
Evaluation: annual report

1. The Executive Board at its 131st session approved the WHO evaluation policy.¹ The policy requires the Secretariat to report annually to the Executive Board on progress in the implementation of evaluation activities. The present annual report (a) provides information on the progress made in implementing the WHO evaluation policy, including the Organization-wide evaluation work plan for 2014–2015,² and (b) presents a summary of an analysis of eight recent evaluations to document organizational learning linked to the findings and recommendations.

PROGRESS MADE BY THE SECRETARIAT IN IMPLEMENTING THE WHO EVALUATION POLICY

Strengthening the capacity to implement the corporate evaluation function

2. Strengthening evaluation and organizational learning has been identified as one of the critical components of the ongoing WHO reform process. As a first step, on 1 August 2014 the evaluation function was moved from within the Office of Internal Oversight Services (where it had been located and integrated with other functions) to become a separate Evaluation Office to support independent evaluation. A review of the evaluation function in WHO and of best practices and models in other entities has led to the development of a framework for strengthening evaluation and organizational learning in WHO.³ Its salient features, including key action areas, were presented to the Programme, Budget and Administration Committee of the Executive Board at its 21st meeting. The Committee welcomed the framework and encouraged the Secretariat to move forward with implementing it and to report on progress as part of the present report.

3. The framework has six key action areas: (i) establishing an enabling environment and governance; (ii) evaluation capacity and resources; (iii) evaluation work plan, scope and modalities; (iv) evaluation recommendations and management response; (v) organizational learning, and (vi) communicating evaluation work.

4. Regarding action area (i), the independent Evaluation Office has now been established and is functional. With regard to action area (ii), the Evaluation Office is in the process of filling three staff vacancies. The Evaluation Office is also working with colleagues in ILO to adapt their successful training model, in order to build a broad community of practice among WHO Secretariat staff who

¹ Decision EB131(1).

² Document EB135/5, Annex.

³ Available at http://who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1 (accessed 15 April 2015).

would play an important role both in supporting ongoing evaluations and as champions for evaluative work within the Organization. In the second quarter of 2015, the Evaluation Office will establish an Evaluation Advisory Group, a technical group of 8–10 independent external evaluation experts to serve in an advisory capacity and support the Evaluation Office. The Global Network on Evaluation continues to be an integral part of the institutionalization of evaluation in WHO. A key aim of ongoing efforts is to review and better define the roles, responsibilities and working methods of the Network and its task forces, so that they can play a stronger role in future evaluation work.

5. With regard to action areas (iv) and (v), eight recent evaluations have been reviewed as a pilot exercise, and the results of that analysis are presented in paragraphs 20–45 below. This approach is now being expanded to other completed evaluations. Concurrently, a tracking system and an updated website are being developed to support these two important action areas.

6. A further action identified in the framework was that the Evaluation Office should become the organizational point of contact for external evaluations, reviews and assessments such as United Nations Joint Inspection Unit (JIU) surveys, Multilateral Organization Performance Assessment Network reviews and other bilateral reviews. This was implemented on 30 March 2015, when the JIU liaison function was transferred to the Evaluation Office.

7. The Secretariat will continue to implement other action points in the framework and provide further updates in forthcoming reports to the Board.

Organization-wide evaluation work plan for 2014–2015 and other ongoing work

8. The recently approved evaluation work plan for 2014–2015¹ provides the basis for ongoing evaluation work. In particular, three evaluations highlighted in the work plan are currently being taken forward as corporate priorities: (a) the normative function of WHO; (b) WHO's presence in countries; and (c) the impact of WHO publications.

9. The evaluation of WHO's presence in countries aims to assess the Secretariat's contribution to the delivery of Organization-wide outcomes and the attainment of country-level goals. This evaluation will address the following high-level questions:

- (a) What does WHO's presence in countries mean and does it respond to Member States' and other relevant partners' expectations?
- (b) What is the contribution of WHO's presence in countries to addressing global and individual countries' health priorities and needs?
- (c) What is WHO's added value at country level in the light of its level of investment?
- (d) What are the modalities for strengthening or reducing WHO's presence in countries based on the different health status and needs of individual countries?

