

## **Evaluation: annual report**

1. The Executive Board approved the amended WHO evaluation policy at its 143rd session in 2018.<sup>1</sup> The policy requires the Secretariat to report annually to the Executive Board on progress in implementing 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 2020–2021<sup>2</sup> and 2022–2023;<sup>3</sup> and (ii) documents how evaluations inform policy and decision-making.

### **PROGRESS MADE BY THE SECRETARIAT IN IMPLEMENTING THE EVALUATION POLICY**

#### **Strengthening the capacity to implement the corporate<sup>4</sup> evaluation function**

2. The Evaluation Office continues to implement the framework for strengthening evaluation and organizational learning in WHO<sup>5</sup> presented to the Programme, Budget and Administration Committee of the Executive Board at its twenty-first meeting in January 2015.<sup>6</sup> 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, both corporate and decentralized evaluations are supported by external expertise, including from a roster of prequalified evaluation experts; and greater coordination of evaluation activities at the three levels of the Organization is

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<sup>1</sup> Decision EB143(9) (2018).

<sup>2</sup> Document EB146/38, Annex, approved by the Executive Board at its 146th session; see also document EB146/2020/REC/2, summary records of the third meeting, section 3.

<sup>3</sup> Document EB150/35, Annex, approved by the Executive Board at its 150th session; see also document EB150/2022/REC/2, summary records of the 11th meeting, section 3.

<sup>4</sup> Corporate or centralized evaluations are evaluations that are commissioned or conducted by the WHO Evaluation Office.

<sup>5</sup> A framework for strengthening evaluation and organizational learning in WHO. Geneva: World Health Organization ([https://cdn.who.int/media/docs/default-source/documents/evaluation/framework-for-strengthening-evaluation-and-organizational-learning.pdf?sfvrsn=720e4c8e\\_2](https://cdn.who.int/media/docs/default-source/documents/evaluation/framework-for-strengthening-evaluation-and-organizational-learning.pdf?sfvrsn=720e4c8e_2), accessed 6 April 2022).

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

achieved by engaging regional evaluation counterparts and focal points of the Global Network on Evaluation in ongoing corporate and decentralized evaluations.

4. With regard to the workplan, scope and modalities, the biennial workplans, which incorporate both the corporate and decentralized planned evaluations, are shared with senior management, discussed with the Independent Expert Oversight Advisory Committee, and reviewed and approved by the Executive Board at the beginning of each biennium.

5. As for the action areas on follow-up to evaluation recommendations, management responses and organizational learning, efforts have been strengthened to enable management to develop timely management responses. The findings and recommendations of completed corporate and decentralized evaluations are continuously being tracked<sup>1</sup> in order to improve institutional performance and inform key decision-making and planning processes. Paragraphs 29–48 below provide concrete examples of how evaluations are informing policy and decision-making. Paragraphs 49–52 below provide further information on innovations in organizational learning being undertaken for the Organization.

6. For communicating evaluation work, the webpage of the Evaluation Office<sup>2</sup> is regularly updated with evaluation reports, evaluation briefs, management responses and other evaluation resource documents as soon as they become available. In response to the recommendations made by Member States at the thirty-fifth meeting of the Programme, Budget and Administration Committee of the Executive Board<sup>3</sup> in January 2022 for the Evaluation Office to translate evaluation summaries into the six official languages of the United Nations, the Office has already begun translating two-page summaries of each evaluation report, which will be posted on the webpage. In addition, a regular newsletter, *Evaluation matters*, is issued. Furthermore, the Evaluation Office provides briefings on ongoing and completed evaluations to Member States and internal stakeholders. Briefings on the evaluation function are also frequently provided, including induction courses for members of the Independent Expert Oversight Advisory Committee, senior management, heads of WHO country offices, and other staff.

7. The Evaluation Office is currently facilitating five reviews by the Joint Inspection Unit of the United Nations, namely: (i) the ethics function in the United Nations system; (ii) policies, measures, mechanisms and practices to prevent and address racism and racial discrimination in the United Nations system; (iii) business continuity policies and practices in United Nations system organizations; (iv) internal pre-tribunal stage appeal mechanisms available to staff members in United Nations system organizations; and (v) accountability frameworks in United Nations system organizations. The Office also facilitates requests for WHO to participate in special studies conducted by the Multilateral Organization Performance Assessment Network.

8. The Director-General's report to the Programme, Budget and Administration Committee of the Executive Board at its thirty-sixth meeting in May 2022 on the reports of the Joint Inspection Unit<sup>4</sup> provides further details of the implementation of recommendations related to Joint Inspection Unit reviews issued during the period October 2020 to September 2021.

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<sup>1</sup> A report on corporate and decentralized evaluations: findings, recommendations, actions and learning, May 2022. Available in English only on the webpage of the WHO Evaluation Office (<https://www.who.int/about/what-we-do/evaluation/resources/organizational-learning>, accessed 6 April 2022).

<sup>2</sup> The Evaluation Office webpage is available at <http://www.who.int/evaluation> (accessed 6 April 2022).

<sup>3</sup> Document EB150/5.

<sup>4</sup> Document EBPBAC36/6.

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 group on gender, disability and human rights and the interest groups on humanitarian evaluation and decentralized evaluation). WHO continues to participate in the Inter-Agency Humanitarian Evaluation Steering Group,<sup>1</sup> which promotes collective accountability for results in humanitarian settings by ensuring that the lessons generated from evaluations of humanitarian action are captured and used, and by collaborating on inter-agency evaluations commissioned by the Inter-Agency Standing Committee of which WHO is a member.

