
Evaluation: annual report

1. The Executive Board approved the amended WHO evaluation policy at its 143rd session in 2018.¹ The policy requires the Secretariat to report annually to the Executive Board on progress in implementing evaluation activities. The present annual report provides information on the progress made and challenges encountered in implementing the WHO evaluation policy and the Organization-wide evaluation workplan for 2022–2023.²

PROGRESS MADE BY THE SECRETARIAT IN IMPLEMENTING THE EVALUATION POLICY

2. Evaluation supports the Organization in achieving its strategic objectives and contributing to the improvement of public health conditions of the world's population. It places an emphasis on results accountability and aims to examine evidence of WHO contributions in different countries and sectors; assess their strategic relevance and effectiveness in addressing the public health challenges of the country or the sector; and make suggestions for further improvements.

3. The WHO evaluation policy (2018)³ provides the broad framework to implement the Executive Board-approved Organization-wide evaluation workplan. Taking into consideration the shortage of human resources in the Evaluation Office during 2022, progress to date in implementing the corporate/centralized evaluations on the Organization-wide evaluation workplan for 2022–2023 has been reasonable. However, the level of implementation of decentralized evaluations⁴ across the Organization, including those listed in the workplan, has been varied during the same period. While the evaluation policy has greatly facilitated progress in advancing the corporate/centralized evaluation function within the Organization, it does not address institutional responsibility for the commissioning of decentralized evaluations or provide a basis for instigating and reporting on these evaluations.

4. The Evaluation Office therefore developed an implementation framework for the WHO evaluation policy in 2022.⁵ This framework⁶ outlines operational ways of working across the three levels of the Organization and provides guidance on tools and mechanisms to support the conduct of the

¹ Decision EB143(9) (2018).

² 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.

³ The WHO evaluation policy (2018) is available at: [https://apps.who.int/gb/ebwha/pdf_files/EB143/B143\(9\)-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf?ua=1), accessed 16 March 2023.

⁴ Decentralized evaluation refers to evaluations planned, commissioned and reported by entities outside the central independent evaluation office, such as divisions/departments, regional or country offices.

⁵ As mandated by the WHO evaluation policy (2018), para. 42(d).

⁶ Implementation framework of the WHO evaluation policy, available at: [https://www.who.int/publications/m/item/implementation-framework-of-the-who-evaluation-policy-\(2022\)](https://www.who.int/publications/m/item/implementation-framework-of-the-who-evaluation-policy-(2022)), accessed 20 March 2023.

different types of evaluation covered in the WHO evaluation policy: Organization-wide thematic evaluations, evaluations of WHO's contribution at country level and decentralized evaluations. The evaluation functions in regional offices are working closely with the Evaluation Office to operationalize this framework.

5. Mindful of the Organization's explicit commitment in the Thirteenth General Programme of Work, 2019–2023 to achieving impact at country level, and harnessing evidence in helping achieve such impact, a separate detailed framework has been elaborated for evaluations of WHO's contribution at country level, which recommenced in 2023 following the interruption imposed by the pandemic of coronavirus disease (COVID-19). These evaluations were previously conducted and managed by the Evaluation Office but are now jointly commissioned and managed by the Evaluation Office and respective regional evaluation offices, in close collaboration with the relevant country office and the Country Support Unit network. Planning is already under way to conduct the first of such evaluations.¹

6. To operationalize both of these frameworks, the Evaluation Office has put in place support systems, including:

- (a) expansion of its roster of prequalified evaluation experts² who can be contracted quickly to conduct evaluation assignments and establishment of long-term agreements with prequalified evaluation companies for the provision of evaluation services;
- (b) establishment of a roster of quality assurance advisers³ to provide support to managers of decentralized evaluations in ensuring that decentralized evaluations also meet acceptable quality standards, thus contributing to improved evaluation quality throughout the Organization;
- (c) development of an Organization-wide repository of evaluation plans and reports⁴ to enable cross-utilization of evaluations conducted at different levels of the Organization, thus minimizing duplication of research and contributing to collective learning;
- (d) revitalization of the Global Network on Evaluation, an informal internal network to bring together professionals working on evaluations across the Organization to exchange information, participate in learning and training on evaluation-related activities, support ongoing evaluation and share best practices. This revitalized network had its first formal meeting in January 2023 and meets on a regular basis;
- (e) launch of a learning programme⁵ for evaluation professionals across the Organization, including the organization of webinars on different evaluation approaches and methods and sharing information on, and facilitating participation in, external professional evaluation events and learning opportunities (including those organized by the United Nations Evaluation Group);
- (f) development of technical notes and guidelines⁶ for evaluation managers, including the recently completed guideline on integrating gender equality, health equity, human rights and

¹ Plans are currently under way for evaluations in Iraq, Timor Leste and Tunisia.

