
Evaluation: annual report

1. The Executive Board approved the WHO evaluation policy at its 131st session in 2012.¹ 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 workplans for 2014–2015² and 2016–2017,³ and (b) presents summaries of 13 recent evaluations and progress updates on the implementation of recommendations from evaluations reported to the Executive Board at its 137th session in May 2015⁴ in order to document organizational learning linked to the findings and recommendations.

PROGRESS MADE BY THE SECRETARIAT IN IMPLEMENTING THE EVALUATION POLICY

Strengthening the capacity to implement the corporate evaluation function

2. Strengthening evaluation and organizational learning remains one of the critical components of the ongoing WHO reform process. The Evaluation Office continues to implement the framework for strengthening evaluation and organizational learning in WHO⁵ presented to the Programme, Budget and Administration Committee of the Executive Board at its twenty-first meeting.⁶ The framework has six key action areas: (i) establishing an enabling environment and governance; (ii) evaluation capacity and resources; (iii) evaluation workplan, scope and modalities; (iv) evaluation recommendations and management response; (v) organizational learning; and (vi) communicating evaluation work.

3. Regarding establishing an enabling environment and governance, the independent Evaluation Office has now been functional for more than one year and is actively engaged in both corporate/centralized evaluations and providing support to decentralized evaluations. With regard to evaluation capacity and resources, the Evaluation Office recently recruited a chief evaluation officer, a

¹ Decision EB131(1) (2012).

² Document EB135/5, Annex, approved by the Executive Board at its 135th session (see summary record of the Executive Board at its 135th session, second meeting, section 2 (document EB135/2014/REC/1).

³ Document EB138/44, Annex, approved by the Executive Board at its 138th session (see summary record of the fourteenth meeting, section 3: document EB138/2016/REC/2).

⁴ Document EB137/7.

⁵ Available at http://who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1 (accessed 20 April 2016).

⁶ Document EB136/38, noted by the Board at its 136th session (see summary record of the fourteenth meeting, section 4: document EB136/2015/REC/2).

programme officer and a Junior Professional Officer to strengthen its capacity. Furthermore, the Global Network on Evaluation has been revamped with a better definition of its roles, responsibilities and working methods. It continues to be an integral part of the institutionalization of evaluation in WHO. The capacity of the Evaluation Office is further strengthened by a roster of prequalified evaluation experts to support the Organization's evaluation work. Both corporate/centralized and decentralized evaluations are supported by external expertise. The WHO evaluation practice handbook¹ is now available through iLearn, the Secretariat's global learning and management system, as an online tool for staff members across the three levels of the Organization for review and self-learning. Building on the lessons learnt from recent evaluations, the handbook will be updated and made available to staff members as an interactive web-based tool.

4. With regard to the workplan, scope and modalities, the work plan for the biennium 2016–2017, which incorporates both the corporate/centralized and decentralized planned evaluations, was reviewed by the Global Policy Group, discussed with the Independent Expert Oversight Advisory Committee and reviewed and approved by the Board at its 138th session.²

5. As for the action areas on evaluation recommendations and management response and organizational learning, several recently completed evaluations have been reviewed and the findings are summarized in paragraphs 23 to 58 below. Concurrently, a tracking system is being designed to support these two important action areas. For communicating evaluation work, the website of the Evaluation Office was launched in December 2015. Furthermore, the Evaluation Office provides regular briefings on ongoing and completed evaluations to Member States and internal stakeholders, and will issue its first quarterly e-newsletter in April 2016.

6. In 2015, the Evaluation Office facilitated five reviews by the Joint Inspection Unit of the United Nations System: (i) Fraud prevention and detection in the United Nations system; (ii) State of the Internal Audit Function in the United Nations system; (iii) Ombudsman services across the United Nations system; (iv) Succession planning in the United Nations system organizations; and (v) Acceptance and implementation of the Joint Inspection Unit's recommendations. The Secretariat's report to the current Board on the Reports of the Joint Inspection Unit³ provides further details of the implementation of recommendations related to Joint Inspection Unit's reviews. The Evaluation Office also participated as an active member of the Evaluation Management Group convened by the Joint Inspection Unit for the pilot evaluation entitled "Meta-evaluation and synthesis of United Nations Development Assistance Framework evaluations", with a particular focus on poverty eradication. The draft report on the meta-evaluation was completed in December 2015. Its findings will provide directions for increasing the accountability of the United Nations Development Assistance Framework evaluations and strengthening their national ownership, among other recommendations.

7. The Evaluation Office also facilitated other reviews of WHO by external entities, such as the Multilateral Aid Review undertaken by the Government of the United Kingdom of Great Britain and Northern Ireland and the Australian Multilateral Performance Assessment.

¹ http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf (accessed 20 April 2016).

² See summary records of the Executive Board at its 138th session, 14th meeting, section 3 (document EB138/2016/REC/2).

