Evaluation: annual report

1. The Executive Board approved the WHO evaluation policy at its 131st session in 2012. 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 2016–2017, and (b) presents summaries of five recent evaluations for which management responses were available 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 WHO presented to the Programme, Budget and Administration Committee of the Executive Board at its twenty-first meeting. 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 is actively engaged in both corporate evaluations and providing support to decentralized evaluations. With regard to evaluation capacity and resources, the engagement of regional and cluster focal points of the Global Network on Evaluation in ongoing corporate and decentralized evaluations has enabled greater coordination of evaluation activities at the three levels of the Organization. Both corporate and decentralized evaluations are supported by external expertise, including from a roster of

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1 Decision EB131(1) (2012).
2 Document EB138/44, Annex, approved by the Executive Board at its 138th session (see the summary records of the Executive Board at its 138th session, fourteenth meeting, section 3 (document EB138/2016/REC/2).
3 Corporate or centralized evaluations are evaluations that are commissioned or conducted by the WHO Evaluation Office.
5 Document EB136/38, noted by the Board at its 136th session (see the summary records of the Executive Board at its 136th session, fourteenth meeting, section 4 (document EB136/2015/REC/2).
prequalified evaluation experts. Following the outcome of the review of the evaluation function within
the Organization, the WHO evaluation practice handbook,¹ which is available through iLearn (an
Organization-wide e-learning platform and learning management system), 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 workplan for the biennium 2016–2017,
which incorporates both the corporate 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 evaluations that were completed in 2016 and for which management
responses were available have been reviewed and the findings are summarized in the section on
organizational learning below. For communicating evaluation work, the website of the Evaluation
Office³ is regularly updated and includes evaluation reports and management responses as soon as
they become available. Furthermore, the Evaluation Office provides regular briefings on ongoing and
completed evaluations to Member States and internal stakeholders, and issues a quarterly e-newsletter,
Evaluation matters.

6. In 2016, the Evaluation Office facilitated five reviews by the Joint Inspection Unit of the United
Nations System: (i) Comprehensive review of the United Nations system support for small island
developing States; (ii) Knowledge management in the United Nations system; (iii) Administrative
support services: the role of service centres in redesigning administrative service delivery; (iv) Donor-
led accountability and oversight reviews in United Nations system organizations; and
(v) Comprehensive review of travel policies in the United Nations system: achieving efficiency gains
and cost-savings and enhancing harmonization. The Evaluation Office also facilitated two independent
system-wide evaluations of operational activities for development that are relevant to WHO:
(i) evaluation of the contribution of the United Nations development system to strengthening national
capacities for statistical analysis and data collection to support the achievement of the Millennium
Development Goals and other internationally agreed development goals; and (ii) meta-evaluation and
synthesis of United Nations Development Assistance Framework evaluations, with a particular focus
on poverty eradication. The Secretariat’s report to the current Board on the Reports of the Joint
Inspection Unit⁴ provides further details of the implementation of recommendations related to Joint
Inspection Unit’s reviews.

7. The Evaluation Office also facilitates other reviews of WHO by external entities, and is
currently facilitating the 2017–2018 assessment of the Organization by the Multilateral Organisation
Performance Assessment Network.

8. WHO is an active member of the United Nations Evaluation Group and participates regularly in
its meetings of heads of evaluation offices and its various taskforces. WHO also participates in the

² See document EB138/44 and the summary records of the Executive Board at its 138th session, fourteenth meeting,
section 3 (document EB138/2015/REC2).
⁴ Document EBPBAC26/24.
Inter-Agency Humanitarian Evaluation Steering Group,\(^1\) which promotes collective accountability for humanitarian results and ensures that lessons are captured and used. More specifically, it is responsible for the provision of guidance for, and the conduct of, evaluations of all system-wide level 3 emergencies. Finally, the Organization also participates in the Active Learning Network for Accountability and Performance in Humanitarian Action, a system-wide network that contributes to improving the quality of evaluation of humanitarian action and related research and learning activities.

**ORGANIZATION-WIDE EVALUATION WORKPLAN AND OTHER ONGOING WORK**

**Corporate evaluations**

9. The approved evaluation workplan for 2016–2017 provides the basis for current activities. The Annex to this report provides an overview of the status as at March 2017 of the corporate evaluations included in the evaluation workplan for 2016–2017. In the workplan, three corporate evaluations were identified by Member States 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.

