

Evaluation: annual report

1. This document constitutes the Evaluation Office annual report to the Executive Board. It outlines progress in implementing the revised evaluation policy adopted by the Executive Board in May 2025,¹ which provides a comprehensive framework for planning, conducting and using evaluations, and the Organization-wide evaluation workplan for 2024–2025.² A companion document on the workplan's implementation status is available on the Member States Portal.³
2. During the reporting period, the Evaluation Office strengthened WHO's accountability for results and organizational learning, evaluating WHO activities, programmes and policies across the three levels of the Organization. Its evidence informed decisions by WHO senior management and Member States, thereby promoting and protecting better health and well-being for all people, everywhere.
3. Following the launch of WHO's prioritization and realignment process in June 2025, the Evaluation Office was transferred to the Office of Internal Oversight Services, to enhance synergies between the evaluation, audit and investigation functions.

Progress in implementing the Organization-wide workplan

4. With a view to strengthening its assessment of WHO results, the Evaluation Office worked closely with the regional and country offices to expand evaluation coverage, improve completion rates and enhance both the quality and use of evaluations. As a result, performance against key evaluation indicators continued to advance during the 2024–2025 biennium, with several notable improvements (see Annex).
5. Enabling factors included senior management leadership and commitment to strengthen the evaluation function; increased organizational capacity, including dedicated evaluation focal points across all regional offices; diversified and more predictable funding sources,⁴ including the co-funding model used by the three levels of WHO; and the use of pre-vetted long-term agreements and an expanded consultant roster to ensure timely access to specialized expertise.

¹ Decision EB157(2) (2025).

² Document EB154/31, Annex; decision EB154(2) (2024).

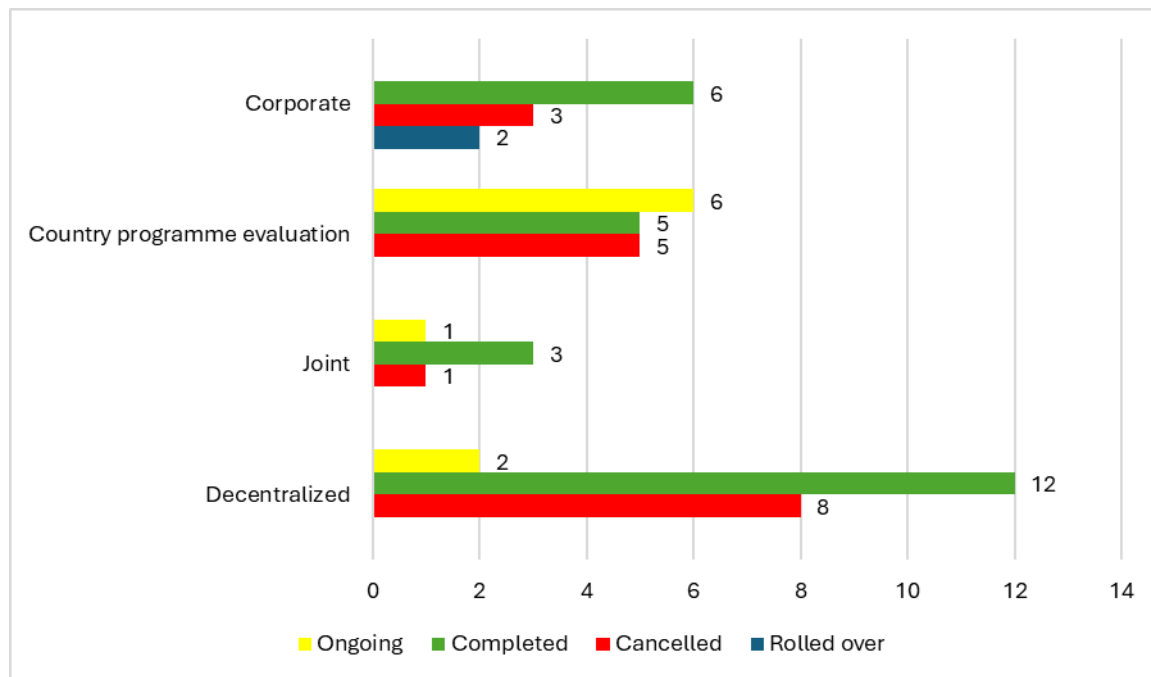
³ [WHO Member States Portal](#) – Evaluation (accessed 24 April 2026).