² As mandated by the WHO evaluation policy (2018), para.42(g).

³ As mandated by the WHO evaluation policy (2018), para. 42(i).

⁴ As mandated by the WHO evaluation policy (2018), para. 42(f).

⁵ As mandated by the WHO evaluation policy (2018), para. 42(j).

⁶ As mandated by the WHO evaluation policy (2018), para. 42(h).

disability inclusion in evaluations, and the practical guide on evaluation for programme managers and evaluation staff, which provides step-by-step operational guidance on the entire evaluation process, updating the WHO evaluation practice handbook.

7. Currently, neither the Organization-wide evaluation workplan nor the Organization-wide repository of evaluation plans and reports systematically capture all decentralized evaluations that are conducted across the Organization, thus preventing effective tracking of management responses and implementation of recommendations of completed evaluations.¹ Without a system whereby managers of WHO projects/programmes/initiatives are given clear institutional responsibility to commission decentralized evaluations, and in the absence of an appropriate planning and reporting mechanism for this purpose, progress in this area will be slow.

8. A second area where the evaluation policy provides insufficient guidance concerns the resourcing of evaluations. It is presumed that the vast majority of decentralized evaluations are triggered by the accountability requirements of voluntary contributions but, unlike in other entities of the United Nations system, it is not standard practice in WHO for evaluations to be financed from the source fund of the project/programme/initiative to be evaluated. Evaluations require both human and financial resources. Human resources within the Organization are required to plan, design, commission, manage and ensure the use of evaluations. Outside the central Evaluation Office, dedicated evaluation capacity exists in most regional offices but this is at a level far below that of other comparable entities of the United Nations system, which typically fund such functions through pooling of resources from voluntary contributions.² Each evaluation also requires financial resources (for example, evaluation team experts' fees, evaluation team travel costs and other logistics costs), which should normally be established as a budget item in the programme or project document from which the subject of the evaluation is funded.³

9. In general terms, the reports of decentralized evaluations of activities funded by specified voluntary contributions should provide building blocks for higher-level programme or thematic evaluations, thus contributing to the cost-effectiveness of the centralized evaluations. Given that roughly 75% of the Organization's activities are financed by specified voluntary contributions, the lack of systematic commissioning of decentralized evaluations by managers of WHO projects/programmes/initiatives results in a significant gap in evaluation coverage to ensure proper results accountability. Furthermore, the current lack of broad evaluation coverage in the Organization does not allow for the creation of synergies among WHO evaluations and the sharing of evaluation findings across different types of evaluations and different levels of the Organization. Addressing this gap in coverage, the Evaluation Office is committed to promoting the development of evaluation plans at each level of the Organization that would ultimately feed into the Organization-wide evaluation workplan.

10. The further development of the decentralized evaluation system, as described above, the establishment of a financing mechanism for evaluation of activities funded by voluntary contributions and the operationalization of mechanisms for the creation of synergies among evaluations commissioned across the three levels of the Organization will be the priority of the Evaluation Office for the next few years.

11. A comparative study of evaluation functions and coverage, including the resourcing of evaluations, across entities of the United Nations system that are comparable to WHO in size or structure, would greatly facilitate the further development of an Organization-wide decentralized

¹ As mandated by the WHO evaluation policy (2018), para. 42(e).

² FAO pools approximately 0.8% of its voluntary contributions for such functions.

³ ILO stipulates that a minimum of 2% of the programme or project budget should be allocated to evaluation.

evaluation system. This study would also lay the foundation for the future revision of the evaluation policy, as necessary.

ORGANIZATION-WIDE EVALUATION WORKPLAN FOR 2022–2023

Corporate/centralized evaluations

12. The approved evaluation workplan for 2022–2023 provides the basis for current activities and Figure 1 below provides an overview of the status as at end-February 2023 of the corporate/centralized evaluations included in this workplan and other ad hoc evaluations managed by the Evaluation Office. Planning is already under way to ensure that the workplan for 2024–2025 addresses the Organization’s strategic objectives at different levels, thus supporting WHO to effectively and efficiently make progress towards its organizational goals at all levels of the Organization and ensuring effective results-based management.