¹ See summary records of the Executive Board at its 135th session, second meeting, section 2 (document EB135/2014/REC/1).

(e) To what extent does WHO exert effective leadership and convening capacity at country level to mobilize different stakeholders and act as a broker of partnerships in support of the national health and development agenda?

10. In view of the complexity of this evaluation, an ad hoc evaluation management group made up of key internal stakeholders has been established to work with the Evaluation Office in taking the evaluation forward. A “request for proposal” has been issued, in order to select an independent external evaluation team to undertake this evaluation. It is envisaged that the team selected will conduct the evaluation and present its findings for discussion at the meeting of Heads of WHO Country Offices in November 2015.

11. The terms of reference for the evaluations of the impact of WHO publications and of the normative function of WHO are currently being finalized. These two evaluations will also be conducted by independent evaluators selected through “requests for proposal”; the selection process will be completed by May 2015. This would allow work to begin in June 2015 and the evaluation reports to be available during the last quarter of 2015.

12. The FAO/WHO Project and Fund for Enhanced Participation in Codex (Codex Trust Fund) is another area included in the 2014–2015 evaluation work plan . The Evaluation Manager is the administrator of the Codex Trust Fund at the WHO Secretariat, and the FAO/WHO Consultative Group for the Trust Fund functions as the ad hoc evaluation management group, with technical backstopping and quality control provided by the Evaluation Office. The draft evaluation report, drawn up by an independent external evaluation team, is currently being reviewed. The final report will be discussed at the 38th session of the Codex Alimentarius Commission in July 2015.

13. The Evaluation Office has also been engaged in two additional pieces of evaluative work:

(a) a comprehensive evaluation and programme review of the Global strategy and plan of action on public health, innovation and intellectual property adopted by the Sixty-first World Health Assembly (resolution WHA61.21), and

(b) an interim assessment of WHO’s response to the outbreak of Ebola virus disease.

14. In support of the former, the Evaluation Office presented to the Executive Board at its 136th session a report containing a proposal for a process and timeline for the exercise, with the evaluation report scheduled to be presented to the Health Assembly in May 2017.¹ However, having considered the report, the Board requested the Director-General to provide a report for the Sixty-eighth World Health Assembly on options for the conduct of the above-mentioned comprehensive evaluation and overall programme review.² A report³ has been prepared in consultation with Member States, and it is envisaged that the evaluation exercise will start after the close of the Health Assembly.

15. In response to resolution EBSS3.R1 adopted during the special session of the Executive Board on the Ebola emergency in January 2015, the Director-General has commissioned a panel of outside independent experts to undertake an assessment of all aspects of WHO’s response to the outbreak of

¹ Document EB136/31.

² Decision EB136(17).

³ Document A68/35.

Ebola virus disease. The panel will hold meetings in Geneva, supplemented by visits to affected countries, the WHO Regional Office for Africa, and the headquarters of the United Nations in New York. The panel is scheduled to present a first report on its work to the Sixty-eighth World Health Assembly, with the final report to be available in July 2015. The work of this panel is being supported by an ad hoc secretariat established within the Evaluation Office.

16. The Evaluation Office also supports or jointly manages a number of other evaluations, both in WHO and with other partners. The latter include an external evaluation of the United Nations REACH Partnership, commissioned by the evaluation office of the World Food Programme, with WHO as a member of the evaluation management group. The inception report for this evaluation was finalized in March 2015, and the final report is expected by August 2015.

17. WHO is also an active member of the United Nations Evaluation Group (UNEG) and participates actively in the group of UNEG heads and the various UNEG task forces.