10. The Evaluation Office also actively engages with evaluation counterparts in other entities in areas of shared substantive and strategic interest, thus contributing to accountability and strategic learning across the United Nations system in a cost-efficient manner. Examples of how the Evaluation Office has engaged with other bodies in the evaluation of the broader COVID-19 response include:

- (a) the joint evaluation of the COVID-19 Solidarity Response Fund, which the Evaluation Office co-managed with the United Nations Foundation, the main fiduciary partner to this significant resource mobilization effort in support of the COVID-19 response; the evaluation was completed in December 2021 (see paragraph 18);
- (b) the system-wide evaluation of the United Nations COVID-19 Response and Recovery Multi-partner Trust Fund being led by the Executive Office of the United Nations Secretary-General and supported by members of the United Nations Evaluation Group; an early lessons and evaluability assessment of the Fund was completed in April 2021;
- (c) the evaluation of the inter-agency COVID-19 response, which has been commissioned by the Inter-Agency Standing Committee and is being coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and co-managed by the Inter-Agency Humanitarian Evaluation Steering Group, focusing on issues of inter-agency coordination in the health and socioeconomic response to COVID-19 (scheduled for completion by September 2022); and
- (d) participation in the OECD-led COVID-19 Global Evaluation Coalition, the purpose of which is to provide credible evidence to inform international cooperation in response to the COVID-19 pandemic and the global development community; the Coalition aims to encourage information-sharing and coordination among its members (that is, United Nations entities, bilateral and multilateral donors, nongovernmental organizations and others) in their COVID-19-related evaluation work and thus minimize duplication and maximize complementarity of efforts.

11. The Evaluation Office is also represented on the evaluation management group of the independent evaluation of the UNAIDS Joint Programme's work with key populations at the country level, for which it has also provided financial support. The evaluation report was delivered in March 2022. In addition, the Director of the Evaluation Office is a member of the UNAIDS co-sponsor evaluation group, which collectively decides on joint evaluations to be conducted.

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<sup>1</sup> The Inter-Agency Humanitarian Evaluation Steering Group is chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and comprises the evaluation directors of FAO, the International Federation of Red Cross and Red Crescent Societies, UNHCR, UNICEF, WFP and WHO with the Active Learning Network for Accountability and Performance in Humanitarian Action, the International Council of Voluntary Agencies and UNFPA as observers.

12. Finally, the Evaluation Office is supporting the mid-term evaluation of the FAO/WHO Codex Trust Fund 2. The overall aim of the mid-term evaluation is to provide an independent assessment of the Trust Fund as regards its ability and effectiveness to deliver its mandate and best serve its beneficiaries, taking into consideration the new challenges arising from the impact of the COVID-19 pandemic and the emerging new working environment.

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

13. The approved evaluation workplans for 2020–2021 and 2022–2023 provide the basis for current activities. The Annex to this report provides an overview of the status as at end-February 2022 of the corporate and decentralized evaluations included in the evaluation workplan for 2020–2021 and other ad hoc corporate evaluations that the Evaluation Office was requested to conduct during the biennium. Unless otherwise stated, all completed corporate evaluation reports are available on the webpage of the Evaluation Office.

### **Corporate evaluations**

14. The following corporate evaluations on the approved evaluation workplan for 2020–2021<sup>1</sup> were completed and the outcomes reported to the Executive Board at its 146th session in February 2020<sup>2</sup> (a–b), its 149th session in May 2021<sup>3</sup> (c–i) or its 150th session in January 2022<sup>4</sup> (j–m).

- (a) initial evaluation of the Framework of Engagement with Non-State Actors;
- (b) review of 40 years of implementation of primary health care implementation at country level;
- (c) evaluation of the global strategy and action plan on ageing and health (2016–2020);
- (d) evaluation of a Grade 3 emergency (inter-agency humanitarian evaluation of the response to cyclone Idai in Mozambique);
- (e) Kyrgyzstan country office evaluation;
- (f) mid-point evaluation of the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020;
- (g) final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases;

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<sup>1</sup> In approving the Organization-wide evaluation workplan for 2020–2021, the Executive Board at its 146th session, requested the Evaluation Office to also conduct an evaluation of the integration of gender, equity and human rights in the work of the Organization and an evaluation of the use of consultants and agreements for performance of work by WHO (see document EB146/3 and also document EB146/2020/REC/2, summary records of the third meeting, section 3).

<sup>2</sup> Document EB146/38.

<sup>3</sup> Document EB149/5.

<sup>4</sup> Document EB150/35.

- (h) Myanmar country programme evaluation;
- (i) evaluation of WHO transformation;
- (j) evaluation of the integration of gender, equity and human rights in the work of the World Health Organization;
- (k) comprehensive review of the WHO global action plan on antimicrobial resistance;
- (l) synthesis of country programme evaluations;
- (m) evaluation of the use of consultants and agreements for performance of work by WHO.

15. In addition, the following ad hoc corporate evaluations were also completed during the biennium and the outcomes reported to the Executive Board at its 147th session in May 2020<sup>1</sup> (a) or its 149th session in May 2021<sup>2</sup> (b–d):

- (a) mid-term evaluation of the WHO-Thailand Country Cooperation Strategy 2017–2021;
- (b) evaluation of WHO's work with collaborating centres;
- (c) review of the WHO Centre for Health Development (WHO Kobe Centre), the report of which was submitted to the Director-General;
- (d) joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for All.

