
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 (i) provides information on the progress made in implementing the WHO evaluation policy, including the Organization-wide evaluation workplans for 2016–2017² and 2018–2019,³ and (ii) 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 corporate⁴ evaluation function

2. 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 in January 2015.⁶ 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 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

¹ Decision EB131(1).

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

³ Document EB142/27, Annex, approved by the Executive Board at its 142nd session (see the summary records of the eleventh meeting, section 2).

⁴ Corporate or centralized evaluations are evaluations that are commissioned or conducted by the WHO Evaluation Office.

⁵ A framework for strengthening evaluation and organizational learning in WHO. Geneva: World Health Organization (http://who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1, accessed 12 April 2018).

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

corporate and decentralized evaluations are supported by external expertise, including from a roster of prequalified evaluation experts.

4. With regard to the workplan, scope and modalities, the workplans for 2016–2017 and 2018–2019, which incorporate both the corporate and decentralized planned evaluations, were shared with senior management, discussed with the Independent Expert Oversight Advisory Committee and reviewed and approved by the Executive Board at its 138th and 142nd sessions, respectively.¹

5. As for the action areas on evaluation recommendations and management response and organizational learning, several evaluations that were completed in 2017 and for which management responses were available have been reviewed and the findings are summarized in the section on organizational learning below.

6. For communicating evaluation work, the website of the Evaluation Office² is regularly updated and includes evaluation reports and management responses as soon as they become available. In addition, a regular newsletter, *Evaluation matters*, is issued. Furthermore, the Evaluation Office provides regular briefings on ongoing and completed evaluations to Member States and internal stakeholders. It also organizes webinars for the regional and cluster focal points of the Global Network on Evaluation to share findings of corporate evaluations. Regular briefings on the evaluation function are also provided, including induction courses for senior management, heads of WHO country offices and other staff.

7. In 2017, the Evaluation Office facilitated seven reviews by the Joint Inspection Unit of the United Nations System: (i) United Nations – private-sector partnership arrangements in the context of the 2030 Agenda for Sustainable Development; (ii) opportunities to improve efficiency and effectiveness in administrative support services by enhancing inter-agency cooperation; (iii) mechanisms and policies addressing conflict of interest in the United Nations system; (iv) acceptance and implementation of Joint Inspection Unit recommendations – lessons learned; (v) donor reporting requirements across the United Nations system; (vi) whistle-blower policies and practices in United Nations system organizations; and (vii) internship programmes in the United Nations system organizations. The Director-General's report to the Programme, Budget and Administration Committee of the Executive Board at its twenty-eighth meeting in May 2018 on the Reports of the Joint Inspection Unit³ provides further details of the implementation of recommendations related to Joint Inspection Unit's reviews.

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

9. 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 task forces (in particular the working groups on ethics and code of conduct guidance, gender equality and human rights, Sustainable Development Goals, and the humanitarian evaluation and decentralized evaluation interest groups). WHO also

¹ Please see footnotes 2 and 3 of paragraph 1 of document EB143/6.

² The Evaluation Office website is available at <http://www.who.int/evaluation> (accessed 10 April 2018).

³ Document EBPBAC28/4.

participates in the 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. WHO took the lead in developing prioritization criteria and applying them to identify inter-agency, crisis-specific humanitarian evaluations to be undertaken by the steering group. Furthermore, WHO actively contributed to the revision of the guidelines for such evaluations.

10. The report of the independent review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning was delivered in 2017 and provided valuable recommendations to strengthen WHO's evaluation function at both the corporate and decentralized levels.

11. One of the critical recommendations of this independent review was a revision of the 2012 WHO evaluation policy and related documents. The draft evaluation policy (2018) (see Annex 1) was informed by inputs from the Member States' deliberations during the 142nd session of the Executive Board in January 2018² and the deliberations of the Independent Expert Oversight Advisory Committee in March 2018.³ It also takes into consideration the changed organizational context and the most recent United Nations Evaluation Group's norms and standards for evaluation. Following this revision, the WHO evaluation practice handbook⁴ will be updated accordingly.

12. Another important recommendation of the independent review was that WHO should address the distinction between, and complementarity of, organizational learning and evaluation. In addition, one of the recommendations of the evaluation of WHO reform (2011–2017), third stage, was to develop a systematic approach for the implementation of the recommendations identified during audits, evaluations and reviews. To address both recommendations, the Organization is in the process of establishing a mechanism to anchor organizational learning, taking into consideration the consolidated findings and recommendations from the different exercises. Other recommendations of the independent review are also addressed in the draft evaluation policy (2018) and in the management response, which is in preparation.

ORGANIZATION-WIDE EVALUATION WORKPLAN AND OTHER ONGOING WORK

13. The approved evaluation workplans for 2016–2017 and 2018–2019 provide the basis for current activities. Annex 2 to this report provides an overview of the status as at March 2018 of the corporate and decentralized evaluations included in the evaluation workplan for 2016–2017.

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, UNDP, UNHCR, UNICEF, WFP, WHO and the International Federation of Red Cross and Red Crescent Societies.

² See the summary records of the Executive Board at its 142nd session, eleventh meeting, section 2.

³ See document EBPBAC28/2.

⁴ WHO evaluation practice handbook. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf, accessed 10 April 2018).

Corporate evaluations

14. Due to budgetary constraints, two corporate evaluations included in the workplan for 2016–2017 had to be postponed to 2018–2019 (evaluation of the utilization of national professional officers at the country level and evaluation of the Neglected Tropical Diseases Programme, with a special focus on the current neglected tropical diseases road map for implementation) and it was only possible to conduct one country office evaluation as opposed to the three initially planned.