10. The evaluation of the Secretariat’s contribution to the health-related Millennium Development Goals is being carried out by an independent external evaluation team. It covers the period from 2001 to 2015 and the contribution of the Secretariat at the global, regional and national levels. The evaluation aims to examine:

   - how the Secretariat responded to the adoption of the Millennium Development Goals;
   - whether the Secretariat’s response to the health-related Millennium Development Goal targets was relevant to Member States’ needs and consistent with the Organization’s mandate;
   - what were the main results of the Secretariat’s contributions to the achievement of the health-related Millennium Development Goals, as expressed through its six core functions;
   - how the Secretariat worked with others to support the achievement of the Millennium Development Goals;
   - what are the main lessons to take into account for the Secretariat’s engagement with the health-related Sustainable Development Goals.

The evaluation is currently in the data collection stage and the final report is expected to be available in the second quarter of 2017.

11. The evaluation of WHO reform, third stage, is being conducted by an independent external evaluation team. It aims to assess the status of actions taken on the recommendations of the first and

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\(^1\) The Inter-Agency Humanitarian Evaluation Steering Group is chaired by the United Nations Office for the Coordination of Humanitarian Affairs and comprises the evaluation directors of FAO, the International Federation of Red Cross and Red Crescent Societies, UNDP, UNHCR, UNICEF, WFP and WHO.
second stage evaluations and the progress made on implementation and the effectiveness of the WHO implementation approach across the three levels of the Organization. It also aims to provide recommendations on the way forward. The executive summary of the final evaluation report will be submitted to the Seventieth World Health Assembly\(^1\) and the full evaluation report will be available on the website of the Evaluation Office.

12. The review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning is a three-phase process comprising self-assessment by the Evaluation Office, an independent external assessment and panel validation. The objective of the review is to assess the implementation of the WHO evaluation policy and the WHO framework for strengthening evaluation and organizational learning, and to provide recommendations on the evaluation function to guide the further improvement of the quality of the overall evaluation function in the Organization and, more specifically, to inform discussions and decisions on the role, positioning, mandate and resourcing of the Evaluation Office. The final report is expected to be delivered during the second quarter of 2017.

13. The evaluation of the normative function of WHO was 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 drew on this framework to evaluate a selection of representative types of normative work and, on the basis of the findings, will make recommendations in relation to WHO’s normative role and function. The final report will be available in the second quarter of 2017.

14. Three country office evaluations were planned for the biennium 2016–2017. These evaluations focus on the outcomes/results achieved by country offices, as well as contributions through global and regional inputs in the country. Such evaluations examine the following: whether the strategic choices made in the country cooperation strategy (and other relevant strategic instruments) meet the country’s health needs and are coherent with the priorities of the government and partners; the contribution and added value of WHO towards addressing the country’s health needs and priorities; and how WHO achieved the results. The first such evaluation was initiated in the country office in Thailand and the final report is expected to be available during the second quarter of 2017.

15. The comprehensive evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property was completed in December 2016. The executive summary of the evaluation report was considered by the Board at its 140th session\(^2\) and will be submitted to the Seventieth World Health Assembly.\(^3\) The full evaluation report is available on the website of the Evaluation Office.\(^4\)

16. The Evaluation Office has also completed a review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products. The aim of the review was to seek the informed opinion of the primary stakeholders of the mechanism on the extent to which it progressed towards its objectives in the period 2012–2015, as well as to identify gaps and remaining

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1 Document A70/50 Add.1.
2 See document EB140/20 and the summary records of the Executive Board at its 140th session, eleventh meeting.
3 Document A70/21.
challenges and to make recommendations on the way forward. An executive summary of the review report will be submitted to the Seventieth World Health Assembly\(^1\) and the full review report will be available on the website of the Evaluation Office.

17. An assessment of the functioning of the category and programme area networks was undertaken by the Evaluation Office, at the request of the Director-General in consultation with the Global Policy Group. The key areas of enquiry included fulfilment of the network’s main roles and responsibilities, membership of the networks, collaboration between the category and programme area networks and their interaction with the Global Policy Group, and adequacy of the tools and means at their disposal. The assessment report was reviewed by the Global Policy Group in November 2016 and a workplan for implementation of the relevant recommendations is being taken forward.