16. Due to travel restrictions as a result of the COVID-19 pandemic, certain evaluations that involve country visits as an essential methodological component were put on hold during 2020–2021. This was the case for country programme evaluations, the evaluation of WHO's normative functions at country level and the evaluation of the utilization of Special Service Agreements. These evaluations have therefore been carried over to the workplan for 2022–2023, along with the formative evaluation of the implementation of the Research and Development Blueprint for Action to Prevent Epidemics and its plan of action, and the evaluation of the work of two departments of the Regional Office for the Eastern Mediterranean: Noncommunicable Diseases and Mental Health, and Science and Information.

17. The following is an update, since the last report to the Executive Board at its 150th session in January 2022, on progress of evaluations in the Organization-wide evaluation workplan for 2020–2021 and other ad hoc corporate evaluations that were ongoing at the end of 2021.

18. As mentioned in paragraph 10 above, a joint evaluation of the COVID-19 Solidarity Response Fund was co-managed by the United Nations Foundation and the WHO Evaluation Office. The overarching objective of this formative evaluation, designed to strengthen accountability and learning, was to assess the architecture, functioning and results of the Fund from its launch in March 2020 to June 2021. It examined its set-up, management, administration and overall functioning in order to assess what has been achieved and how efficiently the Fund has been operating in pursuit of its objectives, and to inform the ongoing administration of the Fund and WHO and the United Nations Foundation's future

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<sup>1</sup> Document EB147/5.

<sup>2</sup> Document EB149/5.

fundraising efforts. It documented key achievements, best practices, challenges, gaps and areas for improvement in the set-up and administration of the Fund; assessed key factors responsible for the achievements and gaps; identified key lessons for use by the WHO Foundation and for other future similar mechanisms; and made recommendations for WHO, the United Nations Foundation and partners to consider. The evaluation report was delivered in December 2021. In a joint letter of response, the executive heads of WHO and the United Nations Foundation welcomed the evaluation report, noting that the Fund should be an informative model for creating and operating similar mechanisms that may be needed to strengthen global solidarity and mobilize resources for future emergencies.

19. A mid-term evaluation of the implementation of the strategic action plan on polio transition was initiated by the Evaluation Office to assess the status and implementation of the strategic action plan on polio transition and propose any modifications needed to adapt to the changing context. To this end, the evaluation: (a) documents key achievements, best practices, challenges, gaps, and areas for improvement in the design and implementation of the strategic action plan; (b) identifies the key contextual factors and changes in the area of global public health that have affected the development and implementation of the strategic action plan and the road map developed in 2018; and (c) makes recommendations as appropriate on the way forward to enable the successful implementation of the plan. An executive summary of the evaluation report will be submitted to the Seventy-fifth World Health Assembly for consideration.<sup>1</sup>

20. Although defined as a decentralized evaluation, the Evaluation Office commissioned and is managing the evaluation of the WHO response to COVID-19 in Ukraine. The objective of the evaluation was to provide an independent, objective and systematic assessment of WHO's preparedness for and response to COVID-19 in Ukraine, including its strategy, interventions, operations, performance and results to date, as well as its engagement and coordination with partners toward these same ends. The evaluation report is scheduled for release by April 2022.

21. An evaluation of WHO's results-based management framework is ongoing, the purpose of which is to assess, as objectively and systematically as possible, the application of results-based management principles within WHO as a vehicle for helping steer the Organization toward maximum results in the service of the Organization's global health mandate. The specific objectives of the evaluation are to: (i) identify how results-based management is understood within WHO, including its purposes and the extent to which it is fulfilling those purposes within WHO; (ii) understand how results-based management is being applied at all stages, including strategic planning and budgeting, management of the Organization, to achieve desired results, monitoring and evaluation, adaptation and decision-making, and learning; and (iii) understand factors that have helped or hindered WHO's delivery of results. The report of this evaluation is expected to be delivered during the third quarter of 2022.

### **Decentralized evaluations**

22. The Evaluation Office has been providing significant technical backstopping and quality assurance for decentralized evaluations, including through its participation in evaluation management groups, as appropriate, and by providing guidance to regional and country offices, hosted partnerships and headquarters departments on designing and conducting evaluations or reviews. As successive independent reviews of the evaluation function in WHO have identified its decentralized evaluation practice as an area in need of strengthening, the Evaluation Office has elaborated a decentralized evaluation framework in consultation across the Organization.

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<sup>1</sup> Document A75/INF./7.

23. As an unintended consequence of the COVID-19 pandemic, the following decentralized evaluations on the Organization-wide evaluation workplan for 2020–2021 have been rescheduled to take place in 2022–2023: evaluation of the Global Health Cluster; evaluation of the emergency and review committees under the International Health Regulations (2005); and evaluation of the health and security interface.

24. In the African Region, the report of the evaluation of the HIV/AIDS framework for action in the WHO African Region, 2016–2020, which was included on the Organization-wide evaluation workplan for 2020–2021, was completed in March 2021. In addition, as part of continued efforts to strengthen the regional evaluation function, the Regional Office recruited two monitoring and evaluation officers at the end of 2021; they will work closely with the Evaluation Office to take forward evaluation activities in the Region.

