- where possible, use of existing data and information from various sources including, but not limited to, WHO Pharmaceutical Country Profiles, G-Finder, WIPO Re:Search, the PAHO Regional Platform on Access and Innovation for Health Technologies, to name a few;
- collection of qualitative and quantitative data;
- conduct of country case studies using available tools, for example, an adaptation of the national health innovation capacity and access situation assessment tool developed by the Secretariat (countries would be selected on the basis of geographical representation and income level diversity).

THE EVALUATION PROCESS

12. The evaluation would be conducted by an external independent evaluator, selected by the Secretariat through an open tender.

13. The evaluator would be an independent external organization or team with an appropriate knowledge of the subject of the evaluation and skill mix, as well as relevant experience in performing evaluations involving innovation strategies in public health and access to medical products and technologies.

14. The evaluator would develop the evaluation methodology, conduct the analysis and deliver a report of the findings, including recommendations.

15. The Secretariat would provide the necessary support to the evaluator during the evaluation exercise (finalization of methodology, identification of partners, facilitation of contacts, identification of relevant documentation and data).

PROPOSED TIMELINE

16. At the Sixty-seventh World Health Assembly the Secretariat would present a biennial progress report on the implementation of the global strategy and plan of action that would include information about progress made in the evaluation exercise.

17. The final evaluation report would be presented to the Sixty-eighth World Health Assembly in 2015 through the Executive Board at its 136th session.

ACTION BY THE EXECUTIVE BOARD

18. The Executive Board is requested to note the report and endorse the suggested approach for the evaluation exercise.