³ Document EBPBAC24/4.

Organization-wide evaluation work plan and other ongoing work

8. The approved evaluation workplans for 2014–2015 and 2016–2017 provide the basis for current activities. There are several roll-over evaluations covering those begun in 2015 and due for completion in 2016. Furthermore, as a result of the additional work created by the Ebola Interim Assessment Panel, three evaluations from the 2014–2015 workplan have been postponed until the biennium 2016–2017: leadership and management at WHO evaluation of WHO reform, third stage; implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning (United Nations Evaluation Group peer review); and the evaluation of the utilization of national professional officers at country level.

9. In 2015, a major focus of the work of the Evaluation Office was to support the work of the Ebola Interim Assessment Panel established in response to resolution EBSS3.R1, adopted during the special session of the Executive Board on Ebola in January 2015. The Panel submitted its first report to the Sixty-eighth World Health Assembly,¹ and the final report was delivered in July 2015. The Secretariat issued its response to the Panel's report in August 2015. The Panel's recommendations further informed the work of the United Nations Secretary-General's High-Level Panel on the Global Response to Health Crises, the deliberations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, and the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences. The Evaluation Office is also consolidating the lessons learnt and recommendations arising from the various other assessments and reviews of the response to the outbreak of Ebola virus disease. An information session on studies undertaken in response to the Ebola virus disease outbreak, open to Member States and other key partners, was organized on 24 January 2016 before the 138th session of the Executive Board.

10. The evaluation of WHO's presence in countries, one of the priority corporate evaluations in the 2014–2015 workplan, was concluded in the first quarter of 2016. The evaluation aimed to assess the Secretariat's contribution to the delivery of Organization-wide outcomes and the attainment of country-level goals. It was conducted by an external evaluation team with broad engagement by all major external and internal stakeholders, including Member States. The evaluation's recommendations provide directions to strengthen the delivery of the Organization-wide outcomes and the attainment of country-level goals. Based on these recommendations, the Secretariat has articulated a management response identifying the key actions and responsibilities for their implementation. Both the evaluation report and the management response, together with an action plan, will be available on the website of the Evaluation Office.²

11. The evaluation of the impact of WHO publications is being undertaken by an independent external evaluation team, supported by the Evaluation Office and an internal reference group. The evaluation aims to examine: the extent to which WHO publications reach their intended audiences, their major gaps in reach, and why those gaps arose; the perceived usefulness of WHO publications; the extent to which WHO publications are used as references and as authoritative sources of information for decision-making in clinical, public health, and policy-making contexts; and the extent of implementation of WHO's publications policy and its influence on the impact of WHO publications. Having started late in 2015, it is expected to be finalized in June 2016.

¹ Document A68/25.

² <http://www.who.int/about/finances-accountability/evaluation/en/> (accessed 20 April 2016).

12. The evaluation of the normative function of WHO is being conducted in two phases with the support of independent external evaluators. The first phase focused on defining normative work at WHO and proposed a framework for its evaluation. The second phase will draw on this framework to evaluate a selection of representative types of normative work and, based on the findings, will make recommendations. The final report is scheduled to be available in the third quarter of 2016.

13. The Evaluation Office has also been engaged in the comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property, decided upon by the Health Assembly in resolution WHA68.18 (2015). The progress on this evaluation was noted by the Board at its 138th session.¹ Following the inception phase, the evaluation team is currently in the data-collection phase until mid-June 2016. Data analysis and the preparation of the draft evaluation report will be completed by October 2016 and the final evaluation report should be available by end-November 2016.

14. The Evaluation Office is also conducting the review of the Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products with the aim of submitting a report to the Health Assembly in 2017 on its functioning and progress, pursuant to decision WHA68(12) (2015). The Member State mechanism decided at its meeting in November 2015² that this review should be led by the Evaluation Office. Details on the review, including the terms of reference, its approach and the survey questionnaire, were provided to the Steering Committee at its meeting in March 2016. The review seeks the informed opinion of the primary stakeholders of the mechanism on the extent to which it has progressed towards its objectives in the period 2012–2015, as well as to identify gaps and remaining challenges and to make recommendations on the way forward.

15. In the evaluation workplan for the biennium 2016–2017, three corporate/centralized evaluations were identified as priority evaluations: (i) the Secretariat's contribution to the health-related Millennium Development Goals; (ii) leadership and management at WHO: evaluation of WHO reform, third stage; and (iii) implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning (United Nations Evaluation Group peer review). In this regard, the Evaluation Office is currently in the process of defining terms of reference for the first two evaluations before initiating the process. The United Nations Evaluation Group peer review of the implementation of WHO's evaluation policy will be undertaken during the last quarter of 2016, following consultation with the United Nations Evaluation Group.