⁴ Mainly core funding from assessed contributions, complemented by voluntary contributions from the Government of Germany.

Increased completion rates and coverage

6. The 2024–2025 Organization-wide workplan comprised 47 evaluations. Of these, 26 evaluations were completed and 17 were cancelled owing to funding constraints or changes in organizational priorities, while an additional seven evaluations were added during the biennium. Currently seven are ongoing and two are rolled over. The 26 completed evaluations raise the completion rate from 26% in the previous biennium to 70% in 2024–2025, demonstrating stronger evaluation management across the Organization (see Fig. 1).

Fig.1. Implementation of the Organization-wide evaluation workplan, 2024–2025



7. The six corporate evaluations completed covered global and Organization-wide thematic priorities and assessed the corporate outcomes of the Thirteenth General Programme of Work, 2019–2025, and of WHO instruments and mechanisms. The five country programme evaluations completed examined WHO's contributions at the country level, ensuring that the coverage norms set out in the revised evaluation policy were met across four of the six WHO regions. In addition, the Evaluation Office led one joint United Nations evaluation and co-managed three others, ensuring balanced coverage of the strategic objectives of the Thirteenth General Programme of Work, 2019–2025, and of the Sustainable Development Goals. The 12 decentralized evaluations completed addressed thematic and regional priorities to support evidence-based decision-making across the Organization.

Corporate evaluations

8. The Evaluation Office completed three corporate evaluations in 2025 in addition to those conducted in 2024: a formative evaluation of the Global Health Cluster; a mid-term evaluation of the Global Task Force on Cholera Control; and a mid-term evaluation of the WHO Global Coordination Mechanism on Noncommunicable Diseases. Those evaluations provided critical insights for strengthening WHO's global leadership and coordination functions, and thus for responding effectively to evolving global health priorities at a time of renewed emphasis on efficiency, prioritization and new ways of working within broader United Nations system reforms.

9. Following the prioritization and realignment process, two corporate evaluations – the evaluation of the Country Cooperation Strategy mechanism and the developmental evaluation of the Fourteenth General Programme of Work, 2025–2028 – were rolled over to the 2026–2027 evaluation workplan approved by the Executive Board.⁵

Country programme evaluations

10. Together with regional and country offices, the Evaluation Office successfully completed five country programme evaluations in 2025 (Armenia, Bhutan, Jordan, Namibia and Somalia). Six country programme evaluations (Ethiopia, Mongolia, Oman, Rwanda, Sierra Leone and Syrian Arab Republic) are at the final stages and will be completed in the first quarter of 2026. These evaluations informed the design and implementation of new WHO country cooperation activities and national health strategies, guiding planning, resource allocation and policy dialogue with Member States and partners.

11. Human and financial resources were mobilized across all organizational levels, with country offices contributing 33.6%, regional offices 37% and the Evaluation Office 29% of the funds needed to complete the evaluations. The hybrid evaluation teams fielded in Ethiopia, Oman, Mongolia and Rwanda brought independent evaluation consultants together with WHO regional office and headquarters evaluation staff, strengthening the teams' credibility and bolstering their use and strategic value.

Joint evaluations

12. In 2025, WHO led the joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) and contributed to three other joint evaluations (evaluation of the Access to COVID-19 Tools Accelerator Vaccine Pillar (COVAX Pillar) delivery efforts and the Inter-Agency Humanitarian Evaluations of the Responses to the Humanitarian Crisis in Somalia and in the Democratic Republic of the Congo) that boosted the partners' joint learning and accountability, informed policy and programmatic decisions, and enhanced WHO's leadership role in advancing coordinated global health and humanitarian responses. The key lessons learned are described below.

(a) COVAX Pillar delivery efforts: The evaluation emphasized the need for faster, large-scale delivery mechanisms, inclusive design, early country engagement and transparent governance for future health emergencies.

(b) SDG3 GAP: While the evaluation found that the 13 signatory agencies had strengthened their collaboration, notably on primary healthcare and sustainable health financing, the bulk of the evidence indicated that the SDG3 GAP framework was not viable going forward. The evaluation findings and recommendations informed reconsideration of inter-agency collaboration, building on SDG3 GAP experiences and lessons learned to ensure added value and the sustainability of new ways of collaborating.