18. On 21 January 2016, the geographical mobility policy\(^2\) for WHO international professionals on continuing and fixed-term appointments came into effect. In accordance with this policy, its implementation will be evaluated annually during its voluntary phase (2016–2018). The Evaluation Office therefore undertook the first annual evaluation of the implementation of the policy during the last quarter of 2016. This evaluation examined how the policy is being implemented, what results have been achieved so far, whether the current implementation of the policy is likely to achieve its intended benefits once the policy becomes mandatory, and what lessons have been learned. The evaluation report, issued in January 2017, highlights the importance of building trust and encouraging participation in the exercise and of instituting a robust communication campaign throughout the voluntary phase of this exercise. It also makes recommendations regarding the frequency, duration and sustainability of the exercise and the importance of preserving the institutional memory of duty stations. The evaluation report is available to Member States from the Evaluation Office on request.

19. At the request of the Regional Director for Africa, the Evaluation Office is also conducting a mid-term evaluation of the Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020. This evaluation is being conducted through a combination of document reviews, key informant interviews with Regional Office staff and other key stakeholders, an online survey for all staff in the Region, and site visits across the different levels of the Region, that is, the Regional Office, the intercountry support teams and the country offices in Brazzaville, Harare, Libreville and Ouagadougou. This evaluation is currently in the data collection stage and the final evaluation report will be presented to the Regional Director for Africa during the second quarter of 2017.

20. In accordance with the modalities of the global coordination mechanism on the prevention and control of noncommunicable diseases,\(^3\) a preliminary evaluation of this mechanism will be conducted between May 2017 and January 2018, in order to assess its results and its added value. The results will be submitted to the Seventy-first Health Assembly, through the Executive Board. This preliminary evaluation will be managed as a corporate evaluation by the Evaluation Office. Pursuant to document A68/11 of the Sixty-eighth World Health Assembly on the follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, an evaluation management group will be convened to assist in the selection of consultants, and the direction and

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1 Document A70/23 Add.1.
3 See document A68/11, Annex 3 and Appendix 2.
quality control of the evaluation. It is proposed that this group should consist of officers of the Seventieth World Health Assembly to reflect equitable regional representation in the evaluation management group.

**Decentralized evaluations**

21. The Evaluation Office has also been providing technical backstopping and quality assurance for decentralized evaluations, including through its participation in the evaluation management group of certain decentralized evaluations.

22. A summary of the status as at March 2017 of the decentralized evaluations that are included in the Organization-wide evaluation workplan 2016–2017 is presented in the Annex. Progress in implementing the recommendations of completed decentralized evaluations will be communicated through the annual evaluation report as management responses become available.

23. The report of the review of the first five years of implementation of the Pandemic Influenza Preparedness Framework was considered by the Board at its 140th session and will be submitted to the Seventieth World Health Assembly.

24. For the decentralized evaluations in the Region of the Americas, the PAHO evaluation policy is underpinned by the United Nations Evaluation Group norms and standards for evaluations. PAHO also promotes the use of the evaluation practice handbook as an important tool for harmonizing evaluation activities across the Region. A regional registry of evaluations is maintained, and the regional evaluation office advises on methodology, facilitates planning activities, including preparing and disseminating terms of reference, and provides oversight and quality assurance of decentralized evaluations in the Region. A recent positive trend is the commissioning of more evaluations for the purpose of organizational learning rather than for accountability to external funding partners. Evaluations currently under way with the primary purpose of organizational learning and improvement include assignments related to PAHO’s Regional Immunizations Program, the Revolving Fund for Vaccine Procurement, the Latin American Center for Perinatology, Women and Reproductive Health in Uruguay and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) in Brazil. Country offices and technical units in the Region shared 18 evaluations with the Regional Evaluation Office in the biennium 2015–2016. As a member of the Global Network on Evaluation, the Regional Evaluation Office also facilitates implementation of corporate evaluations at the regional level. It is also a member of the working group on Sustainable Development Goals of the United Nations Evaluation Group.

25. In 2016, the Regional Office for South-East Asia completed an evaluation of its contribution to maternal health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka and is currently elaborating a management response. In addition, the evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme, is in the final stages.

26. Since 2009, the Regional Office for the Western Pacific has regularly undertaken assessments to gather evidence on its initiative in the context of WHO reform, in order to inform further policy change and decision-making to improve support to Member States. The initially planned evaluation of the regional reform agenda evolved into a stock-taking activity in 2016. Numerous different regional

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1 Document A70/17.
and country initiatives were documented and the resulting analysis indicted that the Regional Office needs to focus efforts in the areas of communication, human resources management and partnerships in delivering timely and effective technical support to countries. There is also a need to continue to improve the way WHO works at its three levels, focusing WHO’s support where it can make a difference and improving business intelligence. In addition, two country-level evaluations are ongoing: the evaluation of the health system strengthening project in Cambodia and the demonstration project on noncommunicable diseases and mental health service delivery at the community level in Viet Nam.