16. The Evaluation Office is a member of the interagency reference group, comprised of the evaluation offices of UNICEF, UNFPA, the Department for International Development (United Kingdom and Great Britain and Northern Ireland) and the Norwegian Agency for Development Cooperation, with the aim of providing technical oversight to a multi-agency independent evaluation of the Reproductive, Maternal, Newborn and Child Health Trust Fund activities. This Trust Fund was established in July 2013 to support recommendations of the United Nations Commission on Life Saving Commodities, with the purpose of channelling additional resources to increase access to life-saving services for reproductive, maternal, newborn and child health, including essential medicines and medical devices, in response to the call of the United Nations Secretary-General's Global Strategy for Women's and Children's Health and the Every Woman Every Child movement.

¹ Documents EB138/38 and EB138/38 Add.1.

² Document EB138/40. Annex, paragraph 19.

17. The Evaluation Office has been providing technical backstopping and quality assurance through its participation in the evaluation management group for several joint United Nations evaluations and decentralized evaluations. These include: (i) the external evaluation of a project on Accelerating Nutrition Improvements in sub-Saharan Africa; (ii) the evaluation of the FAO/WHO Project and Fund for Enhanced Participation in the Codex Alimentarius Commission (Codex Trust Fund); (iii) the independent review of the Secretariat's technical support to countries for the development of concept notes for the Global Fund to Fight AIDS, Tuberculosis and Malaria; and (iv) the joint United Nations evaluation of the United Nations REACH initiative to accelerate the scale up of food and nutrition actions. Details of the above evaluations, along with the management responses, are included in the next section of this report.

18. WHO is also an active member of the United Nations Evaluation Group and participates actively in its meetings of heads of evaluation offices and its various task forces.

19. For the decentralized evaluations in the Region of the Americas, the PAHO Evaluations Policy is aligned with the corresponding WHO policy, and thereby with the norms and standards of the United Nations Evaluation Group. In PAHO, the Office of Internal Audit and Evaluation Services oversees implementation of the PAHO Evaluations Policy and provides advice on methodology and reporting for PAHO's decentralized evaluations. In addition, it has collaborated with WHO corporate evaluations, in particular the evaluation of WHO's presence in countries, and is a member of the WHO's Global Network on Evaluation. At the end of 2015 there were 20 decentralized evaluation assignments ongoing or planned in PAHO.

FROM EVALUATION TO ORGANIZATIONAL LEARNING

20. Given the emphasis on organizational learning in WHO's new evaluation framework, the findings and recommendations of completed evaluations are continuously being tracked in order to improve performance and inform key decision-making and planning processes.

21. Within this perspective, 13 recent evaluations conducted at all levels of the Organization have been reviewed and the implementation of their findings and recommendations has been analysed. The salient points are presented below.

22. In addition, progress in implementation of previous evaluations whose recommendations had not been fully responded to at the time of the annual evaluation report to the Board at its 137th session in May 2015,¹ is also summarized below (paragraphs 59 to 70). The Evaluation Office will continue to monitor the implementation of recommendations of both categories of reports and report on progress in its annual report to the Board.

Quick Start Programme of the Strategic Approach to International Chemicals Management: progress and challenges towards the achievement of the goal for 2020

23. This external impact evaluation was commissioned by the Executive Board of the Quick Start Programme in 2014. The Strategic Approach is a policy framework to promote chemical safety around the world and is administered by UNEP. Its objective is the sound management of chemicals and hazardous wastes throughout their life cycle so that, by 2020, chemicals are produced and used in

¹ Document EB137/7.

ways that minimize significant adverse impacts on human health and the environment (the “2020 goal”). The objective of the Quick Start Programme is to support initial enabling capacity-building and implementation activities to support attaining the 2020 goal in a range of vulnerable target countries. The final evaluation report was submitted to the International Conference on Chemicals Management at its fourth session (Geneva, 28 September–2 October 2015).

24. Based on an assessment of 158 projects funded by the Quick Start Programme Trust Fund, the evaluation concluded that projects largely completed activities across all major activity types with success. These projects sought to achieve one or more of three outputs: (i) a national plan for implementing the Strategic Approach to International Chemicals Management developed; (ii) a national governance structure agreed; and (iii) raised awareness and exchange of information. The report provided eight recommendations for the further development of the Quick Start Programme.

25. In its management response, the Secretariat stated that it currently was or had been an executing agency for 8 out of 118 completed Quick Start Programme projects (and two projects under way), and that the recommendations relevant to executing agencies would be fully taken into account where possible in the current projects. Major lessons learnt were: (i) the need to include a more explicit knowledge-management and knowledge-sharing component in each project; (ii) ensuring alignment of project objectives in order to ensure ownership and longer-term sustainability of the project results; and (iii) the essential contribution of Quick Start Programme-supported projects to institutional strengthening, and more efforts should thus be made to ensure that this was addressed and built into the design and implementation of future projects.