(c) Inter-Agency Humanitarian Evaluation – Somalia: The evaluation assessed the collective famine response of Inter-Agency Standing Committee member agencies between 2021 and 2024 and provided feedback on implementing the humanitarian country team's ongoing reforms. It showed that humanitarian assistance helped to prevent famine and

⁵ See document EB158/34.

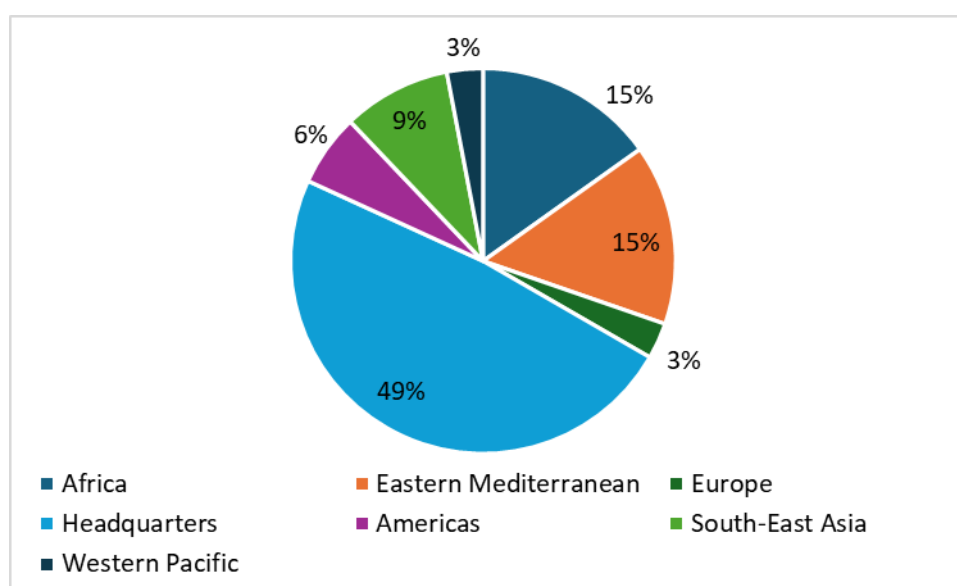
saved many lives. More specifically, scaling up health and nutrition services reduced mortality and acute malnutrition, but gaps in terms of water, sanitation and hygiene, combined with delayed funding, limited overall outcomes, highlighting the importance of integrated and timely interventions. The evaluation recommended expanding efforts to provide an integrated response to urgent needs and to reach all population groups.

(d) Inter-Agency Humanitarian Evaluation – Democratic Republic of the Congo: This evaluation was postponed to 2026 in view of the deteriorating security situation in the country's eastern regions.

Decentralized evaluations

13. In 2025, five decentralized evaluations were completed, in addition to the seven finalized in 2024, covering thematic and geographic areas such as gender equality in technical cooperation, research ethics governance, human resources for health, and major regional and global strategic initiatives. Six of the evaluations were conducted at WHO headquarters and six in the African, Americas, South-East Asia and Eastern Mediterranean regions (see Fig. 2).⁶ They helped to refine programmes, strategies and institutional priorities, thereby reinforcing accountability and evidence-informed decision-making in WHO.

Fig.2. Completed evaluations by major office/region, 2024–2025



Improved evaluation quality

14. To enhance quality assurance of all evaluation processes and products, and to ensure adherence to United Nations Evaluation Group norms and standards, the Evaluation Office provided guidance documents, including WHO evaluation standard operating procedures for better evaluations; managed a quality assurance mechanism for all corporate and decentralized evaluations; supported regional offices by providing quality assurance for evaluations undertaken; and completed its first independent evaluation quality assessment system (EQAS) review. The independent review of 34 evaluation reports filed between 2022 and 2025 revealed strong progress in terms of numbers of high-quality evaluations (see Fig. 3).

⁶ See also [WHO Member States Portal](#) – Evaluation (accessed 24 April 2026).

Fig.3. Evaluation quality (2022–2025)



15. The independent EQAS review rated 34% of evaluations as satisfactory and 50% as highly satisfactory. Recommendations to further improve quality include institutionalizing the EQAS across headquarters and regional offices, implementing mandatory evaluability assessments, requiring centralized sign-offs for methodologies and ensuring all evaluations apply results frameworks and reconstructed Theories of Change.