FROM EVALUATION TO ORGANIZATIONAL LEARNING

27. Given the emphasis on organizational learning in WHO’s evaluation framework, the findings and recommendations of completed corporate and decentralized evaluations are continuously being tracked\(^1\) in order to improve performance and inform key decision-making and planning processes. This tracking includes updates on the progress made in the 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 139th session in May 2016.\(^2\)

28. Consequently, five evaluations completed during the course of 2016, and for which management responses were available, have been reviewed and the implementation of their findings and recommendations has been analysed. The salient points are presented below.

Evaluation of WHO’s presence in countries\(^3\)

29. The purpose of this corporate evaluation was to provide evidence on progress towards the contribution of WHO to country-level goals and to the Organization’s wider outcomes. The evaluation also aimed to identify areas where there can be synergy across the three levels of the Organization, including intercountry and interregional cooperation towards maximising the combined contribution to country-level goals. The scope of the evaluation was determined by five high-level questions that, taken together, provided its substantive content. The evaluation was conducted by an independent external evaluation team. Over 200 interviews were carried out during visits to eight countries across the six WHO regions and this was complemented by a global survey of Member States and country partners.

30. The evaluation concluded that WHO should review and clarify its role and purpose at country level, with a special focus on assessing country-level performance, ensuring linkages with country-level agreements such as the country cooperation strategy or biennial cooperation agreements. The added value of the different levels of the Organization needs to be clarified, including making sure that WHO country presence and capacity is appropriate to country needs and is consistent with the WHO global strategy. This should include ensuring there are appropriate leadership skills across WHO country representatives and staff as well as standard management processes to implement and follow up on agreed recommendations.

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\(^2\) See document EB139/9.

\(^3\) See the full evaluation report: http://www.who.int/about/finances-accountability/evaluation/prepublication-country-presence-evaluation.pdf?ua=1 (accessed 2 May 2017).
31. In its management response, the Secretariat welcomed the comprehensive report and noted that the findings of the evaluation are in line with previous similar evaluations, such as those conducted by the United Nations Joint Inspection Unit and the Multilateral Organisation Performance Assessment Network. The Secretariat was pleased to note the recognition of WHO’s work as highly valued, with important contributions to country-level health objectives, particularly through its normative functions and health expertise, as well as its health leadership as a convenor and neutral actor.

32. The Secretariat found the recommendations useful and in line with WHO’s ongoing reform efforts. Several key actions are already under way. The results chain within WHO’s results framework will be further refined to reflect country-level outcomes. Revision of the strategic and operational planning guidance and tools has been initiated and will build on the existing tools and approaches, bringing greater focus on country-level needs. Analytical work on WHO’s investments has been completed in some of the regions and this will help to further clarify the question of WHO’s added value at country level. A country cooperation strategy working group, representing the different levels of the Organization, is reviewing and revising the global country cooperation strategy guidance. This includes incorporating the Sustainable Development Goals in the mainstream of WHO’s work and assessment of the implications of implementing the strategic agenda.

Evaluation of the impact of WHO publications

33. The objective of this corporate evaluation was to assess the impact of WHO publications by considering the reach, usefulness and use of a sample of WHO’s information products as estimates for their impact. The evaluation posed four high-level questions and covered approximately 15 000 publications over a 10-year period.

34. The evaluation concluded that WHO produces a number of high-quality, high-impact publications and that health professionals the world over look to WHO for evidence-based guidance and advice. However, there remain opportunities for improvement. One such area relates to audience reach, as WHO publications are not fully reaching their intended audiences. Better planning regarding dissemination, communication and translation of publications is recommended. The evaluation recommended a publications strategy that defines the role of publications in achieving organizational and programmatic goals, including monitoring compliance set within a broader knowledge translation framework.

35. In its management response, the Secretariat highlighted that the evaluation provided WHO with a set of recommendations designed to achieve a better impact of its publications in future. Overall, the Secretariat considered that, while most of the recommended actions are desirable and feasible and will improve the efficiency of WHO publication activities, not all of the recommendations reflect the measured consideration of the trade-off between quality and timeliness or between expenditure and reach.