International Classification of Diseases 11th Revision Review

26. In response to some concerns about whether the eleventh revision of the International Classification of Diseases and Related Health Problems can remain on schedule, WHO commissioned a review of the revision process in October 2014 by a team of external evaluators to obtain an independent view of progress on both the content and the process of the revision.

27. The report concluded that the infrastructure required for this project is now in place. The eleventh revision appears to be achievable with tight project management and clear and realistic goals for completing the task of making the morbidity and mortality statistics comparable and reviewing the current product. Underpinning its analysis, the report made several detailed recommendations in the areas of: goal definition; project oversight; strengthening the Secretariat’s internal capacity; project planning and management; communication, marketing, outreach and transparency; governance; creating trust; and education during and after field trials.

28. In its management response in May 2015, the Secretariat agreed with the suggested focus of phase II of the project. It supported the recommendations of the report as well as its proposed time scale, which underpinned a revised project plan designed to ensure that the eleventh revision would be ready to be considered for adoption by the Seventy-first World Health Assembly in 2018.

“Piloting Climate Change Adaptation to Protect Human Health”, a joint UNDP/WHO project funded by the Global Environment Facility

29. The Pilot Programme on Climate Change Adaptation to Protect Human Health was funded by the Global Environment Facility, whose statutes require both a mid-term and a terminal external evaluation for all projects funded. This global project was designed to increase the adaptive capacity of national health system institutions to prepare for and respond to the health risks of climate

variability and change. It was developed in collaboration between UNDP and WHO, with the former being the implementing agency and the latter the executing agency. This terminal evaluation was commissioned by WHO, following a mid-term evaluation in May 2013, and carried out by an external evaluator.

30. The objective of this evaluation was to assess project performance against expectations set out in the project logical framework, namely the criteria of relevance, effectiveness, efficiency, sustainability and impact. Overall, it concluded that the project was highly successful, with excellent examples of best practice in several aspects, including a well-thought-through design, cooperation between numerous United Nations agencies, capacity-building and mainstreaming of health protection against risks of climate change into national health policies and plans. Continuing the UNDP/WHO partnership would be beneficial for future projects. The evaluation also made recommendations regarding the design, orientation, monitoring, oversight and funding of projects of this kind.

31. The main lesson for WHO concerned the importance of developing a more systematic approach to capacity-building and country support so as to ensure the sustainability of results and the effective strengthening of the resilience of national health systems to climate variability and change.

WHO global strategy for the surveillance and monitoring of HIV drug resistance

32. The objective of the WHO global strategy for the surveillance and monitoring of HIV drug resistance was to monitor the emergence and transmission of HIV drug resistance in resource-limited settings where antiretroviral therapy was being scaled up. An end-of-grant evaluation at the request of the main donor was commissioned in 2014 and was carried out by an independent evaluation team. The evaluation was overseen by a steering committee with membership from WHO, the Centers for Disease Control and Prevention (United States of America) and the Bill & Melinda Gates Foundation. The final evaluation report was submitted in June 2014.

33. The evaluation concluded that the scientific community accorded WHO and its advisory network WHO HIV ResNet legitimacy and credibility for standard-setting. The advocacy for the continued implementation of the HIV drug resistance project is acknowledged to be a challenge, given the low levels of resistance found so far and the decreasing importance of the topic in high-income countries. Furthermore, the strategy was still perceived as more relevant for scientific aspects than for programmatic ones, implying that its advocacy and funding continued to be a challenge. Different partners in countries encourage countries to implement different elements of the strategy, hindering their ability to pursue a consistent strategy. WHO should therefore work on creating a shared high-level action plan with partners to improve their alignment on what should be the priorities for countries.

34. In its management response, WHO stressed its satisfaction with an external, objective assessment based on the strong engagement of its partners. The overall recommendations were valuable and would enable WHO to receive funding to formulate a more strategic approach through the development of a global action plan for HIV drug resistance, which was currently ongoing. It was expected that this would lead to a better partner alignment with increased buy-in, as well as more focused work on priority interventions with greater impact in countries. The evaluation has, however, not led to stable or increased funding as major donors did not follow up on all its recommendations.

Immunization Practices Advisory Committee

35. WHO established the Immunization Practices Advisory Committee in 2010 under the auspices of its Expanded Programme on Immunization in order to provide independent evidence- and experience-based advice and recommendations to strengthen and improve the delivery of immunization programmes at the country level. In 2014, the Immunization Practices Advisory Committee shifted to a new operating modality and it was considered timely and relevant that the Committee's mandate, structure, evolution and processes be re-examined and evaluated to ensure its continued relevance and utility. This evaluation was carried out by an independent external evaluation team and the final report was submitted in November 2015.