15. In 2017, the following corporate evaluations/assessments were completed and the outcomes reported to the Executive Board at either its 141st session in May 2017 (a–d)¹ or its 142nd session in January 2018 (e–h):²

- (a) First annual evaluation of the implementation of the WHO geographical mobility policy during its voluntary phase;
- (b) Review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products;
- (c) Leadership and management at WHO: evaluation of WHO reform, third stage;
- (d) Mid-term evaluation of the Transformation Agenda of the WHO Secretariat in the African Region 2015–2020;
- (e) Review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning;
- (f) Evaluation of WHO’s normative function;
- (g) Country office evaluation – Thailand;
- (h) Evaluation of the Secretariat’s contribution to the health-related Millennium Development Goals.

16. The following is an update, since the last report to the Executive Board at its 142nd session in January 2018, on progress of evaluations that were ongoing at the end of 2017.

17. The 142nd session of the Executive Board conducted an evaluation of the process and methods for the election of the Director-General in an open meeting, and was supported by the evaluation management group and the Evaluation Office in preparing for this evaluation.³ The Secretariat was requested to bring forward a proposal for adjustments to the election process for the Director-General,

¹ See document EB141/7.

² See document EB142/27.

³ Document EB142/26.

and any necessary revisions to the code of conduct, to be presented for consideration by the Board at its 144th session in January 2019.¹

18. A preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, was conducted between May 2017 and January 2018, in order to assess its results and its added value. The executive summary of the preliminary evaluation was noted by the Board at its 142nd session² and will be submitted to the Seventy-first World Health Assembly in May 2018.³

19. At the request of Global Affairs Canada, the Evaluation Office commissioned the summative evaluation of the WHO Rapid Access Expansion Programme, which is being conducted by an independent external evaluation team. This Programme supports high-burden countries to increase coverage of diagnostic, treatment and referral services for the major causes of death among children under 5 years of age (diarrhoea, pneumonia and malaria) through the scaling up of integrated community case management. The evaluation aims to assess the effectiveness, efficiency, relevance, impact and sustainability of the results of the Programme in order to inform policy dialogue and future design and implementation of integrated community case management. A draft evaluation report was delivered in March 2018 and its findings and conclusions presented and recommendations discussed during a workshop for key stakeholders in April 2018. The final report will be available during the second quarter of 2018.

20. On 21 January 2016, the geographical mobility policy⁴ for WHO international professionals on continuing and fixed-term appointments came into effect. In accordance with this policy, its implementation is evaluated annually during its voluntary phase (2016–2018). The report of the first annual evaluation of the implementation of the policy was issued by the Evaluation Office in January 2017. The second annual evaluation of the implementation of the policy was completed in February 2018: the report of this evaluation is available to Member States on request.

21. At the request of the Regional Director for Africa, the Evaluation Office also conducted in December 2017–January 2018 a mid-term assessment of the functional reviews of WHO country offices in the African Region. The rationale for the functional reviews is to ensure that WHO is responding to the right priorities, while determining appropriate staffing and competencies required to perform the pertinent functions based on the needs of the country and the expectations of the government and its health development partners. The purpose of the mid-term assessment was to assess the relevance of the steps of the functional review approach and the extent to which the approach is achieving its desired purpose, and to identify best practices, key gaps and challenges and provide specific and feasible recommendations to improve the quality of future functional reviews. The assessment report was presented to the Regional Director for Africa in February 2018.

¹ Decision EB142(8) (2018).

² See document EB142/15 Add.1 and the summary records of the Executive Board at its 142nd session, ninth meeting, section 1.

³ Document A71/14 Add.1.

⁴ WHO geographical mobility policy. Geneva: World Health Organization; 2016 (<http://www.who.int/employment/WHO-mobility-policy.pdf>, accessed 10 April 2018).

Decentralized evaluations

22. 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. Progress in implementing the recommendations of completed decentralized evaluations will be communicated through the annual evaluation report as management responses become available.

23. The Region of the Americas continues to implement the PAHO evaluation policy. Its approach to evaluations further evolved in 2017 with the provision of advice for a greater number of internally commissioned evaluations. Evaluation activity in recent years has focused on the provision of advice on the quality of evaluation assignments. A quality scoring tool has been developed to ensure that only evaluations of sufficient quality are included in the regional registry of evaluations and emphasis has been placed on the importance of the independence of evaluators, which is crucial to the integrity and objectivity of the evaluation process. As a member of the Global Network on Evaluation, the regional evaluation function also facilitates the implementation of corporate evaluations at the regional level. In 2017, evaluations were undertaken of: Ecuador's immunization strategy; the Regional Program Budget Policy; PAHO's Revolving Fund for Vaccine Procurement; the Latin American Center of Perinatology, Women and Reproductive Health in Uruguay; the Pan American Foot-and-Mouth Disease Center in Brazil; subregional technical cooperation and programme coordination in the Caribbean; and the Mais Médicos project in Brazil. With regard to the Mais Médicos project, there has been significant, high-quality monitoring of project-related indicators and extensive academic research into the project. The regional evaluation function continues to advise management on how best to develop a United Nations Evaluation Group-compliant meta-evaluation of this information, so as to evaluate the contribution of the project to the universality and quality of primary health care in Brazil, in addition to any lessons to be learned from administering such projects.