25. In the Region of the Americas, during 2021, PAHO issued its revised Evaluation Policy and the evaluation function was transferred to the Department of Planning, Budget and Evaluation, thus integrating evaluation within the results-based management cycle. PAHO's 2021 evaluation workplan contained four regional-level corporate evaluations: the evaluation of technical cooperation for noncommunicable diseases and the evaluation of the implementation of results-based management, for which terms of reference were drafted in 2021; the evaluation of Human Resources for Health, which is expected to be completed in 2022; and an evaluation of PAHO's COVID-19 response. The regional evaluation function also facilitated WHO corporate evaluations in the Region. In 2020–2021, this included the comprehensive review of the WHO global action plan on antimicrobial resistance, the evaluation of WHO transformation and the evaluation of the integration of gender, equity, and human rights in the work of the World Health Organization. As part of initiatives to build and promote quality evaluations and their use for institutional learning, the regional evaluation function conducted webinars to increase capacity and provided technical backstopping and advice to decentralized, country-level evaluations, including the evaluation of the FAO/PAHO/UNDP Joint Programme – Integrated rural development in Ixil and Cuilco in Guatemala, which was finalized in 2021, and an evaluation commissioned by the Country Office in Colombia to address the health needs of Venezuelan migrants who lacked access to the health system as a result of COVID-19. For 2022, priority will be given to completing ongoing and planned evaluations and follow-up on management responses to, and use of, the results of completed evaluations. Among other decentralized evaluations, the evaluation of the COVID-19 response in Nicaragua and the final evaluation of the Smart Hospitals in the Caribbean project are in the planning stages.

26. In the Eastern Mediterranean Region, an independent evaluation of WHO's Whole of Syria response<sup>1</sup> to provide a comprehensive, independent and robust assessment of WHO's emergency response in Syria and a Mid-term Push Forward Review of the regional vision, *Vision 2023*, were both completed in 2021, with the support of the Evaluation Office. Furthermore, as part of its efforts to strengthen the culture of evaluation in the Regional Office, a regional evaluation officer position was created, and recruitment for this position is currently under way.

27. The South-East Asia Region continues to accord high importance to evaluation. The regional framework for strengthening evaluation for learning and development is currently under review, based on the lessons learned in the Region, in order to provide robust guidance to strengthen regional and country-level evaluations. The Organization-wide evaluation workplan for 2020–2021 included two evaluations from the South-East Asia Region: the evaluation of implementation of Regional Flagship

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<sup>1</sup> The evaluation report and brief are available at: <https://www.who.int/about/what-we-do/evaluation/decentralized-evaluations/office-specific-evaluations> (accessed 6 April 2022).

Areas in the WHO South-East Asia Region 2014–2018 and the evaluation of the adaptation and use of WHO guidelines on reproductive, maternal and newborn health in the WHO South-East Asia Region, both of which were completed during the biennium 2020–2021.<sup>1</sup> Furthermore, as planned in the regional evaluation workplan for 2020–2021, the regional evaluation of national immunization technical advisory groups in the WHO South-East Asia Region was completed; and at the country level, the evaluation of implementation of the national road safety master plan 2018–2021 (Thailand) and the evaluation of the United Nations Partnership on the Rights of Persons with Disabilities Project – Advancing the rights of persons with disabilities in Bhutan were completed.

28. In the Western Pacific Region, a review of progress towards implementing the regional vision *For the future: Towards the healthiest and safest Region* was completed in 2021. The outcome of this stocktaking exercise was presented at the Seventy-second session of the Regional Committee for the Western Pacific and recommendations are being brought forward to further accelerate the implementation of this shared vision for WHO work with Member States and partners in the Region. In addition, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies Technical Advisory Group met in July 2021 to determine progress made towards strengthening COVID-19 preparedness and response, and to assess the recommendations from the various reports on this subject presented at the Seventy-fourth World Health Assembly. Further, evaluations of country programmes specifically focusing on drug-resistant tuberculosis were conducted in five countries in the Region and included reviews of the following thematic areas: the multisectoral accountability framework for tuberculosis (three countries); the social protection mechanism for tuberculosis (three countries); laboratory capacity in countries with a high tuberculosis burden; and tuberculosis surveillance capacity.

## FROM EVALUATIONS TO POLICY AND DECISION-MAKING

29. 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.<sup>2</sup> In response to the interest of Member States to be kept informed about how evaluations are taken forward, the Evaluation Office produces an annual report which consolidates management responses to completed evaluations. This section captures some specific recent examples of how the lessons learned from corporate evaluations are informing policy and decision-making in the Organization.

### Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization

30. This evaluation issued five recommendations on the following areas: (i) developing a policy and strategic framework around gender, equity and human rights; (ii) developing and appropriately resourcing the gender, equity and human rights architecture across programmes and at the three levels of the Organization; (iii) strengthening the headquarters Gender, Equity and Human Rights Unit; (iv) addressing awareness and capacity development needs for gender, equity and human rights integration at all levels; and (v) streamlined support to country offices' work for impactful integration of gender, equity and human rights.

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<sup>1</sup> All regional evaluation reports are available at: <https://www.who.int/southeastasia/se-evaluation-reports> (accessed 6 April 2022).

<sup>2</sup> See the United Nations Evaluation Group's Norms and Standards for Evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 6 April 2022).