36. The evaluation concluded that the Committee's advice to WHO and its contribution to immunization operational practices are widely viewed as successes. However, it still lacks a recognized "voice" in the immunization community and more strategic thought needs to be given to its future role and directions. The evaluation's recommendations are focused on optimizing and strengthening the new operating modality, which is considered innovative and could serve as a model for other WHO advisory committees. The Committee's operational structure should transition to one that: (i) is more formalized and has a higher profile within WHO, its Strategic Advisory Group of Experts on immunization and other WHO-sponsored groups and immunization partners; (ii) is more responsive to WHO's current needs; (iii) is more virtual and thus less resource-intensive; and (iv) contains strengthened regional and country-specific expertise and support on immunization practices.

37. All recommendations were accepted or partially accepted by the Secretariat and are being implemented. As the report was only recently released, concrete improvements are only expected to materialize gradually, and mostly as of May 2016. Important lessons already learnt, however, are that change management requires increased communication to all parties involved and that senior-level interest and engagement within the Secretariat is critical to ensuring the accomplishment of the Committee's mission and outputs.

Independent Monitoring Board of the Global Polio Eradication Initiative

38. The Independent Monitoring Board of the Global Polio Eradication Initiative was established in 2010 to monitor and guide the Initiative's work. It meets every six months with representatives of Member States in which poliomyelitis is endemic, WHO, its Eradication Initiative partners and, after each meeting, reports on its independent assessment of the progress being made by in the detection and interruption of poliovirus transmission globally. Its twelfth report, issued after the Board's meeting in London (5 to 7 October 2015) concluded that the number of cases up to that point in 2015 was at its lowest point in history. Nigeria having recently been removed from the list of countries endemic for polio, only two remained: Afghanistan and Pakistan. This should be considered a major achievement.

39. The Polio Oversight Board, which is responsible for oversight of the Eradication Initiative, concluded in a formal voting decision in September 2015 that the most likely outcome of its scenario analysis was that poliovirus transmission would be interrupted in 2016 and eradication would be officially certified by 2019. The report concluded that this bold target was possible, but required an improvement from current performance. The adopted target scenario, which set a new timescale and formal deadline for the programme, would require additional funding of US\$ 1500 million on top of the budget already earmarked for eradication. Should transmission not be interrupted by 2016, a further at least US\$ 800 million per year would be needed to deal with the consequences; this figure

could easily reach US\$ 1000 million per year. Referring to this new timescale, the Independent Monitoring Board in its report recommended five key measures as the minimum required to create a realistic chance for achieving the new deadline.

40. In its management response, the Secretariat stated that it valued the process of continuous learning represented by the six-monthly reports from the Independent Monitoring Board. WHO's Director of Polio Eradication chaired the Strategy Committee of the Global Polio Eradication Initiative, which oversees the response to these recommendations. In collaboration with its partners in the Initiative, WHO had completed or set in motion actions to execute all the Independent Monitoring Board's recommendations. The most substantial evolution had occurred within its programme in Afghanistan, where WHO now worked with partners in an Emergency Operations Centre at national level and in two centres at provincial level. Other major lessons from the evaluation have been the need to innovate, to operate in close-knit partnerships at national level, and to strengthen the Global Polio Eradication Initiative's governance arrangements through the establishment of the Polio Oversight Board and a clear cross-Initiative system of management groups.

African Programme for Onchocerciasis Control

41. The African Programme for Onchocerciasis Control was established in 1995 with the World Bank as the fiscal agent and WHO as the executive agency, and was officially closed on 31 December 2015. Its purpose was to expand onchocerciasis control to countries¹ that fell outside the scope of the Onchocerciasis Control Programme for West Africa.² Its approach focused on mass administration of ivermectin through community distributors. The programme significantly contributed towards the elimination of onchocerciasis as a public health problem.

42. In accordance with the Memorandum for the African Programme for Onchocerciasis Control and decisions taken by countries endemic for onchocerciasis, nongovernmental development organizations and various donors contributing to the African Programme for Onchocerciasis Control at the Joint Action Forum during its twentieth session (Addis Ababa, 8 and 9 December 2014), a final evaluation of the Programme was carried out with the following objectives: (i) to assess the effectiveness and efficiency of the Programme; (ii) to analyse the Programme's wider impact and application of lessons learnt; (iii) to identify best practice and lessons learnt; and (iv) to make available to all its stakeholders appropriate and relevant data, conclusions and recommendations in order to provide a basis for the next project and/or programme focusing on neglected tropical diseases as there has been a fundamental change in approach from control to elimination of onchocerciasis.

43. The final report was endorsed by the Committee of Sponsoring Agencies of the African Programme for Onchocerciasis Control in October 2015 and approved by the Joint Action Forum at its twentieth session. Its detailed recommendations are addressed in part to WHO, other neglected tropical disease stakeholders and donors and in part to the Expanded Special Project for the Elimination of Neglected Tropical Diseases in Africa. In its response, the Secretariat took several actions before and after the closure of the Programme, in line with the decisions of the Joint Action Forum at its twentieth session to close the Programme by December 2015 and create a "new neglected tropical diseases entity" that will oversee and support accelerated action against all neglected tropical diseases that

¹ Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Kenya, Liberia, Malawi, Mozambique, Nigeria, Rwanda, South Sudan, Sudan, Uganda and United Republic of Tanzania.