24. In an effort to mainstream and strengthen the culture of evaluation in the South-East Asia Region, a regional framework for strengthening evaluation for learning and development¹ and a regional evaluation workplan for 2018–2019² were submitted to the seventieth session of the Regional Committee for South-East Asia in September 2017. In addition, the Secretariat proposes to report to the Regional Committee annually on evaluation work conducted in the Region. Two evaluations are currently in progress: (i) evaluation of tobacco control through MPOWER measures in Member States of the South-East Asia Region; and (ii) evaluation of the collaboration between WHO and WHO collaborating centres in the South-East Asia Region.

25. In the Western Pacific Region, the evaluation of the GAVI Alliance health system strengthening grant in Cambodia, 2008–2015, was completed in May 2017. The evaluation of the demonstration project on noncommunicable diseases and mental health service delivery at community level in Viet Nam was completed in January 2018 and will shortly be published. The evaluation of the implementation of regional action plans on noncommunicable diseases and health throughout the life course in the Western Pacific Region is planned to commence this year as part of the evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.

¹ Document SEA/RC70/6-INF.DOC 1-Rev.1.

² Document SEA/RC70/6-INF.DOC.2.

FROM EVALUATION TO ORGANIZATIONAL LEARNING

26. In accordance with the norms of the United Nations Evaluation Group, in commissioning and conducting an evaluation there should be a clear intention to use the resulting analysis, conclusions or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning.¹ The draft thirteenth general programme of work 2019–2023² is a notable example of such use, as relevant lessons from corporate evaluations completed in 2017 were taken into account in its elaboration, in particular, the evaluation of WHO reform, third stage, and the evaluation of the Secretariat’s contribution to the health-related Millennium Development Goals. It also used the results of the evaluation of WHO’s normative function when referring to the categorization of normative products and the recommendations of this evaluation will explicitly inform future normative function priorities for the Organization.

27. In order to strengthen the use of evaluation evidence in strategy development, during 2017 the Evaluation Office systematically reviewed all new country cooperation strategies (12) to ensure, on the one hand, that evidence generated by evaluations is explicitly referred to and used to inform priorities in new country cooperation strategies and, on the other hand, that appropriate evaluation plans are made to enable independent demonstration of results in countries and generation of evidence to inform future priorities.

28. Given the emphasis on organizational learning in WHO’s evaluation framework, the findings and recommendations of completed corporate and decentralized evaluations are continuously being tracked³ 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 evaluations whose recommendations had not been fully responded to at the time of the annual evaluation report to the Board at its 141st session in May 2017.⁴

29. Within this perspective, five evaluations completed during the course of 2017, and for which management responses were available, have been reviewed and the implementation of their recommendations has been analysed. The salient points are presented below.

Country office evaluation – Thailand⁵

30. The first country office evaluation, undertaken by the Evaluation Office, took place in Thailand. These evaluations focus on the outcomes/results achieved by country offices, as well as contributions through global and regional inputs in the country. The purpose of the evaluation was also to identify and document best practices and innovations of WHO in Thailand on the basis of its achievements over the period 2012–2016.

¹ See the United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

² See document A71/4.

³ A report on corporate and decentralized evaluations: findings, recommendations, actions and learning, May 2018. Available in English only on request from the WHO Evaluation Office.

⁴ See document EB141/7.

⁵ See the evaluation report: http://www.who.int/about/evaluation/thailand_country_office_evaluation_report.pdf?ua=1 (accessed 10 April 2018).

31. The evaluation concluded that, overall, during the period 2012–2016, the country office in Thailand provided a valuable contribution in supporting the Thai Government’s national health sector plans. It noted the approach taken in the design of the 2017–2021 WHO country cooperation strategy, which highlighted partnerships with national actors beyond the health sector and instituted a transparent and consultative priority-setting process. Recommendations included: (i) the active contribution of the country office team to country cooperation strategy governance activities and engagement with other national partners to support implementation of the strategy’s priorities and activities, in particular with regard to programme management and monitoring; (ii) ensuring that the country office has the capacity to implement its workplans beyond the country cooperation strategy’s priorities and activities; (iii) the elaboration of a theory of change for the period 2017–2021 in order to better link the country cooperation strategy 2017–2021 with the entire planned country-level results and deliverables and biennial programme budgets; (iv) strengthening the inclusion of gender and other social determinants of health dimensions, as relevant, in the implementation of the strategy and other country office activities; and (v) a review the evolution of the country office’s contribution to, and relationship with, the Thai Government over the recent country cooperation strategy cycles.

32. In its management response,¹ the country office highlighted that a monitoring and evaluation framework for the country cooperation strategy 2017–2021 priority programmes has been developed through consultation with relevant stakeholders, and includes specific indicators for each priority programme. The WHO Representative to Thailand will co-chair the coordinating subcommittee, which oversees the monitoring and evaluation of the strategy and senior level participation from the country office in all programme subcommittees is assured. A theory of change has been embedded in this framework and it also contains a specific section on mainstreaming of gender, equity and human rights indicators in each priority programme’s indicator table. In addition, a handbook on gender mainstreaming has been prepared by the country office.

European Union/Luxembourg-WHO Universal Health Coverage Partnership (2011–2016)

33. An external evaluation of the European Union/Luxembourg-WHO Universal Health Coverage Partnership 2011–2016 was conducted to assess its results and achievements and its contribution in strengthening WHO’s capacity to support ministries of health in the 20 countries covered by the Partnership. Specifically, the evaluation assessed how the Partnership succeeded in: (i) supporting the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity; (ii) improving technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue, mainly at the country level; and (iii) ensuring that international and national stakeholders are increasingly aligned around national health policies, strategies and plans, and adhere to other aid-effectiveness principles. The evaluation report is available on the website of the Universal Health Coverage Partnership.²

34. As a formative evaluation, the focus was on lessons learned. The evaluation concluded that the Partnership made a significant contribution to strengthening the role of the WHO country office as a leading adviser to the ministry of health for the health sector reforms and transformation at the country

¹ See the management response: http://www.who.int/about/evaluation/thailand_country_office_evaluation_mr.pdf?ua=1 (accessed 10 April 2018).