31. Work is under way to develop a gender, equity and human rights policy and strategy, which will go to 2030, in keeping with the Sustainable Development Goal timeframe, and a three-level, multi-year operational plan. A gender, equity and human rights operational planning guidance note has already been developed in order to mainstream such considerations into operational planning for the 2022–2023 biennium. In line with this programme budget planning process, internal coordination mechanisms for gender, equity and human rights continue to be reinforced, thus strengthening WHO's work with Member States in this regard. Efforts are also ongoing to redefine the specific roles and responsibilities for the headquarters gender, equity and human rights function and unit. As regards capacity development, a modular WHO Academy course on gender, equity and human rights is under development, expanding on an existing regional initiative and targeting, inter alia, technical staff and managers/directors; an overarching capacity-building plan is also being developed. Emphasis continues to be placed on reinforcing the capacity of country offices in this area, including by strengthening the integration of gender, equity and human rights into country cooperation strategies and biennial collaborative agreements; enhancing inter-agency collaboration; updating the gender, equity and human rights country support package; and, most importantly, strengthening the capacity of WHO Representatives and providing the necessary support to them so that they can integrate gender, equity and human rights into their policy discussions with Member States.

### **Comprehensive review of the WHO global action plan on antimicrobial resistance**

32. This comprehensive review identified a series of recommendations for the overall strengthening of the current global action plan on antimicrobial resistance under each of its five objectives: (i) improve awareness and understanding of antimicrobial resistance through effective communication, education and training; (ii) strengthen the knowledge and evidence base through surveillance and research; (iii) reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures; (iv) optimize the use of antimicrobial medicines in human and animal health; and (v) develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions. The review also formulated recommendations on a number of cross-cutting issues such as enhancing coordination with international and national partners, particularly involving the Tripartite (FAO, OIE and WHO) and United Nations Environmental Programme (UNEP) Joint Secretariat on Antimicrobial Resistance; better reflecting equity and inclusion in programme responses; adopting an approach based on understanding of health systems; a review of WHO internal structures and systems to ensure that they are fit-for-purpose; and a review of lessons learned from COVID-19 in relation to antimicrobial resistance.

33. WHO released a new document, *WHO Strategic Priorities on Antimicrobial Resistance: Preserving antimicrobials for today and tomorrow*, which identifies efforts to strengthen leadership for responses to antimicrobial resistance, drive public health impact in countries, define research agendas, and increase monitoring of the burden of antimicrobial resistance and the global response. To further define the scale-up of the response to antimicrobial resistance, a comprehensive global strategy for resistant bacterial infections in the human health sector is being prepared, in consultation with internal and external stakeholders. Global research agendas for antimicrobial resistance for One Health, as well as specifically for the human health sector, are under way. A strategy paper for increasing awareness of antimicrobial resistance, including a theory of change, will be developed, along with new economic and investment cases to advocate for national and global resource mobilization. Similarly, guidance and technical support for countries are being strengthened for the implementation of national action plans, with WHO focusing on the human health sector but at the same time convening partners and capitalizing on and creating new opportunities for multilateralism at the country level. WHO is implementing its Strategic Priorities (see above), emphasizing the importance of governance and accountability at the

country level, as well as a whole-of-government response, as key elements for success in implementing antimicrobial resistance national action plans. Technical support is provided on enhancing infection prevention and control; strengthening antimicrobial stewardship; ensuring equitable access to care and other key interventions to mitigate antimicrobial resistance; and integrating these interventions into emergency preparedness and primary health care system initiatives through a people-centred approach. Furthermore, global governance structures for a multisectoral response to antimicrobial resistance are being strengthened and established as needed. The Tripartite and UNEP have deepened their collaboration to advance a One Health response to antimicrobial resistance at the global, regional and country levels by developing a strategic framework for collaboration on antimicrobial resistance. This framework reflects the joint work of the four organizations and broadly supports the implementation of the five pillars of the global action plan on antimicrobial resistance, as well as strengthening global antimicrobial resistance governance. Joint biennial workplans will set out how the organizations will collaborate to deliver the vision of the framework.

## **Evaluation of WHO transformation**

34. The key recommendations of the evaluation of WHO transformation related to: (i) the establishment of clear and comprehensive outcome-level milestones for the remainder of the transformation; (ii) better engagement of Member States throughout the remainder of the transformation's implementation; (iii) the investment of dedicated attention and resources towards supporting country-level transformation; (iv) intensification of efforts to build a motivated and fit-for-purpose workforce; and (v) acceleration of the pace of desired changes in organizational culture.

35. In response to a request from Member States, the Secretariat presented the main evaluation findings and its management response at a Member State information briefing on 8 July 2021 in Geneva. The Secretariat has already launched a new online transformation implementation monitoring tool,<sup>1</sup> which provides greater visibility on the implementation progress and status of the 40 core transformation initiatives, and is committed to reviewing and strengthening outcome-level milestones for each transformation workstream. As regards dedicated resources at the country level, the budget for 2022–2023 for technical cooperation at the country level was increased by US\$ 251 million compared to the previous biennium<sup>2</sup> and is almost double that of the biennium 2014–2015. In January 2022, a proposed revision of the programme budget for 2022–2023 was submitted to the 150th session of the Executive Board, representing an increase of US\$ 484.4 million, with 72% of that increase going to regional and country offices.<sup>3</sup> It is recognized that further flexible resources will be needed in order to fully fund WHO country offices and this is a focus of the ongoing discussions of the Sustainable Financing Working Group. Efforts are also ongoing to ensure a more fit-for-purpose WHO Representative roster, building on lessons learned, and the Organization is escalating its investment in leadership and professional skills development at all levels of the Organization, but especially among WHO Representatives and managers. Finally, building on existing dedicated channels to capture staff ideas, proposals and feedback on different aspects of the transformation, the Secretariat continuously seeks to strengthen feedback loops to consolidate and apply staff ideas and proposals.