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36. Work is already in progress to close some of the gaps identified. In response to the recommendation requesting the Secretariat to clarify WHO’s publications policy, a schedule for policy updates will be produced and publishing policies reviewed, with the aim of simplifying them. Publication committees in all regional offices and several departments at headquarters are directly involved in promoting WHO’s current procedures for publications. With the aim of systematically increasing access to WHO’s publications, WHO’s translation services focus on governing bodies and high-level corporate content and WHO’s open access policy encourages other institutions to translate content. The new strategic priorities of the library at WHO headquarters for 2016 to 2019 include enhancement of information management tools but will require substantial investment.

EXTERNAL REVIEW OF THE UNICEF/UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

37. The purpose of the review was to undertake a detailed examination of most aspects of the work of the Special Programme. The review recognised that in the past five years the Special Programme has largely achieved its goals and regained its position as a respected player in the field.

38. The review was asked to consider the strategic direction of the Special Programme and its specific niche, in order to contribute to the Special Programme’s from 2017 onwards. During the review, eight themes emerged for analysis: the Special Programme’s niche, capacity building, partnerships, maintaining the commitment of the cosponsors, managing the work streams, succession planning, funding the Special Programme and accessing technical expertise.

39. Some of the major recommendations of the review include the following: the Special Programme should continue its focus on implementation research and should confirm its current direction in withdrawing from supporting product research and development through its own funds; if the Special Programme does take on the management of the health product research and development fund, the risks of doing so need to be clearly identified and mitigated; in the next strategic plan, the Special Programme should clearly outline its approaches to partnerships, ensuring that the costs of inputs into such partnerships are covered and expectations clarified; and the structure of the Special Programme should be appropriate for its strategic focus.

40. Furthermore, in the area of capacity-building, if the Special Programme continues this function, collaboration with other institutions should be explored. There is an urgent need to improve TDR’s project management systems and this may involve entering into intensive negotiation with WHO. In general, the Special Programme benefits from being a programme with several organizations of the United Nations system as cosponsors and this should be maintained. More work is needed to explain the relevance of the Special Programme’s work to the cosponsors, including identifying ways in which mutual benefit can be leveraged. Where donors provide designated funding, it is important that the Special Programme only engages with agreements that it can effectively handle administratively and for which all costs are covered by that funding.

41. In its management response, the Special Programme highlighted that a number of issues raised in the recommendations are being addressed in the 2018–2023 strategy currently under development.

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Explicit statements on research and development, partnerships, intervention and implementation research, including an organisational structure that fits the strategy, are all being considered in the strategy development process. The Special Programme is moving forward on collaborating with other organizations and discussions with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction have already begun, starting with areas of mutual benefit. Efforts are also being made to identify specific projects of mutual interest to facilitate closer management with current cosponsor priorities.

**Final review of the Medicines Transparency Alliance Programme**

42. The review of the Medicines Transparency Alliance Programme, phase II, was commissioned by the WHO Department of Essential Medicines and Health Products. The principal purpose of the review was to provide in-depth information with regard to the achievements and challenges of phase II of this programme, as well as to inform the WHO strategy for future work in transparency and good governance in the pharmaceutical sector in countries.

43. Based on results from seven participating countries, the review concluded that the Alliance has been successful in achieving its aims. The key determinants of success have been the increased capacities of national councils and the quality of technical support accessed. The performance and impact achieved by most countries has surpassed the expectations set out in the project logical framework.

44. The review’s principal recommendations are that WHO should use the experience and lessons learned from the Alliance to promote the roles of multisectoral councils as key drivers of change in national medicines policies, particularly their roles in promoting transparency, accountability and policy dialogue. WHO should also consider integrating the approach of the Alliance into its wider work on transparency and good governance in the pharmaceutical sector in countries.

45. In its response, the Secretariat highlighted that it has supported the Alliance in the seven participating countries since its inception in 2009. This has been done, first through the provision of technical support and later through participation in the management of the programme.

46. In response to the recommendation for WHO to consider integrating the approach of the Alliance into its wider work on transparency and good governance in medicines, WHO has supported the development of a mobile phone application for the collection of medicines price and availability data. To date, 15 countries have used the application to collect data. Scaling-up to include more countries is dependent on the availability of resources.

**Review of bilateral consultations between WHO and contributors as part of the Financing Dialogue 2015**

47. WHO’s financing dialogue was launched in 2013 as part of an ambitious reform agenda to ensure a fully funded programme budget for the Organization in a rapidly evolving global health

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landscape. Its main objectives are to secure at least 70% of the programme budget financing before the start of a biennium as well as to reflect and promote the principles of alignment, flexibility, predictability and transparency, and to reduce funding vulnerability. As a means of strengthening the foundations of the financing dialogue and WHO’s resource mobilisation more broadly, the WHO taskforce on resource mobilization and management strategies “taskforce on resource mobilization and management strategies in 2013 further recommended that WHO should hold bilateral consultations with major contributors.