² See the full evaluation report: <http://uhcpartnership.net/wp-content/uploads/2017/12/FinalReportFormativeEvaluationUHC-w-Annexes-1.pdf> (accessed 10 April 2018).

level. Areas for continued focus included: maintaining the flexibility of country road maps; the strengthening of health financing and health systems expertise in-country; greater devolution of decision-making and resources to the country level and, for the next phase, extension of the activities of the partnership from policy dialogue to support in the implementation of the policies.

35. In its management response,¹ the Secretariat reiterated its commitment to providing additional technical backstopping to countries on health financing and health systems strengthening and to recruiting more advisers with health financing expertise in the next phase of the Partnership. In addition, a technical guide to support implementation at the country level is being prepared.

Pandemic Influenza Preparedness Framework

36. The Pandemic Influenza Preparedness (PIP) Framework was reviewed by the 2016 PIP Framework Review Group after five years of implementation.² The Review Group's report was considered by the Seventieth World Health Assembly in 2016,³ which adopted decision WHA70(10), requesting the Director-General, inter alia, "to take forward expeditiously the recommendations in the report of the 2016 PIP Framework Review Group" and "to report to the Seventy-first World Health Assembly, on progress in implementing this decision, including by indicating the status of the response to the recommendations contained in the report of the 2016 PIP Framework Review Group". A report on progress in implementing decision WHA70(10) (2017) will be submitted to the Seventy-first World Health Assembly.⁴

Pandemic Influenza Preparedness Partnership Contribution – high-level implementation plan 2013–2016⁵

37. The Pandemic Influenza Preparedness Partnership Contribution is one of two benefit-sharing mechanisms in the PIP Framework. The Partnership Contribution started in 2012 as a new and innovative approach to partnerships to strengthen pandemic preparedness. Through this approach, influenza vaccine, diagnostic and pharmaceutical manufacturers using the WHO Global Influenza Surveillance and Response System provide an annual partnership contribution to WHO and these funds are used to strengthen pandemic preparedness and response capacities in developing countries where they are weak. The purpose of the external evaluation was to take stock of progress made towards achieving the outputs and outcomes set out in the high-level implementation plan 2013–2016, measure the impact of such funds in preparing the global community for pandemic influenza and identify lessons learned.

¹ See the management response: http://www.who.int/about/evaluation/mr_eu_lux_uhc_p_march2018.pdf?ua=1 (accessed 10 April 2018).

² Pandemic influenza preparedness framework for the sharing of influenza viruses and access to vaccines and other benefits. Geneva: World Health Organization; 2011: section 7.4.2 (http://whqlibdoc.who.int/publications/2011/9789241503082_eng.pdf?ua=1, accessed 10 April 2018).

³ Document A70/17, Annex.

⁴ Document A71/24.

⁵ See the full evaluation report: http://www.who.int/about/evaluation/pip_evaluation_report.pdf?ua=1, (accessed 10 April 2018).

38. The evaluation concluded that all areas of work had made progress towards targets and, on the whole, stakeholders reported that Member States were better prepared than they had been prior to support from the Partnership Contribution. Areas for improvement, in order to strengthen implementation in the next phase, included: improved logframe design, in order to articulate linkages between activities and achievement of outputs, outcomes and impact and provide a clearer definition of impact at the global, regional and country levels; improved reporting granularity and greater clarity on country prioritization criteria.

39. In its management response,¹ the Secretariat highlighted that progress indicators across all areas of work and clear outputs, outcomes and associated indicators had been developed and were part of the new high-level implementation plan for 2018–2023. The Secretariat is guided by WHO financial rules in its reporting and work is under way to include Partnership Contribution implementation details on the WHO programme budget web portal. In addition, conditional upon Member State agreement, laboratory and surveillance capacity indicator data are now shared with WHO collaborating centres for influenza in the Global Influenza Surveillance and Response System as needed. Also, under the new high-level implementation plan for 2018–2023, country prioritization criteria were revised and country profiles prepared in order to facilitate selection of countries for capacity-building activities.

International Coordinating Group on Vaccine Provision²

40. The mandate of the International Coordinating Group on Vaccine Provision is the management of global emergency vaccine stockpiles to assure equitable access to, as well as rapid and timely allocation of, vaccines using evidence-based criteria during outbreaks and humanitarian crises. Covering the period 2006–2017, the purpose of the external evaluation was to inform decisions aimed at improving the Group's governance, its mechanism related to the management and accessibility of disease-specific emergency vaccine stockpiles and their composition, the transparency of decision-making processes, as well as the Group's internal and external communication.

41. The evaluation made a number of recommendations in priority areas for the evaluation, which were well received by the Secretariat. The evaluation concluded, *inter alia*, that the Group would benefit from a clearer division of labour and responsibilities of all stakeholders involved and a stronger governance structure. While the evaluation acknowledged that the Group had functioned well over the past 20 years and the majority of international and country-based stakeholders were appreciative of its performance, areas for improvement in the scope and role definition within the Group were identified. With regard to communication and transparency, the evaluation considered that an assessment of the different information needs of the stakeholders of the International Coordinating Group mechanism should be carried out and, based on the outcome, a communication plan developed.