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<sup>1</sup> See transformation-enabled initiatives: <https://www.who.int/about/transformation/core-transformation-initiatives> (accessed 6 April 2022).

<sup>2</sup> Document A74/5 Rev.1, Table 8.

<sup>3</sup> Document EB150/28.

## **Final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases**

36. The principal recommendation of the final evaluation of the mechanism, presented to the Seventy-fourth World Health Assembly,<sup>1</sup> was the need to consider as options going forward either: (i) a strengthened, more focused approach to the delivery of the vital functions of the mechanism, or (ii) the discontinuation of the mechanism and establishment of a new operating model within WHO to ensure that the functions are effectively carried forward. The final evaluation also contained four additional recommendations, based on the recommendations of the preliminary evaluation, which were found to have generally not been implemented. These covered developing a medium-term strategic plan, enhancing country reach, formulating a clear engagement strategy and rationalizing approaches to resource mobilization.

37. Based on the evaluation's findings, and a subsequent options paper developed by the Secretariat in consultation with Member States and non-State actor participants in the mechanism, the Seventy-fourth World Health Assembly adopted decision WHA74(11) (2021) on the role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases; this extended the mechanism until 2030 with a mid-term evaluation in 2025. The Secretariat, also in consultation with Member States and non-State actor participants in the mechanism, has developed a draft workplan for the mechanism for 2022–2025, including a theory of change and monitoring and evaluation framework that addresses the mechanism's priority areas of work as defined by Member States in decision WHA74(11). The mechanism is currently prioritizing several efforts to strengthen knowledge collaboration and evidence-based information to support effective multisectoral and stakeholder engagement, including documenting and disseminating good practices and case studies across countries, and strategies to support capacity-building for meaningful participation of specific non-State actor constituencies in national responses for the prevention and control of noncommunicable diseases and mental health, including that of lived experience of noncommunicable diseases in communities.

## **Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020**

38. The evaluation<sup>2</sup> identified a total of 12 recommendations, six of which were structured around the six objectives of the global action plan and related to: (i) identification of sustainable funding mechanisms to allow for dramatic acceleration of implementation; (ii) optimal use of limited financial resources available for noncommunicable diseases; (iii) greater understanding of why progress in relation to addressing tobacco use has not yet been seen in relation to other risk factors; (iv) diagnosis, treatment and control of conditions for those affected by noncommunicable diseases; (v) raising the priority of noncommunicable disease research; and (vi) strengthening monitoring and surveillance of noncommunicable disease responses. Further recommendations concerned cross-cutting issues including the need for: a functional review to assess the extent to which the current structures are optimal; greater multisectoral engagement on noncommunicable diseases; a stronger focus on how noncommunicable diseases differentially affect different groups; the incorporation of mental health and air pollution into the global action plan; and the promotion of joint activities between United Nations

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<sup>1</sup> The Seventy-fourth World Health Assembly considered the executive summary of the final evaluation report in document A74/10 Add.2 and the options paper in document A74/10 Add.3.

<sup>2</sup> Document A74/10 Add.1.

agencies. This evaluation was released at the same time as the previously mentioned evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, with the goal of ensuring maximum synergy across the two evaluations.

39. As the period of the global action plan was extended to 2030 through decision WHA72(11) (2019), the evaluation report is very relevant and serves to guide the acceleration of its implementation across this new timeline. The Secretariat used the evaluation and its findings as it prepared its comprehensive implementation road map report for 2023–2030, which was presented at the 150th session of the Executive Board in January 2022.<sup>1</sup> The draft implementation road map report will guide and support Member States to take urgent measures, in 2023 and beyond, to accelerate progress and reorient and accelerate their national action plans with a view to placing themselves on a sustainable path to achieve the nine voluntary global noncommunicable disease targets and Sustainable Development Goal indicator 3.4.1. Follow-up actions have been developed and are under way to address all of the recommendations of the evaluation, including respective strategies, research agendas, guidance, resource mobilization and technical support for countries. New efforts to guide digital and other innovations for noncommunicable diseases are being developed, as well as efforts to strengthen health systems in order to respond to noncommunicable diseases as part of primary health care, universal health coverage, emergency preparedness and in the building of a strong health security agenda. The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (secretariat at WHO) is identifying additional efforts for collaboration across the United Nations system, including pooled funding systems. Refinements are being made to the monitoring and evaluation framework of the global action plan, and noncommunicable disease epidemiological surveillance is being enhanced.

### **Evaluation of the global strategy and action plan on ageing and health (2016–2020)**

40. The evaluation of the global strategy and action plan on ageing and health (2016–2020) formulated four recommendations focusing on: (i) undertaking organizational changes, external and internal advocacy and coordination measures to ensure that the Decade of Healthy Ageing will be achieved on time and on target; (ii) developing an inclusive engagement strategy; (iii) adopting a clear country focus; and (iv) ensuring that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place.