FROM EVALUATION TO ORGANIZATIONAL LEARNING

18. A particular focus of the new framework is on organizational learning, using the findings and recommendations of evaluations to improve performance and inform key decision-making and planning processes. This is one of the more challenging aspects of the evaluation function, where almost all organizations of the United Nations system still have weaknesses, as highlighted by the recent analysis of the evaluation function in the United Nations system carried out by the JIU.¹

19. Within this perspective, eight recent evaluations have been reviewed and the implementation of their findings and recommendations has been analysed. The salient points are presented below. This analysis is currently being extended to include all evaluations completed during the past five years. The Evaluation Office will continue to monitor the implementation of recommendations and report on progress in its annual reports to the Executive Board.

Resource mobilization function at WHO (2010)

20. The objective of this evaluation was to review the organization and operations of the resource mobilization function at WHO in the context of the resource mobilization framework established in 2005 and to provide recommendations to enhance WHO's resource mobilization efforts.

21. Among the main strengths identified were WHO's results-based management framework, which was seen as providing a useful basis for resource mobilization; the mobilization of significant resources by individual technical units and clusters, albeit largely specified and/or earmarked for specific purposes; and WHO's strong budget growth over the past three decades.

22. A key recommendation was to adopt, formally communicate and implement a global resource mobilization strategy, including clear action plans and performance indicators, under a designated leadership structure. This strategy should include specific sub-strategies for non-Member State actors and country-level developments.

¹ Document JIU/REP/2014/6.

23. Other recommendations aimed at making resource mobilization more effective, inter alia by clarifying responsibilities for maintaining proactive relations with identified main donors and developing an income plan to enable a “reasonableness check” to be made of potential funding sources and gaps. Technical programmes should be given clear guidance and instructions about criteria for the timing and distribution of core voluntary contributions (CVC) and the conditions under which CVC providers can be approached.

24. In response to these recommendations, WHO management set up a global task force on resource mobilization, which presented a global resource mobilization strategy in 2013. As part of WHO’s reform efforts, a financing dialogue was established and led to strong and positive engagement of Member States in the financing of the Organization. Furthermore, in 2014, a new Coordinated Resource Mobilization unit was established in the Office of the Director-General.

WHO financing dialogue (2014)

25. The main objective of this evaluation, which had been requested by the World Health Assembly, was to assess whether the financing dialogue and related resource mobilization experiences improved the alignment, predictability, flexibility and transparency of WHO’s financing and broadened WHO’s contributor base. The evaluation concluded that the financing dialogue had proved to be effective overall, with 96% of survey respondents confirming that it should continue.

26. Key recommendations included:

- (a) the WHO financing dialogue should be extended from a short-term (two years) to a medium-term (six years) perspective, be integrated in a strategic framework and embedded in a centrally coordinated resource mobilization approach;
- (b) WHO should increase its transparency in resource allocation, as well as the visibility of and internal capacity for its resource mobilization efforts;
- (c) WHO should create a more distinctive set-up for its financing dialogue; and
- (d) WHO should broaden the audience of its financing dialogue, inter alia by designing a more interactive format and carefully identifying keynote speakers from among prospective donors, the scientific community and academia.

27. In response to these recommendations, WHO management established a new Coordinated Resource Mobilization unit within the Office of the Director-General, to execute a resource mobilization strategy and leverage the full potential of the financing dialogue. A six-year time horizon (2014–2019) has been introduced to provide a new basis for discussion with contributors in the context of the 2015 financing dialogue. The internal transparency of resource allocation from the CVC account has been increased, as has external transparency through the development of a second-generation web portal that will be launched during the 2015 financing dialogue. As the financing dialogue takes place every two years, other management responses are ongoing and or will start in the context of the 2015 financing dialogue.

WHO reform, stage 1 (2011)

28. WHO has initiated a reform process to adapt the Organization to the complexity of public health and to fulfil its role as the world's leading public health agency more effectively. This is still work in progress, encompassing Organization-wide reforms in the areas of governance, financing and human resources. At its special session on WHO reform in November 2011, the Executive Board requested a two-stage evaluation of the reform process. The first stage focused on financing challenges, staffing issues, and internal governance of WHO by its Member States.