² The Programme was set up in 1974 in 11 West African countries and focused on vector control.

respond to preventive chemotherapy.¹ These include, but are not limited to, establishment of a working group followed by a wider consultative meeting of neglected tropical diseases stakeholders, which resulted in the establishment of the Expanded Special Project for the Elimination of Neglected Tropical Diseases in Africa; mobilization of human and financial resources for effective implementation of that Project; briefing of health ministers on the Project during the sixty-fifth session of the Regional Committee for Africa (N'Djamena, 23–27 November 2015); preparation for the launch of the Project on the margins of the Sixty-ninth World Health Assembly; and engagement of neglected tropical disease partners and countries to scale-up interventions against neglected tropical diseases. The framework and plan of action of the Expanded Special Project for the Elimination of Neglected Tropical Diseases in Africa respond to all the recommendations made to the Secretariat in the evaluation report. Detailed information on progress made by the Secretariat on the Project will be provided to the governing bodies.

Keeping Countries at the Centre: Assessment of WHO's Performance of its Roles and Functions in the Pacific, and Strengthening Country Support in the WHO Regional Office for the Western Pacific

44. These two external evaluations were commissioned by the WHO Regional Office for the Western Pacific as part of a series of assessments to gather evidence on its initiatives in the context of the WHO reform since 2009, which included building on a culture of evaluation. The first evaluation analysed the delivery of WHO's work in the Pacific, as the subregion's 21 island States and areas are scattered over the world's largest ocean, thus requiring a unique response. The second evaluation was done in response to a specific recommendation in a 2012 review to "assess whether the Regional Office is really country-focused". The evaluations were carried out in 2013–2014 and senior management in the Regional Office reviewed the two evaluations together with other relevant assessments and inputs from the Regional Office and country offices, including the deliberations at the 106th Consultation of WHO Representatives and Country Liaison Officers (Manila, 24–28 March 2014).

45. The first evaluation reviewed the performance of the Regional Office's roles and functions in the Pacific, the role of its Division of Pacific Technical Support, its relations with other WHO offices and stakeholders, and its added value for achieving better results at the country level. The approach of the second evaluation focused on building on and helping to implement recommendations made previously in various reports and documents produced as part of the reform effort, based on a desk review, interviews and focus group discussions, in order to document and prioritize a large number of proposals for future change. The second evaluation produced an outline implementation plan with specific actions, responsibilities and time frames, which contributed to the development of the Regional Office's new reform initiative "Keeping Countries at the Centre".

46. The main lessons drawn from these evaluations relate to the continual evolution of the way WHO works. Although the Organization's mission has not changed and its headquarters must take a broad global view, focus at the regional level must be sharply attuned to the needs of the respective Member States and country offices. The Regional Office needs: to take stock so as to assess to what extent the regional reform agenda has achieved its objectives; and to provide feedback in order to deal with unfinished reform actions, while continually reprioritizing in order to meet emerging challenges, building on success stories and achievements to date.

¹ Lymphatic filariasis, schistosomiasis, soil transmitted helminthiasis, trachoma and onchocerciasis.

Accelerating Nutritional Improvements in sub-Saharan Africa

47. The purpose of this evaluation, which was carried out by an independent external evaluation team in 2015, was to assess the relevance and performance of the Accelerating Nutritional Improvements in sub-Saharan Africa project, which ran from 2012 to 2015 and supported 11 countries in their efforts to improve the nutrition status of women and children, in particular by helping countries build sustainable national health information systems. The evaluation fulfils the dual objective of accounting for the investment of its main donor, at whose request it had been commissioned, as well as providing an organizational learning opportunity for WHO on project impact. The project is implemented by WHO's Department of Nutrition for Health and Development jointly with the Regional Office for Africa and respective WHO country offices.

48. The evaluation concluded that the project was successful, highly appreciated by all its stakeholders, and, for some of its target countries, the only project dedicated to strengthening the country's nutrition surveillance system. Although the project's duration had been too short to result in sustainable impact as yet, it had fostered partnerships to improve programming for nutrition surveillance, contributed to national ownership of the nutrition agenda and to reinforced country capacities in this field. Key recommendations related to the end-of-project strategy, audit and other transition arrangements.

49. In its management response, the Secretariat stated that the evaluation report had been distributed to donors and project partners. The country workplans had meanwhile been revised. Key lessons derived from this exercise were the importance of continuous engagement with government authorities and partners and of a renewed focus on addressing the managerial challenges of implementing a project across the three levels of the Organization.