Figure 1: Status of corporate/centralized evaluations in the approved Organization-wide evaluation workplan for 2022–2023 and additional evaluations managed by the Evaluation Office, as at February 2023

	Start date ^a	2022				2023			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CORPORATE/CENTRALIZED EVALUATIONS IN APPROVED ORGANIZATION-WIDE EVALUATION WORKPLAN 2022–2023									
Mid-term evaluation of the implementation of the strategic action plan on polio transition	Aug-21	Completed							
Corporate evaluation of WHO’s results-based management framework	Oct-21	Completed							
Mid-term evaluation of the global strategy to Eliminate Yellow fever Epidemics 2017-2026		Completed							
Inter-Agency Humanitarian Evaluations (IAHE) of Grade 3 emergencies ^b		Ongoing throughout biennium							
Evaluation of WHO’s normative functions at country level					Ongoing				
Preliminary evaluation of the Special Programme on Primary Health Care						Ongoing			
Evaluation of the contribution of data and delivery to the implementation and impact of the Thirteenth General Programme of Work, 2019-2023 and WHO transformation						Ongoing			
Evaluations of WHO’s contribution at country level						Ongoing			
Formative evaluation of the implementation of the Research and Development Blueprint for Action to Prevent Epidemics and its plan of action									
Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All									
Evaluation of the functional reviews of WHO country offices in the African Region									
Evaluation of World Health Days									
Formative evaluation of the implementation of the WHO policy on disability									
Evaluation of the Who Tuberculosis Programme									
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									
Evaluation of WHO’s delegation of authority and online workflow processes and systems									
ADDITIONAL EVALUATIONS MANAGED BY THE EVALUATION OFFICE									
Evaluation of the WHO response to COVID-19 in Ukraine	Jun-21	Completed							

Q: quarter

^a The start date is included for evaluations that were carried over from the workplan for 2020–2021 and therefore started during the previous biennium. No start date for evaluations that started in 2022–2023. The order in which the evaluations appear is the order in which the evaluations commenced.

^b The Evaluation Office contributes on an ongoing basis to Inter-Agency Humanitarian Evaluations.

13. As indicated in Figure 1, four corporate/centralized evaluations have been completed. In addition, two Inter-Agency Humanitarian Evaluations have been completed during the same time period. A summary of the main findings of these evaluations can be found in the Annex:

- (a) mid-term evaluation of the implementation of the Strategic Action Plan on Polio transition;
- (b) evaluation of WHO’s response to COVID-19 in Ukraine;

- (c) mid-term evaluation of the global strategy to Eliminate Yellow fever Epidemics 2017–2026;
- (d) corporate evaluation of WHO’s results-based management framework;
- (e) Inter-Agency Humanitarian Evaluation of the Yemen Crisis;
- (f) Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response.

14. In addition to the ongoing evaluations of WHO contributions at country level, the following evaluations are ongoing, with the evaluation reports expected to be delivered before the end of 2023:

- (a) evaluation of WHO’s normative function at country level (report due during the third quarter of 2023);
- (b) preliminary evaluation of the Special Programme on Primary Health Care (report due during the third quarter of 2023);
- (c) evaluation of the contribution of data and delivery to the implementation and impact of the Thirteenth General Programme of Work, 2019–2023 and WHO transformation (report due during the last quarter of 2023);
- (d) Inter-Agency Humanitarian Evaluation of the collective response to the humanitarian crisis in northern Ethiopia (report due during the third quarter of 2023);
- (e) Inter-Agency Humanitarian Evaluation of the response to the humanitarian crisis in Afghanistan (report due during the third quarter of 2023).

15. Other evaluations for which consultations are ongoing with a view to launching them by the second half of 2023 include:

- (a) formative evaluation of the implementation of the Research and Development Blueprint for Action to Prevent Epidemics and its plan of action;
- (b) formative evaluation of the implementation of the WHO policy on disability;
- (c) evaluation of World Health Days;
- (d) joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All;
- (e) evaluation of the functional reviews of WHO country offices in the African Region;
- (f) evaluation of the WHO Tuberculosis Programme;
- (g) Inter-Agency Humanitarian Evaluation in Ukraine.

Decentralized evaluations

16. With regard to the six decentralized evaluations that are included in the Organization-wide evaluation workplan for 2022–2023, the *evaluation of the adoption of people-centred noncommunicable*

disease service delivery within primary health care in countries of the South-East Asia Region and the evaluation of progress on the Decade for health workforce strengthening in the South-East Asia Region, 2015–2024 are ongoing. In addition, the *evaluation of the Pandemic Influenza Preparedness (PIP) framework: partnership contribution (PC) preparedness high-level implementation Plan II 2018–2023* is in the process of being launched.

17. For decentralized evaluations that are not included in the evaluation workplan, at headquarters level entities such as special programmes have an established practice of regularly commissioning evaluations. For others, the Evaluation Office continued to provide ad hoc support to managers in the preparation and/or conduct of these evaluations and through the provision of quality assurance support. Summaries of the main findings of decentralized evaluations completed since the last annual report are included in the Annex.