42. In its management response,³ the Secretariat stated that it organized in October 2017 a high-level meeting of the Group to discuss the recommendations of the evaluation and agree on the necessary actions to be taken, including the drafting of terms of reference for the establishment of a governance oversight committee of the Group and commissioning the development of an

¹ See the management response: http://www.who.int/about/evaluation/mr_pip.pdf?ua=1 (accessed 10 April 2018).

² See the full evaluation report: http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1 (accessed 10 April 2018).

³ See the management response: http://www.who.int/about/evaluation/mr_icg.pdf?ua=1 (accessed 10 April 2018).

accountability and performance framework for the mechanism. In addition, the Secretariat recognized the need to strengthen its communication activities and progress has already been made in this regard.

ACTION BY THE EXECUTIVE BOARD

43. The Board is invited to note the report and consider adopting the following draft decision:
The Executive Board, having considered the draft formal evaluation policy presented by the Secretariat¹ approved the evaluation policy.²

¹ Document EB143/6.

² Annex 1.

ANNEX 1

DRAFT EVALUATION POLICY (2018)

BACKGROUND

1. As part of the WHO reform process, the Executive Board at its 131st session in May 2012 approved the first WHO evaluation policy.¹ This was followed by the publication of the WHO evaluation practice handbook in 2013.²
2. On 1 August 2014, the evaluation function was moved from the Office of Internal Oversight Services to become a separate unit to support independent evaluation within the Office of the Director-General. As a key first step, a framework for strengthening evaluation and organizational learning in WHO³ was developed and submitted to the Executive Board at its 136th session in 2015.⁴ Together with the evaluation policy (2012), this framework has been instrumental in guiding evaluative work in the Organization during the past few years. In 2017, the Office of the Director-General launched an independent review of the evaluation function at WHO, which documented findings and provided critical recommendations, one of which was the need to revise the 2012 evaluation policy.⁵
3. As part of the organizational shifts envisaged in its draft thirteenth general programme of work, 2019–2023,⁶ WHO will “measure impact to be accountable and manage for results”. It further states that the “focus on impact will require a meaningful account of WHO’s contribution on each goal and by each level of the Organization”. The draft evaluation policy (2018) supports this organizational shift.
4. The external environment in which WHO operates has also considerably evolved in recent years. The adoption of the Sustainable Development Goals in 2015, as well as the transformation in the humanitarian sector following the 2016 World Humanitarian Summit, provides new directions for the conduct of evaluation. Thus, in a 2014 resolution, the United Nations General Assembly⁷ reiterated the importance of national evaluation capacities, as did the quadrennial comprehensive policy review

¹ Document EB131/3; see also decision EB131(1) (2012).

² WHO evaluation practice handbook. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf?ua=1, accessed 10 April 2018).

³ A framework for strengthening evaluation and organizational learning in WHO. Geneva: World Health Organization (http://www.who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1, accessed 12 April 2018).

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

⁵ See the full evaluation report: http://www.who.int/about/evaluation/who_evaluation_funcion_review.pdf?ua=1 (accessed 10 April 2018).

⁶ Document A71/4.

⁷ Resolution 69/237 (2014). Building capacity for the evaluation of development activities at the country level (http://www.un.org/ga/search/view_doc.asp?symbol=%20A/RES/69/237%20&Lang=E, accessed 10 April 2018).

of operational activities for development of the United Nations system in 2016,¹ which also underscored the strengthening of joint and system-wide evaluations to support more effectively the implementation of the Sustainable Development Goals. Also in 2016, the United Nations Evaluation Group revised its norms and standards.²

5. Furthermore, the draft evaluation policy (2018) takes into account the recommendations of the independent review of the evaluation function as well as all relevant internal and external changes and is informed by international best practices in order to frame the Secretariat's evaluation function.

PURPOSE

6. The purpose of this policy is to define the overall framework for evaluation at WHO, to foster the culture and use of evaluation across the Organization, and to facilitate conformity of evaluation at WHO with best practices and with the norms and standards for evaluation of the United Nations Evaluation Group.

7. The accountability framework of WHO includes several types of assessments. WHO considers that all are crucial to programme development and institutional learning. This policy addresses only the assessments qualifying as "Evaluation" and excludes other forms of assessments conducted in WHO, such as monitoring, performance assessment, surveys, and audit.

POLICY STATEMENT

8. Evaluation is an essential function at WHO, carried out at all levels of the Organization. It ensures accountability and oversight for performance and results, and reinforces organizational learning in order to inform policy for decision-makers and support individual learning.

EVALUATION DEFINITION

9. An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful evidence-based information that enables the timely incorporation of its findings, recommendations and lessons into the decision-making processes of organizations and stakeholders.³

¹ Resolution 71/243 (2017). Quadrennial comprehensive policy review of operational activities for development of the United Nations system. (<http://undocs.org/A/RES/71/243>, accessed 10 April 2018).

² United Nations Evaluation Group's Norms and standards for evaluation, 2016 (<http://www.unevaluation.org/document/detail/1914>, accessed 10 April 2018).

³ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

10. In WHO there are two categories of evaluation.
- (a) Corporate evaluations are managed, commissioned or conducted by the Evaluation Office, and include programme evaluations, thematic evaluations and office-specific evaluations.
 - (b) Decentralized evaluations are managed, commissioned or conducted outside the central Evaluation Office, that is, they are initiated by headquarters clusters, regional offices or country offices and mainly comprise programmatic and thematic evaluations. In this instance, the central Evaluation Office would provide quality assurance and technical backstopping.