FAO/WHO Project and Fund for Enhanced Participation in the Codex Alimentarius Commission (Codex Trust Fund)

50. This external final project evaluation was stipulated as a requirement in the founding Codex Trust Fund project document in 2003 and commissioned by the FAO/WHO Consultative Group for the Trust Fund. Its purpose was to evaluate the functioning and results of the Codex Trust Fund after 10.5 years of its 12-year lifespan. Overall, the evaluation concluded that the Codex Trust Fund had been successful at fulfilling its primary mandate of widening participation of developing and transition-economy countries in the Codex Alimentarius Commission, with a vast majority of participants being satisfied or very satisfied with their participation. Its detailed results helped to inform discussions in FAO and WHO and among Codex Member States on possible future measures to enhance further effective participation in the Codex by developing and transition-economy countries.

51. The first Codex Trust Fund ended in December 2015, as foreseen in the founding project document. It was replaced by a successor initiative (the second Codex Trust Fund) which came into being on 1 January 2016 and will run for 12 years; it was designed and developed taking into consideration the findings and recommendations of the final project evaluation of the first Codex Trust Fund.

52. The main lessons learnt from this evaluation relate to: (i) the need for the programme to remain flexible and adaptable when running for 12 years, particularly in its staffing and for capacity-building work in countries; (ii) the need for predictable and sustainable funding; (iii) the importance of good monitoring and evaluation practices, including designing evaluation data and other needs into the

programme from its inception; and (iv) continuous dialogue with stakeholders as a key success factor for programme management and implementation.

Global Fund Concept Note Development

53. In May 2014, the Global Fund to Fight AIDS, Tuberculosis and Malaria signed for the first time a significant cooperation agreement with WHO to cover the funding gap in technical support to countries preparing concept notes for the Global Fund's new funding model. In the context of this agreement, this independent evaluation was conducted by an external evaluation team between January and April 2015 to determine the quality of WHO's technical support to countries applying for Global Fund financing through the latter's new funding model and to improve this support during the implementation of the agreement. This assessment included analysis of: (i) WHO's short-term technical support; (ii) WHO's role in assisting countries with the overall process of developing concept notes for the new funding model; (iii) WHO's engagement with the Global Fund's Country Coordinating Mechanisms; (iv) WHO's support to countries in identifying and coordinating technical support for the various inputs required; and (v) collaboration between all levels of WHO with technical partners and Global Fund teams.

54. The review focused its conclusions and recommendations on four key areas: technical quality and timeliness of WHO's support; operational aspects of its execution in terms of level of collaboration, coordination and communication; its impact on the recipient countries; and the external perception of the level of alignment of the support offered with international guidelines and strategies, its effectiveness and efficiency.

55. Through implementing the review's recommendations, the collaboration and exchanges between WHO, the Global Fund and other partners have been significantly strengthened. The quality of the concept notes submitted to the Global Fund remained high during the last reviews by the technical review panel. Better understanding of Global Fund's new funding model and the cooperation agreement have allowed WHO to fit its support better within the compressed timelines of the new funding model. A paper is being finalized as a response to the recommendation related to better and more proactive communication of the value added by WHO to its partners with a view to avoiding misperceptions. Capacity-building workshops are in progress to strengthen the longer-term support that can be provided by WHO country offices.

REACH Initiative

56. The Renewed Efforts Against Child Hunger and Undernutrition initiative (REACH) supports efforts to improve governance of country-level nutrition responses for children under five years of age and women. It brings together WFP, which hosts its Secretariat, FAO, WHO, UNICEF, and the International Fund for Agricultural Development (the latter in an advisory role). Activities began in 2008 and were expanded in 2010. This external evaluation covered the years 2011 to 2015 and focused on the role of the REACH Secretariat and the effectiveness of its work in eight of the initiative's 20 target countries. Its summary report was noted by the WFP's Executive Board at its second regular session (Rome, 9–12 November 2015).

57. The evaluation concluded that progress in the countries reviewed had been uneven and the achievements and weaknesses of the initiative reflected the quality of its design and implementation. Its results would require additional investments and efforts to make them sustainable. The initiative had recently also become the coordinating body for the United Nations Framework for Scaling Up

Nutrition, which presented both opportunities for greater alignment and risks of the REACH initiative being side-tracked.

58. Eight detailed recommendations were made for the next phase of REACH, covering its function, vision, strategy and future focus, partnership approaches, theory of change, operational planning, technical assistance, inter-agency collaboration and commitment, funding options and managerial and accountability mechanisms. Some of them will require political decisions. In response to these recommendations, a draft workplan had meanwhile been developed and discussed in a face-to-face meeting of the REACH Steering Committee.