Increased evaluation use

16. To increase evaluation use, key stakeholders were actively engaged in evaluation planning, conduct and communication. To bolster ownership, the stakeholders systematically validated findings and conclusions, and co-created recommendations. Evaluation evidence fed into the development and implementation of new programmes, policies and strategies. The Evaluation Office organized briefing sessions for Member States and national stakeholders, providing key evaluation findings and recommendations. It also contributed to the onboarding of new WHO Representatives, explaining the value of evaluation for strategic positioning and resource mobilization.

Progress on implementing evaluation recommendations

17. Management responses are a key mechanism for ensuring the effective implementation of evaluation recommendations and for promoting organizational learning, accountability, transparency and trust. Under the revised evaluation policy (2025), the Secretariat is required to complete management responses for corporate, decentralized and country evaluations within two months of evaluation completion. While few management responses were developed within 60 days owing to competing priorities, 96.4% of recommendations were accepted, reflecting strong alignment with the organizational priorities and strategic directions endorsed by Member States.

18. To support compliance, the Secretariat strengthened guidance, clarified roles and responsibilities across headquarters and regional offices, introduced management response requirements earlier in the evaluation cycle, and established senior management oversight, supported by a dedicated key performance indicator to monitor adherence to the requirements. Implementation was affected in some cases by organizational reprioritization and capacity

constraints resulting from the reassignment or departure of business owners. In response, guidance and communication materials are currently being streamlined, and updated resources will be made available on WHO's dedicated webpages to support consistent application and sustained compliance.

Communication and knowledge-sharing

19. A variety of methods, approaches and channels are being used to increase communication of evaluation reports with a view to enhancing awareness and implementation of recommendations. These include, but are not limited to, informal information sessions for Member States, online and social media channels, webinars, newsletters, podcasts and targeted messaging. In 2025, the Evaluation Office issued four evaluation newsletters.

20. Work started on a synthesis of 51 WHO evaluations completed between 2020 and 2025. The synthesis will provide a systematic analysis of findings and lessons on how WHO delivers on its core functions and achieves results across all three levels of the Organization.

Strengthened capacity-building

21. The Evaluation Office promoted a culture of evaluation and continuous learning within WHO. To support the delivery and use of high-quality evaluations, 45 WHO staff completed the United Nations Evaluation Group Evaluation Training Certificate Course. In 2025, to further strengthen the culture and practice of evaluation across WHO, the Evaluation Office, in collaboration with regional offices, developed online capacity development training for all WHO staff. The Office will continue to support the onboarding of newly appointed WHO Representatives and staff, with a focus on enhancing their understanding of evaluation principles, roles and responsibilities.

Collaboration with the United Nations and other entities to enable an effective evaluation function

22. As a member of the Inter-Agency Humanitarian Evaluations and the United Nations Sustainable Development Group System-Wide Evaluation Office Steering Groups, the Evaluation Office extended WHO's strategic partnerships within the United Nations, promoting system-wide accountability and learning in support of the Humanitarian Reset and the UN80 Initiative. Together with other evaluation functions across the United Nations system, and as a member of the United Nations Evaluation Group, the Evaluation Office advanced and strengthened robust, credible, independent, innovative and influential evaluation functions and professional evaluation practices, all of which promote sound governance, accountability, learning and informed decision-making.

Action by the Executive Board

23. The Board is invited to note this report and to provide comments and guidance, including in respect of the following question.

- What measures should the Secretariat consider taking to further strengthen the use of evaluations across the three levels of the Organization?

Annex

Key performance indicators

No.	Indicator	Baseline	Target	2025 progress
1	% of evaluations completed as per biennium workplan	26%	80%	70%
2	% of programmes/projects > US\$ 10 million evaluated within their life cycle	To be determined	33%	To be reported in the next reporting cycle
3	Number of workplan evaluations linked to strategic objectives and corporate outcomes under the Fourteenth General Programme of Work, 2025–2028	4	6	4
4	% of evaluations with completed management response within 60 days	To be determined	80%	6%
5	Percentage of agreed recommendations implemented within 24 months of evaluation completion	50%	66%	No data
6	% of evaluations meeting or exceeding quality threshold based on independent assessment using United Nations Evaluation Group and WHO criteria	To be determined	80%	88%
7	% of business owners satisfied with evaluation quality and utility	To be determined	85%	77%
8.a	United Nations Disability Inclusion Strategy meta-score – disability inclusion in evaluations	2.73	> 5	6.91
8.b	UN-SWAP score – integration of gender equality and the empowerment of women in evaluations	9.75	9.75	9.75