PRINCIPLES AND NORMS

11. This policy provides a framework to ensure the systematic application of the key United Nations Evaluation Group evaluation principles to the evaluation function in WHO. These key principles set out below are interrelated and underpin the approach to evaluation in WHO and are applicable to both corporate and decentralized evaluations.

Impartiality¹

12. The key elements of impartiality are objectivity, professional integrity and absence of bias. The requirement for impartiality exists at all stages of the evaluation process, including planning an evaluation, formulating the mandate and scope, selecting the evaluation team, providing access to stakeholders, conducting the evaluation and formulating findings and recommendations.

13. Evaluators need to be impartial, implying that evaluation team members must not have been (or expect to be in the near future) directly responsible for the policy setting, design or management of the evaluation subject.

Independence

14. Independence of evaluation is necessary for credibility, influences the ways in which an evaluation is used and allows evaluators to be impartial and free from undue pressure throughout the evaluation process. The independence of the evaluation function comprises two key aspects – behavioural independence and organizational independence.

(a) **Behavioural independence** entails the ability to evaluate without undue influence by any party. Evaluators must have the full freedom to conduct their evaluative work impartially, without the risk of negative effects on their career development, and must be able to freely express their assessment. The independence of the evaluation function underpins the free access to information that evaluators should have on the evaluation subject.

(b) **Organizational independence** requires that the central evaluation function is positioned independently from management functions, carries the responsibility of setting the evaluation agenda and is provided with adequate resources to conduct its work. Organizational

¹ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 11 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

independence also necessitates that evaluation managers have full discretion to directly submit evaluation reports to the appropriate level of decision-making and that they should report directly to an organization's governing body and/or the executive head. Independence is vested in the Evaluation Head to directly commission, produce, publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.¹

15. Evaluators shall not be directly responsible for the policy, design, or overall management of the subject under review. WHO staff performing evaluations shall abide by the ethical principles and conduct of staff.² External contractors shall abide by the WHO requirements for external contractual agreements. Evaluators must maintain the highest standards of professional and personal integrity during the entire evaluation process. They are expected to ensure that evaluations address gender and equity; and be sensitive to contextual factors, such as the beliefs, manners and customs of the social and cultural environments evaluated.

16. The whistle-blower policy and other relevant policies will protect staff participating in evaluations from retaliation or repercussions.

Utility

17. In commissioning and conducting an evaluation, there should be a clear intention to use the resulting analysis, conclusions or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning, informed decision-making processes and accountability for results. Evaluations could also be used to contribute beyond the organization by generating knowledge and empowering stakeholders.³

18. Utility relates to the impact of the evaluation on decision-making and requires that evaluation findings be relevant and useful, presented in a clear and concise way, and monitored for implementation. The utility of an evaluation depends on its timeliness, relevance to the needs of the programme and stakeholders, the credibility of the process and products, and the accessibility of reports.

19. Utility will be ensured through: the systematic prioritizing of the evaluation agenda based on established criteria and consultation with relevant stakeholders; the systematic follow-up of recommendations; public access to the evaluation products; and alignment with the results-based management framework.

Quality

20. Quality relates to the appropriate and accurate use of evaluation criteria, impartial presentation and analysis of evidence, and coherence between findings, conclusions and recommendations.

¹ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 11 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

² Code of ethics and professional conduct, April 2017. Geneva: World Health Organization; 2017 (http://www.who.int/about/ethics/code_of_ethics_full_version.pdf, accessed 10 April 2018).

³ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

21. Quality will be ensured through (i) the continuous adherence to WHO evaluation methodology as elaborated in the WHO evaluation practice handbook, the applicable guidelines and the norms and standards for evaluation of the United Nations Evaluation Group; (b) an independent quality assurance mechanism for all decentralized evaluations; and (c) independent quality assessment of corporate and decentralized final evaluation reports. It will cover both the evaluation process and products.

Transparency

22. Transparency is an essential element of evaluation that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability. Evaluation products should be publicly accessible.¹

23. To achieve transparency, stakeholders should be aware of the reason for the evaluation, the selection criteria, and the purposes for which the findings will be used. Transparency of process is also important, as is the accessibility of evaluation materials and products.

24. Transparency will be ensured through the approaches described below. The commissioner of the evaluation will ensure a continuous consultation process with relevant stakeholders at all stages of the evaluation process. The evaluation report shall contain details of evaluation methodologies, approaches, sources of information and costs incurred. In accordance with the WHO disclosure policy, evaluation plans, reports, management responses and follow-up reports will be made public on the WHO Evaluation Office website.

Credibility

25. Evaluations must be credible. Credibility is grounded on independence, impartiality and a rigorous methodology. Key elements of credibility include transparent evaluation processes, inclusive approaches involving relevant stakeholders and robust quality assurance systems. Evaluation results (or findings) and recommendations are derived from – or informed by – the conscientious, explicit and judicious use of the best available, objective, reliable and valid data and by accurate quantitative and qualitative analysis of evidence. Credibility requires that evaluations are ethically conducted and managed by evaluators that exhibit professional and cultural competencies.²

Ethics

26. Evaluation must be conducted with the highest standards of integrity and respect for the beliefs, manners and customs of the social and cultural environment; for human rights and gender equality; and for the “do no harm” principle for humanitarian assistance. Evaluators must respect the rights of institutions and individuals to provide information in confidence, must ensure that sensitive data is protected and that it cannot be traced to its source and must validate statements made in the report with those who provided the relevant information. Evaluators should obtain informed consent for the use of

¹ United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

² United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 10–11 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

private information from those who provide it. When evidence of wrongdoing is uncovered, it must be reported discreetly to a competent body (such as the relevant office of audit or investigation).¹

Human rights and gender equality

27. The universally recognized values and principles of human rights and gender equality need to be integrated into all stages of an evaluation. It is the responsibility of evaluators and evaluation managers to ensure that these values are respected, addressed and promoted, underpinning the commitment to the principle of “no-one left behind”.²

TYPES OF EVALUATIONS

28. The WHO Secretariat commissions the following main types of evaluations.

(a) **Thematic evaluations** focus on selected topics, such as a new way of working, a cross-cutting theme or core function, or they address an emerging issue of corporate institutional interest. Thematic evaluations provide insight into relevance, effectiveness, sustainability and broader applicability. They require an in-depth analysis of a topic and cut across organizational structures. The scope of these evaluations may range from the entire Organization to a single WHO office.