48. The main objective of the review was to draw lessons from the bilateral consultations with a view to providing practical recommendations on strengthening the implementation of the individual financing dialogue bilateral consultations to help to influence contributors’ adoption of the financing dialogue principles, and optimising WHO’s approach to donor engagement and dialogue more broadly.

49. The review concluded that the financing dialogue bilateral consultations are considered a valued and important opportunity for dialogue and relationship building but that the nature of the financing dialogue bilateral consultations varies significantly, and it was unclear how the consultations are differentiated from regular meetings between WHO and each contributor. The consultations had a positive effect on relationships and mutual understanding between contributors and WHO but there was an identified need for them to become more strategic and more strongly focused on progress and results achieved across each contributor’s portfolio. The report also noted that, for financing dialogue bilateral consultations to play a more “catalytic” role in encouraging action towards increased funding and alignment with financing dialogue principles, they must be integrated into a broader contributor engagement strategy and a clearer overarching approach to organizational resource mobilization and communications. The review found that, in the current approach, specific technical discussions had the tendency to overcrowd the strategic discussions.

50. As a follow-up to the review, the Secretariat has launched a detailed process review of the bilateral consultations structure, including the need to strengthen regional participation in the process. The new recommended process was implemented in the bilateral consultations held in the last quarter of 2016. Engagement plans are being developed for a number of key contributors to the Organization. Further work is under way to develop actionable recommendations on how to focus WHO’s resource mobilisation approach.

**ACTION BY THE EXECUTIVE BOARD**

51. The Board is invited to note the report.
## ANNEX

**WHO EVALUATION OFFICE: STATUS OF EVALUATIONS FOR 2016–2017, AS AT MARCH 2017**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Start date</th>
<th>2016 Q1</th>
<th>2016 Q2</th>
<th>2016 Q3</th>
<th>2016 Q4</th>
<th>2017 Q1</th>
<th>2017 Q2</th>
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<tr>
<td><strong>CORPORATE/CENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2016–2017</strong></td>
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<td>Evaluation of WHO’s presence in countries</td>
<td>July 2015</td>
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<td>Comprehensive evaluation of the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property</td>
<td>September 2015</td>
<td>Completed</td>
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<tr>
<td>Evaluation of the impact of WHO publications</td>
<td>December 2015</td>
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<td>Completed</td>
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<td>Evaluation of the normative function of WHO (phase 1/phase 2)</td>
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<td>Ongoing</td>
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<td>Review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products</td>
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<td>Evaluation of the Secretariat’s contribution to the health-related Millennium Development Goals</td>
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<td>Review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning</td>
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<td>Leadership and management at WHO: evaluation of WHO reform, third stage</td>
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<td>Ongoing</td>
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<td>Three country office evaluations</td>
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<td>Preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases</td>
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<td>Planned</td>
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<tr>
<td><strong>ADDITIONAL CORPORATE EVALUATIONS</strong></td>
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<td>Assessment of the functioning of the category and programme area networks</td>
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<td>Annual evaluations of the implementation of the WHO geographical mobility policy during its voluntary phase</td>
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<td><strong>DECENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2016–2017</strong></td>
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<td>Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme</td>
<td>September 2015</td>
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<td>Evaluation of the contribution of the Regional Office for South-East Asia to maternal health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka</td>
<td>October 2015</td>
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<td>Keeping countries at the centre</td>
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<td>mental health service delivery at the community level in Viet Nam</td>
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Q: quarter.

a The start date is included for evaluations that were carried over from the workplan for 2014–2015 and therefore started during the previous biennium. No start date for evaluations that started in the current biennium (2016–2017). The order in which the evaluations appear is the order in which the evaluations commenced.

b The timing of the following evaluations has yet to be decided:
   – evaluation of the Neglected Tropical Diseases Programme, with a special focus on the current neglected tropical diseases road map for implementation
   – evaluation of the utilization of national professional officers at the country level.


d The timing of the following evaluations has yet to be decided:
   – evaluation of work undertaken by consultants and other individuals contracted through an Agreement for Performance of Work in the Eastern Mediterranean Region
   – evaluation of countries’ and partners’ capacity-building efforts in the Eastern Mediterranean Region
   – evaluation of the European Community Human Resources for Health migration project
   – evaluation of the national health policies, strategies and plans country learning programme.