UPDATE ON PROGRESS IN THE IMPLEMENTATION OF RECOMMENDATIONS FROM RECENT EVALUATIONS REPORTED IN THE EVALUATION ANNUAL REPORT TO THE 137TH SESSION OF THE EXECUTIVE BOARD IN MAY 2015¹

Resource mobilization function at WHO

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

60. Further progress made in the past year includes the full implementation of the recommendations regarding: (i) the clarification of responsibilities for key custodian roles for maintaining proactive relations with identified main donors within the newly-established Coordinated Resource Mobilization unit, whose portfolio managers are assigned specific donors; and (ii) a regular analysis of the overall funding situation and existing gaps through the Global Resource Mobilization Coordination Team, in close collaboration with the Department of Planning, Resource Coordination and Performance Monitoring and with the support of the category and programme area networks.

61. Furthermore, the budget ceiling principle has been replaced by the revised budget management policy and standard operating procedures for organization-wide reviews, and the strategic allocation and management of flexible resources, which is guided by the Global Policy Group and managed by the Department of Planning, Resource Coordination and Performance Monitoring. Regular training on resource mobilization is now being provided in regional offices, and the Coordinated Resource Mobilization unit has been working closely with the Department of Country Cooperation and Collaboration with the United Nations System for briefing heads of WHO country offices about the various platforms as well as with the Department of Human Resource Development in staff induction courses. The resource mobilization focal points in regional offices have identified a counterpart in each WHO country office to serve as the coordinator for resource mobilization support requests and information dissemination at the country level.

62. In addition, the Organization's message to contributors and partners on funds available and funding gaps has been clarified through the updated programme budget web portal, launched in November 2015, and has helped to increase transparency in the context of engagement with contributors, particularly with the financing dialogue. As regards core voluntary contributions, their timing and distribution criteria are now fully transparent, as they are also included in the updated programme budget web portal. Donor profiles are regularly updated with new and more in-depth

¹ Document EB137/7.

financial analysis and information on donors, and resource mobilization objectives and initiatives are adapted accordingly. The profiles are distributed across the Organization twice per year, before the main governing body meetings in January and May.

WHO financing dialogue

63. This evaluation was conducted in line with decision WHA66(8) and its objective was to assess whether the financing dialogue and related resource mobilization activities improved the alignment, predictability, flexibility and transparency of WHO's financing and broadened WHO's contributor base.

64. As the financing dialogue occurs every two years, WHO had to implement the recommendations in stages. The implementation of those recommendations not already reported as accomplished in the last annual evaluation report had already started in the context of the planning and preparation for the subsequent financing dialogue following the evaluation (Geneva, 5 and 6 November 2015). The still unfinished parts of the work will be implemented in its aftermath, taking into account other ongoing initiatives, including the development of a global engagement management tool.

65. The financing dialogue in 2015 included key performance indicators for the first time. A new resource mobilization strategy has been developed as part of WHO's financing strategy, which was discussed by the Executive Board at its 138th session in January 2016. The financing of the Programme budget 2016–2017 will be further discussed during the Sixty-ninth World Health Assembly in May 2016.

66. The financing dialogue in 2015 featured an updated version of the programme budget web portal, which provides additional granularity and financial flow to the country level and programme areas. The web portal will be further updated to provide additional transparency, particularly in terms of results reporting. Moreover, flexible funds such as core voluntary contributions, which are also featured in the web portal, are managed strategically, with the Director-General providing regular guidance and communications across the Organization.

WHO reform, stage 1 and WHO reform, stage 2¹

Good Governance for Medicines programme

67. The evaluation covered the period 2004–2012 and aimed at assessing programme achievements, challenges and lessons learnt, and at contributing to the WHO strategy on good governance in the pharmaceutical sector.

68. Since the last evaluation annual report, additional funding was received until the end of 2017, which enabled the further development of a technical package on good governance for medicines in line with the recommendations of the evaluation. The programme has meanwhile evolved to support countries in improving governance in an integrated manner and not only as an independent governance programme.

¹ See documents EB138/5 and A69/4 on the overview of reform implementation for updates on progress in the implementation of reform recommendations.

Advancing sexual and reproductive health

69. The UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is subject to periodic independent external evaluations in order to ensure its effectiveness and efficiency in executing its mandate.

70. Since the last evaluation annual report, further progress has been made in improving the Special Programme's reporting mechanisms by clarifying the results it achieves, as distinct from the results achieved by programme development in reproductive health. A "HRP Alliance" was formed through which the Special Programme aims to enhance the involvement of research centres of programme countries in its global research agenda. A new communications and advocacy strategy is being developed with the help of a leading communications firm, which will aim, inter alia, at strengthening the uptake of guidelines and evidence in countries. Finally, arrangements for engagement with cosponsors have been extensively revised, in order to enhance engagement for the achievement of mutual goals, with a focus on the Sustainable Development Goals and those in the United Nations Secretary-General's Global Strategy for Women's and Children's Health.

ACTION BY THE EXECUTIVE BOARD

71. The Board is invited to note the report.

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