29. The evaluation made strategic recommendations in terms of improving the links between the Organization's governing bodies at global and regional levels, redesigning accountability and responsibility structures for WHO's three layers of governance (country, regional and global), and establishing a detailed strategy for focusing on countries, as well as feedback mechanisms for enhancing organizational learning. It also recommended establishing an evaluation policy with clear deliverables for programme evaluation; an advocacy plan and a communications strategy to explain the implications of the reform process; a prioritization plan for the reform measures being contemplated; enhanced consultation with non-Member States actors; and a number of other relevant policy, procedural and managerial changes.

30. In response to these recommendations, WHO management developed an evaluation policy and established a new Evaluation and Organizational Learning unit in the Office of the Director-General to foster the organizational culture shift that had been recommended in the evaluation. For better monitoring of reform activities, WHO has developed a reform project management tool. All other recommendations were also accepted and are being implemented.

WHO reform, stage 2 (2013)

31. The objective of the second stage of the evaluation was to assess the WHO reform implementation strategy; the Organization's preparedness to implement the reform process, in particular change management issues and barriers; and the status of action taken on the recommendations from the stage 1 evaluation.

32. Strategic recommendations were categorized into four key areas: (a) enhancing Member States' ownership of and accountability for the reform process; (b) improving reform management through a strengthened theory of change; (c) realigning change management and communication activities; and (d) strengthening reform management at all organizational levels.

33. In response to this evaluation, WHO enhanced the role of Member States in the reform process by introducing a new financing model based on a financing dialogue, and by inviting them to make supplementary assessed contributions. The Secretariat engaged in capacity-building and training activities for officers of the governing bodies and provided briefing opportunities. Other actions included the introduction of a "traffic light" system for timely interventions at governing body sessions; the development of a reform induction and briefing package for members of the Independent Expert Oversight Advisory Committee; and the provision to WHO Representatives of strategic and updated information and briefings. In addition, technical directors have been more closely involved in programme budget planning through category and programme area networks. All evaluation recommendations were accepted or partially accepted and are being enacted along with implementation of the reform.

Global Health Workforce Alliance (2011)

34. The Global Health Workforce Alliance was launched in 2006 in response to the global crisis in human resources for health. Hosted by WHO through a memorandum of understanding until 2016, its priorities are to: (a) advocate for human resources for health in global policy agendas; (b) broker knowledge and evidence-based responses; and (c) convene countries, members, partners and other stakeholders to work together for solutions to health workforce challenges. The objectives of the evaluation were to analyse the Alliance's contributions during its first five years of operation and to reflect on the opportunities and threats for 2011–2016.

35. Key recommendations included reviewing the Board of the Alliance's effectiveness and mode of operations; reviewing the Board's interim strategy and relationship with WHO; and renewing its fundraising strategy.

36. In response to these recommendations, the Alliance undertook a review of the functioning of its Board that led to the adoption of changes to the governance handbook by the Board of the Alliance at its 17th and 18th meetings. A new strategy for 2013–2016 was developed and approved by the Board of the Alliance in 2012. The Alliance also increased its fundraising; clarified with WHO their respective mandates and roles; and improved information-sharing and coordination with the latter. Selected Alliance activities were transferred to WHO, a joint position of Director, Health Workforce Department, WHO and Executive Director, Global Health Workforce Alliance was created, and an incumbent was recruited effective 1 July 2014.

Good Governance for Medicines programme (2004–2012)

37. The WHO Good Governance for Medicines (GGM) programme was launched in 2004, in response to a core priority of the second WHO's Medicines Strategy (2004–2007),¹ namely the development of national medicines policies that include the promotion of ethical practices and the development and use of anti-corruption measures in the pharmaceutical sector. Its principal goal was to prevent corruption by promoting good governance in the pharmaceutical sector. The evaluation, commissioned by WHO's Department of Essential Medicines and Health Products, covered the period 2004–2012 and aimed at assessing programme achievements, challenges and lessons learnt, and at informing the WHO strategy on good governance in the pharmaceutical sector.