(b) **Programmatic evaluations** focus on a specific programme. This type of evaluation provides an in-depth understanding of how and why results and outcomes have been achieved over several years and examines their relevance, effectiveness, sustainability, and efficiency. Programmatic evaluations address achievements in relation to WHO’s results chain, and require a systematic analysis of the programme under review. The scope of programmatic evaluations may range from a country to interregional or global levels.

(c) **Office-specific evaluations** focus on the work of the Organization in a country, region or at headquarters in respect of WHO’s objectives and commitments.

29. The Executive Board may, at its discretion, also commission an evaluation of any aspects of WHO.

EXTERNAL AND JOINT EVALUATIONS

30. Evaluations may be commissioned by the governing bodies to be conducted by external evaluators independent from the Secretariat. Other stakeholders, such as Member States, donors or partners, may also commission external evaluations of the work of WHO for the purpose of assessing performance and accountability or prior to placing reliance on the work of the Organization.

¹ United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 11–12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

² United Nations Evaluation Group’s Norms and standards for evaluation, 2016: p. 12 (<http://www.unevaluation.org/document/download/2787>, accessed 10 April 2018).

31. The Secretariat will fully cooperate in external evaluations through a process of disclosure of appropriate information and facilitation of their performance. The results of external evaluations, when made available, will be disclosed on the WHO Evaluation Office website.

PLANNING AND PRIORITIZATION OF EVALUATIONS

32. WHO will develop a biennial, Organization-wide evaluation workplan as part of the Organization's planning and budgeting cycle.

33. The workplan shall be established in consultation with senior management at headquarters and regions and with Heads of WHO Offices in countries, areas and territories, based on established criteria. The biennial workplan will be updated annually on the basis of the annual report to the Programme, Budget and Administration Committee and the Executive Board. The workplans shall be submitted to the Executive Board for approval through the Programme, Budget and Administration Committee.

34. The following categories shall be considered in the development of criteria¹ for the selection of topics for evaluation:

- (a) Organizational requirement relevant to: global, international or regional commitments; specific agreements with stakeholders, partners or donors; requests from governing bodies;
- (b) Organizational significance relating to: general programme of work priorities and core functions; level of investment; inherent risks; performance issues or concerns in relation to achievements of expected results;
- (c) Organizational utility relating to: a cross-cutting issue, theme, programme or policy question; potential for staff or institutional learning (innovation); degree of comparative advantage of WHO.

EVALUATION METHODOLOGY

35. The evaluation methodology and process for both corporate and decentralized evaluations will be informed by the 2016 United Nations Evaluation Group norms and standards and is detailed in the WHO evaluation practice handbook (which will be revised following the approval of this policy).

36. The Evaluation Office is also responsible for establishing a framework that provides guidance, quality assurance, technical assistance and professionalization support to the decentralized evaluation function.

RESOURCING OF THE EVALUATION FUNCTION

37. The Director-General shall ensure that there are adequate resources to implement the biennial Organization-wide evaluation workplan which includes not only the evaluations to be conducted but all activities required to ensure the strengthening of the evaluation culture and the professionalization of evaluation conduct across the Organization.

¹ Refer to the WHO evaluation practice handbook for further guidance on detailed selection criteria.

38. Deputy Directors-General, Regional Directors, Assistant Directors-General, Directors and Heads of WHO country offices must ensure that resources are adequate to implement their respective components of the Organization-wide evaluation workplan. An appropriate evaluation budget must be an integral part of the operational workplan of a programme, and shall be discussed as necessary with stakeholders during the planning phase of each project/programme/initiative.

39. In determining the amount required to finance the evaluation function in WHO, factors to be considered include: the Organization's mandate and size; the types of evaluations to be considered; and the role of the evaluation function in institutionalization and support to strengthening decentralized evaluation, national capacities for evaluation and evaluation partnerships. With respect to financial benchmarking, the United Nations Joint Inspection Unit (JIU/REP/2014/6) concluded that organizations should consider a range of funding that is between 0.5% and 3.0% of organizational expenditure.¹

ACCOUNTABILITY AND OVERSIGHT

40. The accountability framework defines from whom, and to whom, authority flows and for what purpose. It further defines the accountability of those with authority and their responsibility in exercising that authority. This section defines the roles and responsibilities for the main actors in the evaluation process as well as the monitoring mechanism used to implement the evaluation policy.

Roles and responsibilities

41. **The Executive Board of WHO²** shall:

- (a) determine the evaluation policy and subsequent amendments, as needed;
- (b) provide oversight of the evaluation function within the Organization;
- (c) encourage the performance of evaluations as an input to planning and decision-making;
- (d) provide input to the biennial Organization-wide evaluation workplan on the items of specific interest to Member States;
- (e) approve the biennial Organization-wide evaluation workplan; consider and take note of the annual report of the implementation of the biennial Organization-wide evaluation workplan;
- (f) periodically revise the evaluation policy, as necessary.

