



WORLD HEALTH ORGANIZATION

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Framework for programme evaluation

BACKGROUND

1. Resolution EB103.R6 requested the Director-General to prepare “an integrated plan for monitoring, evaluating and reporting results to the governing bodies”. An initial progress report was submitted to the Executive Board at its 105th session.¹
2. The development of a fully integrated managerial process will ensure that henceforth all aspects of WHO’s work can be subjected to regular evaluation and review. The process of evaluation will be systematically linked to strategic planning, budgeting, and programme review. Thus, in addition to assessing effectiveness in relation to biennial expected results, activities will be reviewed in the light of their relevance to WHO’s broader strategic directions and specific corporate priorities.
3. This paper sets out progress to date and the agenda for future work on evaluation in the context of WHO’s overall corporate development.

DEVELOPING EVALUATION AS PART OF THE MANAGEMENT PROCESS

4. The corporate strategy endorsed by the Executive Board at its 105th session² reaffirms the Organization’s basic values and articulates four underpinning strategic directions and six core functions. It forms the framework for policy development and strategic planning in WHO, which has resulted in the Proposed programme budget 2002-2003. In particular, the budget identifies 35 areas of work as building blocks for programme development for the whole Organization. Eleven of the areas of work have been identified as **global priorities**.
5. For each area of work, three levels of objective have been defined: the broad development **goal** to which WHO’s work will **contribute**, the **WHO objective**, the change to which the Organization as a whole is **committed**, and the **expected results** for which the Secretariat is **directly responsible**. This hierarchy clearly distinguishes the responsibilities of WHO’s Secretariat from those of Member States – a problem that has beset previous budgets.
6. To overcome shortcomings in execution of the programme budget, standardized business rules and procedures for programme implementation and monitoring have been drawn up through extensive consultations within WHO at regional and global levels. Starting from 2000-2001, work plans linked to expected results will help to implement the budget in a more coherent and logical way.

¹ Document EB105/INF.DOC./3.

² See document EB105/2000/REC/2, summary record of the first meeting.

7. The Activity Management System (AMS) has been developed for preparing and monitoring work plans. A common data set has also been compiled for monitoring the achievement of expected results, which is mandatory throughout the Organization. Even offices in which the system is not yet fully operational are required to use the common data set for global reporting. Progress towards achievement of expected results will be monitored technically and financially, and reported to Regional Directors and Executive Directors at regular intervals.

8. A key feature of the new results-based approach to budgeting is to match actual expenditures related to each expected result with planned allocations. In order to ensure systematic accounting of financial transactions in terms of programme outputs, all budgetary obligations require an AMS code before they can be processed.

CURRENT CHALLENGES

9. **An Organization of networks.** WHO is made up of a network of interlinked centres of activity, including 142 country offices, six regional offices, headquarters in Geneva, and institutions such as the International Agency for Research on Cancer.

10. Although the areas of work defined in the Proposed programme budget 2002-2003 provide the basis for strategic planning across the whole Organization, each part of the network plays a role in achieving the agreed objectives. One important and necessary step towards a more comprehensive and systematic approach to evaluation is to develop the capacity to assess the contribution of the interlinked parts of WHO.

11. **Dimensions of evaluation.** The main dimensions of the evaluation system are: (i) areas of work, (ii) levels of the Organization (headquarters, and regional and country offices) and Organization-wide aspects, (iii) core functions of WHO.

12. **Country focus.** Of key concern to Member States will be the evaluation of WHO's country programmes. These are made up of a subset of the 35 areas of work, selected on the basis of country needs, WHO's strengths and weaknesses in the country concerned, and global and regional programme priorities. WHO individual country cooperation strategies will provide a framework for biennial planning at country level.

13. **Improved information systems.** To date the main focus of work has been on collection of information which enables WHO to track progress against expected results for a given biennium. Efforts will now be geared to improving the information required to assess progress against WHO objectives, and defining WHO's contribution to the development goals for each area of work.

14. **Organization.** Evaluation in WHO is seen as an integral part of programme management, rather than a function to be carried out by a specialist unit. However, a coordinating body is needed, responsible for overall management of the evaluation processes at headquarters and in regional offices. Institutional arrangements to optimize this function are currently being established.