38. Key recommendations included strengthening the programme's engagement with high-level national stakeholders and its linkages with broader cross-sectoral governance programmes, as well as strengthening the technical validity of GGM instruments, processes and tools. Other recommendations addressed WHO's support for GGM-related risk analysis, fundraising and operational mechanisms; the use of GGM experiences in countries to inform WHO's new focus on health systems governance; the strengthening of WHO GGM-related staffing and managerial capacities, particularly at country level; and full GGM programme integration within the WHO Essential Medicines and Health Products programme at all levels.

¹ Document WHO/EDM/2004.5 (http://apps.who.int/iris/bitstream/10665/84307/1/WHO_EDM_2004.5_eng.pdf?ua=1&ua=1, accessed 15 April 2015).

39. In response to these recommendations, the GGM programme improved its technical package and its support to countries. The model framework was revised to address some of the governance issues highlighted by the recommendations. Additional funding was received for the period 2014–2016, enabling further development of the GGM technical package.

Advancing sexual and reproductive health (2008–2012)

40. The Special Programme of Research, Development and Research Training in Human Reproduction is cosponsored by the United Nations Development Programme, the United Nations Population Fund, WHO and the World Bank and aims to promote and support research on safe and effective methods of fertility regulation and to strengthen research capacity and other related aspects of work on human reproduction. The Special Programme is subject to periodic independent external evaluations, to ensure its effectiveness and efficiency in carrying out its mandate.

41. Key recommendations to the Special Programme included developing a new results framework and a new reporting system based on achievement of results, as well as a new communications strategy, including better information on the promotion, utilization and impact of key products of the Special Programme in its target countries. The policy, programmatic and technical guidance given by the various programme cosponsors on key research priorities and needs should be stepped up. Research priorities should be better coordinated between the Special Programme and WHO's Department of Maternal, Newborn, Child, and Adolescent Health. The Special Programme should focus more sharply on implementation research and on issues that would benefit the least developed countries and those furthest from attaining the targets under the Millennium Development Goals. Other recommendations concerned the role of the Special Programme's Research Project Review Panel in relation to the WHO Research Ethics Review Committee, and expanding the Special Programme's funding options with a view to increasing its proportion of undesignated funding.

42. In response to these recommendations, the Special Programme developed a new results framework for 2014–2015, which included a simplified approach to quantifying outputs. It also established a reinforced mechanism for priority-setting and carried out a prioritization exercise in collaboration with the WHO Department of Maternal, Newborn, Child and Adolescent Health. New functions were assigned to the Research Project Review Panel in order to avoid overlap with the Research Ethics Review Committee. Potential new donors were engaged and new funding mechanisms fostered. The implementation of other recommendations is still in progress and is expected to be completed in 2015.

Global Learning Programme on National Health Policies, Strategies and Plans (2014)

43. The Global Learning Programme on National Health Policies, Strategies and Plans was created at the request of the Global Policy Group to address the need to strengthen WHO country office capacity. The goal of the programme was to build WHO and institutional, capacity for developing sound national health policies, strategies and plans. It also intended to raise WHO's profile and strategic positioning. The external evaluation aimed at assessing the programme's relevance, effectiveness, efficiency, planning and implementation record, impact and sustainability.

44. The evaluation acknowledged the accomplishments and relevance of the programme and recommended that it should be scaled up, with sustainable funding and stronger anchoring in WHO through inclusion in the Organization's General Programme of Work, as well as in its human resource strategy. Other recommendations focused on improving the programme's communications strategy, and on some of the processes and support structures required to enhance its effectiveness and efficiency.

45. Although some operational recommendations were partially implemented, the programme was eventually discontinued because of a lack of funding.

ACTION BY THE EXECUTIVE BOARD

46. The Board is invited to note the report.

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