41. WHO leads the United Nations Decade of Healthy Ageing 2021–2030, in collaboration with other United Nations agencies. The *WHO Decade of Healthy Ageing: baseline report* was launched in December 2020 and a series of high-level advocacy events were organized and technical documents issued to increase visibility and technical credibility concerning the Decade. Efforts are under way to strengthen multisectoral and multistakeholder collaboration through the development of plans with specific stakeholder groups and to expand and link existing partnerships working on Decade action areas and enablers. In collaboration with all key stakeholders, the Decade Platform, a repository of existing guidance, tools, reports from the field and other forms of knowledge relevant to Decade implementation, was launched in 2021 and continues to evolve based on stakeholders' needs. Linked to this repository is an ageing data portal that contains global ageing indicators that can be used to monitor the Decade. Finally, a monitoring and evaluation framework and a national toolkit for monitoring and evaluation are being developed with oversight from a technical advisory group.

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<sup>1</sup> Documents EB150/7 and EB150/7 Add.1.

## **Evaluation of WHO's work with collaborating centres**

42. The key recommendations of the evaluation of WHO's work with collaborating centres included: (i) the development, implementation and dissemination of a strategic framework for working with collaborating centres; (ii) promoting awareness of collaborating centres and their contribution, both within WHO and with external audiences as appropriate; (iii) the development of a communication plan for the Organization's relations with collaborating centres; (iv) improving the effectiveness and efficiency of the online system for managing collaborating centres; and (v) undertaking a review of current staff support and management systems with a view to increasing capacity and providing opportunities for peer learning for responsible officers and regional focal points.

43. The Secretariat carried out a series of consultations with Regional Directors and Assistant Directors-General during 2020, convening the first global virtual meeting of collaborating centres in December 2020, and a broader discussion with all directors, chaired by the Director-General. As noted in the management response, the Secretariat has actively supported a "champions network" for collaborating centres within WHO. Particular attention is given to enabling departments at headquarters and in regional offices to more strategically manage and promote the use of collaborating centres, including key actions such as better communication with the centres and greater coordination within WHO. New approaches for showcasing the contributions of collaborating centres and expanding their engagement in WHO's work and in broader dialogues, as well as opportunities within WHO for peer-to-peer learning and training, will be offered, subject to funding becoming available. Finally, the upgrade of the electronic system to manage collaborating centres has also been delayed due to a lack of funds.

## **Review of 40 years of primary health care implementation at country level**

44. The review of 40 years of primary health care implementation at country level proposed a series of five actions on the following areas: (i) fostering intersectoral collaboration at the global policy level and in individual countries; (ii) development of standards and policy and operational guidelines for the further implementation of primary health care; (iii) tailoring capacity-building efforts to the specific primary health care-related areas requiring further support identified in specific countries; (iv) targeting of specific primary health care-related issues that require advocacy in individual countries; and (v) enhanced support for evidence-based policy action.

45. The Special Programme on Primary Health Care was created in 2020 to promote better alignment across the Organization's work on primary health care; more effectively harness expertise from across the Organization, including across the triple billion targets; and better support Member States to strengthen primary health care, building on the Universal Health Coverage Partnership and the joint working team for universal health coverage and primary health care. In addition, WHO and UNICEF co-lead the primary health care accelerator within the Global Action Plan for Healthy Lives and Well-being for All, which focuses on intensified support to 13 countries to promote more effective collaboration across United Nations agencies. Furthermore, a WHO/UNICEF operational framework for primary health care was elaborated to provide stakeholders with a series of levers to help countries and communities adopt a primary health care approach and work to strengthen health systems as a way to achieve universal health coverage. In line with this framework, monitoring and measurement guidance for primary health care has been developed. A country case study compendium and implementation solutions for primary health care, cataloguing how example countries overcame health systems performance challenges through primary health care reforms, will be released in 2022. Collaborative efforts with the Alliance for Health Policy and Systems Research are under way to describe the role and development of primary health care during the COVID-19 pandemic in over 50 countries.

## **Evaluation of WHO's Whole of Syria response**

46. The evaluation of WHO's Whole of Syria response formulated a series of 15 recommendations, targeting the global, regional and hub levels of the Organization, with regard to: (i) strategy and positioning; (ii) programme; and (iii) operations. Global recommendations included the consolidation of a humanitarian/armed conflict response framework for the WHO Health Emergencies Programme and a review of the level of institutional investment in cluster coordination capacity, programme monitoring and evaluation and value for money analysis. Strategy and positioning recommendations centred on enhancing conflict analysis, maintaining existing critical Whole of Syria structures and reviewing opportunities for a collective United Nations approach to constraints in north-east Syria. Programming recommendations included enhancing gender and vulnerability analysis; improving protocols for field-level needs analysis; enhancing response-level monitoring and analysis; developing guidelines for hub closure or the transfer of hub responsibilities; reassessing the value for money approach; and conducting a review of the COVID-19 strategy for Syria. Finally, operations recommendations related to adapting staff contract clauses to the challenges of the cross-border operating environment; strengthening knowledge management in the response; and conducting a review of process for contracting implementing partners and a response-level financial review.