15. **Financing.** A more rigorous and systematic approach to evaluation will have significant resource implications. As evaluation is an integral part of programme management, its cost will be met partly from the budget allocations for individual programmes. However, additional funds will be needed to cover work on development and evaluation of crosscutting themes.

16. **Training and incentives.** WHO will build up awareness of evaluation through its staff development programme, ensuring that all programme managers and coordinators are familiar with the basic approaches. The intention is to create and promote a culture of evaluation in which it is in the interest of managers at all levels to take part in the process. Additional expertise will be recruited from outside the Organization as required for specific tasks.

EVALUATION PROCESS

17. The design of an integrated evaluation system must be such that all programmes have the *potential* to be evaluated regularly. This does not mean that all programmes will be subject to in-depth evaluation every two years; given the human and financial resources required it would be unrealistic to try to evaluate and report on the entire programme budget. Rather, the system will allow for regular and rapid reviews of progress, as well as more thorough studies of impact when called for. The integrated approach therefore relies on a series of coordinated, interconnected activities that can serve different evaluation purposes, depending on the context and circumstances in which they are being used.

18. In addition to evaluating aspects of the programme budget, **thematic evaluations** will be performed. In the current biennium, the topics selected are the initiative to eradicate poliomyelitis, integrated management of childhood illnesses, and strategic planning and budgeting. In future, the themes selected will provide an opportunity to review topics, such as women's issues or human rights, which cut across levels and areas of work.

19. One thematic evaluation will be undertaken each year for WHO as a whole. In addition, each region will carry out a thematic study. The global thematic evaluations will be initiated by the Director-General in consultation with the Programme Development Committee (PDC) of the Executive Board. At regional level, they will be initiated by the Regional Director in consultation with the appropriate governing body.

20. In future evaluation will be more closely linked to meetings of the governing bodies. Progress reports will be submitted to the Programme Development Committee at its annual session. In addition, it is proposed that overall progress in selected areas of work should be presented at the single Meeting of Interested Parties in June, and key findings reported to the next Executive Board and Health Assembly.

21. A proposed approach to evaluation is summarized below.

AN APPROACH TO EVALUATION IN WHO

Level	What to evaluate?	Who will perform evaluation?	When to evaluate?	Report to whom?
Country	<ul style="list-style-type: none"> • fulfilment of WHO commitments specified in the country programme • effect of the programme <i>as a whole</i> • selection/focus of areas of work in the cooperation strategy 	<ul style="list-style-type: none"> • WHO country staff with support from the regional office and headquarters as required, and working in collaboration with other stakeholders including: government officials, nongovernmental organizations, donors 	<ul style="list-style-type: none"> • country programme every two years, with review of overall cooperation strategy at intervals geared to national context 	<ul style="list-style-type: none"> • WHO Country Representative • national authorities • Regional Director
Regional	<ul style="list-style-type: none"> • regional contribution to global expected results • regional committee resolutions • region-specific themes 	<ul style="list-style-type: none"> • units concerned in the regional office, with inputs from WHO Country Representatives; assisted, when required, by external experts 	<ul style="list-style-type: none"> • progress toward expected results every two years; thematic evaluations – one per year 	<ul style="list-style-type: none"> • Regional Directors
Headquarters	<ul style="list-style-type: none"> • headquarters contribution to global expected results • relevant aspects of Executive Board and Health Assembly resolutions 	<ul style="list-style-type: none"> • technical units at headquarters, assisted by external experts as required 	<ul style="list-style-type: none"> • every two years 	<ul style="list-style-type: none"> • Director-General
Organization-wide	<ul style="list-style-type: none"> • WHO corporate strategy: new emphases, selection of priorities, core functions • WHO objectives and expected results for WHO <i>as a whole</i> by area of work • specific themes 	<ul style="list-style-type: none"> • evaluations planned and managed by coordinating body at headquarters, with inputs from WHO Country Representatives, regional offices, headquarters, and external experts 	<ul style="list-style-type: none"> • review of progress toward WHO objectives and global expected results every two years; review of corporate strategy every four years; thematic evaluations – one per year 	<ul style="list-style-type: none"> • Director-General • Meeting of Interested Parties • Governing bodies (through PDC, to the Executive Board and World Health Assembly)