¹ United Nations Evaluation Group's Norms and standards for evaluation, 2016: p. 16 (<http://www.unevaluation.org/document/download/2787>, accessed 12 April 2018).

² WHO Executive Board and its subsidiary organ the Programme, Budget and Administration Committee.

42. **The Evaluation Office is the custodian of the evaluation function** and reports directly to the Director-General, and annually in a report for consideration by the Executive Board, on matters relating to evaluation at WHO. The Office is responsible for the following functions related to evaluation:

- (a) leading the development of a biennial Organization-wide evaluation workplan;
- (b) informing senior management on evaluation-related issues of Organization-wide importance;
- (c) facilitating the input of evaluation findings and lessons learned for programme planning;
- (d) coordinating the implementation of the framework for evaluation across the three levels of the Organization;
- (e) maintaining a system to track management responses to evaluations;
- (f) maintaining an online inventory of evaluations performed across WHO;
- (g) maintaining a roster of experts with evaluation experience;
- (h) providing guidance material and advice for the preparation, conduct and follow-up of evaluations;
- (i) reviewing evaluation reports for compliance with the requirements of the policy;
- (j) strengthening capacities in evaluation among WHO staff (for example, making available standardized methodologies or training on evaluation);
- (k) submitting an annual report on evaluation activities to the Executive Board through the Director-General;
- (l) supporting the periodic review and updates to the policy as needed.

43. The Director-General shall appoint a technically qualified head of the Evaluation Office after consultation with the Executive Board. The Director-General shall likewise consult the Executive Board before any termination of the incumbent of that office.

USE OF EVALUATION FINDINGS

Utilization and follow-up of recommendations

44. Recommendations contained in evaluation reports reflect the value added by the evaluation process. Each evaluation shall have an identified owner, such as the responsible officer of a cluster, programme, office or project. It is the responsibility of the owner to utilize the findings of the evaluation and develop an action plan for implementing the recommendations.

45. The evaluation owner shall ensure that an appropriate management response is issued in a timely manner to the appropriate Deputy Director-General/Assistant Director-General at headquarters, or to the Regional Director in the regions and countries.

46. The Director-General will establish a mechanism to ensure the effective follow-up of the implementation of evaluation recommendations in a systematic manner, coordinating efforts with the evaluation owners. Annual status reports on progress in the implementation of the recommendations will be submitted to the Executive Board through the Programme, Budget and Administration Committee.

Disclosure and dissemination of evaluation reports

47. WHO shall make evaluation reports available in accordance with the Organization's disclosure policy.

48. Lessons learned from evaluations shall be distilled, reported and disseminated as appropriate.

COMMUNICATION

49. Once approved, the 2018 policy will be rolled out alongside the revised WHO evaluation practice handbook through a communication plan in order to strengthen the evaluation culture across the three levels of the Organization and develop a common understanding of WHO evaluation policy standards, expectations and potential use.

ANNEX 2

**STATUS OF EVALUATIONS ON THE APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN
FOR 2016–2017, AS AT MARCH 2018**

	Start date ^a	2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CORPORATE/CENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2016–2017^b									
Evaluation of WHO's presence in countries	July 2015	Completed							
Comprehensive evaluation of the implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property	September 2015	Completed							
Evaluation of the impact of WHO publications	December 2015	Completed							
Evaluation of the normative function of WHO		Completed							
Review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products		Completed							
Evaluation of the Secretariat's contribution to the health-related Millennium Development Goals		Completed							
Review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning				Completed					
Leadership and management at WHO: evaluation of WHO reform, third stage				Completed					
Three country office evaluations						One completed (Thailand)			
Preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases							Report submitted to EB142 & WHA71		
ADDITIONAL CORPORATE EVALUATIONS^c									
Assessment of the functioning of the category and programme area networks			Completed						
Annual evaluations of the implementation of the WHO geographical mobility policy during its voluntary phase				First annual evaluation completed				Second annual evaluation completed February 2018	
Mid-term evaluation of the Transformation Agenda of the WHO Secretariat in the African Region 2015–2020						Completed			
Evaluation of the election of the Director-General of the World Health Organization							Completed January 2018		
Evaluation of the WHO Rapid Access Expansion Programme								Ongoing	

	Start date ^a	2016				2017				
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
DECENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2016–2017^d										
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	September 2015	Completed								
Evaluation of the contribution of the Regional Office for South-East Asia to maternal health in Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka	October 2015	Completed								
Final review of the Medicines Transparency Alliance Programme	November 2015	Completed								
External review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases		Completed								
Review of the Pandemic Influenza Preparedness Framework		Completed								
Evaluation of the regional reform agenda in the Western Pacific Region – Keeping countries at the centre		Completed								
Evaluation of the European Union/Luxembourg–WHO Universal Health Coverage Partnership			Completed							
Evaluation of the health system strengthening project in Cambodia			Completed							
Evaluation of the demonstration project on noncommunicable diseases and mental health service delivery at the community level in Viet Nam			Completed January 2018							
Evaluation of the implementation of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020							Ongoing			
Evaluation of the implementation of Western Pacific Regional action plans for the prevention and control of noncommunicable diseases									Ongoing	

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 2016–2017. The order in which the evaluations appear is the order in which the evaluations commenced.

^b The following evaluations have been postponed to 2018–2019 biennium due to lack of funds:
– 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.

^c Evaluations commissioned after approval of the Organization-wide workplan for 2016–2017.

^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.