47. The lessons learned from the evaluation are very valuable for improving WHO's complex response in Syria as well as for informing the Organization's regional and global humanitarian emergency management, policies and practice. Underpinning its management response, WHO reiterates its position expressed in the 2020–2021 position paper on WHO's approach in Syria, emphasizing that the principles of international humanitarian law and Inter-Agency Standing Committee guidance need to be integrated into all graded emergencies. The Secretariat has proceeded to identify, develop and implement actions responding to recommendations targeted at the global, regional and country levels. At the global level, this includes better integration of protracted crises and humanitarian emergency responses in emergency response frameworks, as well as strategies for enhancing conflict-sensitive programming, and use of value for money analysis. The Regional Offices for the Eastern Mediterranean and for Europe, the Country Office in Syria and hubs within Syria and the WHO EURO sub-office in Gaziantep are implementing a number of actions to strengthen support for the Whole of Syria response. They include significant efforts to enhance planning, monitoring and delivery of the programme, the Health Cluster approach, and coordination within WHO and with stakeholders, including the United Nations country team. Reviews and subsequent enhancements, where needed, of the WHO offices and hubs active in the response, increasing required human resources, resource mobilization contracting efficiency for implementing partners, and any policy issues that may arise from transition plans and legal implications, are taking place with a view to meeting anticipated future needs and providing lessons for similar WHO work in future. Strategies to expand testing and vaccine coverage for COVID-19 are under way. Additional actions are being targeted to implement a more robust gender and inclusive lens to the response, its planning and programme design, increase hiring of female professionals, and mainstream gender-based violence prevention and management in programmes.

## **Synthesis of country programme evaluations**

48. Another example of the Evaluation Office's efforts to support enhanced institutional performance and decision-making was its first meta-analysis and synthesis of seven country programme evaluations previously conducted between 2017 and 2020 (India, Kyrgyzstan, Myanmar, Romania, Rwanda, Senegal and Thailand). The synthesis identified eight key cross-cutting lessons, recurrent issues, achievements, challenges and areas for improvement, and documented best practices and innovations of WHO's country work that could be used by WHO management to improve corporate processes and guidance. It also generated four recommendations, and evidence that shed light on systemic issues

requiring attention at the corporate level, with a view to contributing to organizational learning, which have acquired greater emphasis in the light of WHO's explicit commitment to achieving impact at the country level (and the need to help achieve and demonstrate such impact) in the Thirteenth General Programme of Work, 2019–2023.

## **ORGANIZATIONAL LEARNING**

49. A number of organizational learning innovations have been developed to advance management's ability to enhance WHO's accountability, institutional performance and decision-making. These include mechanisms to identify cross-cutting, recurrent, systemic trends and issues and their root causes, for senior manager review and action, and new systems to monitor and derive lessons from management responses to recommendations from numerous accountability functions and governing body sources.

50. As previously reported,<sup>1</sup> a process to anchor organizational learning in the work of WHO was initiated in 2018, in which the directors of the accountability functions identify a shortlist of recurring, systemic cross-cutting issues arising from findings and recommendations from various sources, and potential root causes, and establish a list of issues to embed within ongoing workstreams with key business owners, including their incorporation in ongoing transformation efforts. Five priority issues were identified for which follow-up, cross-cutting actions and solutions were identified and progress monitored.

51. As an example, for one of the cross-cutting issues identified, reducing the number of overdue direct financial cooperation reports, WHO implemented several complementary solutions across different systems and offices, resulting in significant progress in reducing the number of overdue direct financial cooperation reports (0.57% in March 2022 against 10% in 2015), and policies have been revised in relation to direct implementation and grant letters of agreement.

52. A new, best-in-class consolidated digital platform is being developed to track management responses and their implementation in respect of recommendations issued from ten sources (including governing body reports and accountability functions), as well as to identify key organizational learning lessons and recurrent issues. The system will be finalized by April 2022. It will provide a single point of entry for business owners to enter updated progress status for relevant recommendations and to identify duplications across recommendations and recurrent issues. Implementing the platform will further enhance WHO's internal and external accountability.

## **ACTION BY THE EXECUTIVE BOARD**

53. The Board is invited to note the report.

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<sup>1</sup> Documents EB147/5, paragraph 5 and EB149/5, paragraph 44.





	Start date <sup>a</sup>	2020				2021			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Formative evaluation of the implementation of the Research and Development Blueprint for Action to Prevent Epidemics and its plan of action	Oct 19  Inception phase								
Evaluation of the work of two departments of the Regional Office for the Eastern Mediterranean: Noncommunicable Diseases and Mental Health, and Science and Information									
Evaluation of the utilization of Special Service Agreements									
ADDITIONAL CORPORATE EVALUATIONS									
Evaluation of WHO’s work with collaborating centres	Oct 19	Completed							
Review of the WHO Centre for Health Development (WHO Kobe Centre)	Nov 19	Completed							
Mid-term evaluation of the WHO–Thailand Country Cooperation Strategy 2017–2021		Completed							
Joint evaluability assessment of the Global Action Plan for Healthy Lives and Well-being for all		Completed							
UNF–WHO COVID-19 Solidarity Response Fund Joint Evaluation								Completed	

## DECENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2020–2021

### Completed

Evaluation of the implementation of Regional Flagship Areas in the WHO South-East Asia Region 2014–2018

Evaluation of the adaptation and use of WHO guidelines on reproductive, maternal and newborn health in the WHO South-East Asia Region

Evaluation of the HIV/AIDS framework for action in the WHO African Region, 2016–2020

### Not yet started

Evaluation of the Global Health Cluster

Evaluation of the emergency and review committees under the International Health Regulations (2005)

Evaluation of the health and security interface

Q: quarter.

<sup>a</sup> The start date is included for evaluations that were carried over from the workplan for 2018–2019 and therefore started during the previous biennium. No start date for evaluations that started in 2020–2021. The order in which the evaluations appear is the order in which the evaluations commenced.

<sup>b</sup> Additional evaluations requested by the Executive Board in January 2020.

<sup>c</sup> The Evaluation Office regularly contributes to ongoing Inter-Agency Humanitarian Evaluation Steering Group evaluations.