18. In the African Region, four evaluations of country cooperation strategies (Botswana, Côte d'Ivoire, Lesotho and Sierra Leone) and a further six country-level programmatic evaluations/reviews have been completed since June 2022. The regional evaluation function continued to support Organization-wide evaluations of particular importance for the Region, including the *mid-term evaluation of the global strategy to Eliminate Yellow fever Epidemics 2017–2026*. The *evaluation of the functional reviews of WHO country offices in the African Region* is being conducted jointly with the Regional Office and identification of countries in the African Region in which to conduct evaluations of WHO contributions at country level is ongoing with regional evaluation colleagues.

19. In the Region of the Americas, during 2022, WHO/PAHO continued to strengthen its evaluation and learning culture through the implementation of its new evaluation policy, development of tools and capacity-building, and the conduct and usage of evaluations. The completion of the *evaluation of PAHO's response to COVID-19*, the first of its kind, was an important achievement. Two more corporate evaluations are at the final report stage: the *evaluation of noncommunicable diseases technical cooperation* and the *evaluation of human resources for health technical cooperation*. WHO/PAHO also contributed to two Organization-wide evaluations that included the Region of the Americas: the *corporate evaluation of WHO's results-based management framework*; and the *mid-term evaluation of the global strategy to Eliminate Yellow fever Epidemics 2017–2026*. In addition, six decentralized evaluations were conducted at the project or country levels. To ensure that evaluations are conducted according to established standards and procedures, the PAHO evaluation handbook was completed and launched to operationalize the new evaluation policy. An evaluation platform was also designed and is in use as a repository of evaluations and to follow up systematically on lessons learned and on recommendations. As part of initiatives to build and promote quality evaluations and their use for institutional learning, the regional evaluation function conducted webinars and awareness-raising activities on evaluation across regional, subregional and country levels. For 2023, priority will be given to completing ongoing corporate evaluations, following up on management responses and on use of the results of completed evaluations, and learning from them.

20. During 2022, the Eastern Mediterranean Region focused on laying the foundation for the evaluation function and supporting key Organization-wide evaluations and evaluations of WHO's contribution at country level. A regional evaluation officer was recruited in September 2022 to promote evaluation activities and increasingly create a culture of evaluation in the Region. An evaluation of the country cooperation strategy in Morocco was completed in 2022 and a review commissioned by the Regional Emergencies Programme of *WHO's response to COVID-19 in the Eastern Mediterranean Region* was concluded in February 2023. The Regional Office is already engaging in consultations within the Region in order to identify potential areas of evaluation for the 2024–2025 biennium and is planning to organize Region-wide capacity-building on evaluations targeting programme managers.

21. Within the European Region, a *review of the European Observatory on Health Systems and Policies* is ongoing, with the final report expected in July 2023.

22. The South-East Asia Region recognizes the importance of, and is committed to, advancing the culture of evaluation in the Region. During 2022, the WHO South-East Asia regional framework for strengthening evaluation for learning and development was revised and the South-East Asia Region evaluation workplan for 2022–2023 was developed. As mentioned in paragraph 16, the Organization-wide evaluation workplan for 2022–2023 includes two evaluations from the South-East Asia Region. In addition, one regional-level and four country-level programmatic evaluations have been planned for the 2022–2023 biennium. A regional evaluation management group for coordination, chaired by the Director of Programme Management, oversees the timely implementation of the regional evaluation workplan. The Region also presented an evaluation report to the Seventy-fifth session of the Regional Committee for South-East Asia (2022), which included a status report on the 2020–2021 and 2022–2023 regional evaluation plans.¹

23. In the Western Pacific Region, the recruitment of a regional evaluation officer and an evaluation consultant to take forward evaluation activities and promote the evaluation function in the Region is ongoing.

Management responses

24. 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.² Management responses to completed evaluations and their implementation are now tracked in the consolidated digital platform, which provides a single point of entry for business owners to enter updated progress status for relevant recommendations and identifies key organizational learning lessons and recurrent issues. These management responses are also uploaded to the evaluation webpage alongside the evaluation report.³

25. Acknowledging that management responses are not always prepared in a timely fashion, the Evaluation Office encourages the drafting of the management response at the time of the stakeholder workshop where the main findings of the evaluation are presented. This maximizes the utility of evaluation findings, recommendations and management response by creating an opportunity to discuss and promote ownership.

¹ Document SEA/RC75/18.

² See the United Nations Evaluation Group's Norms and Standards for Evaluation, 2016: p. 10 (<http://www.unevaluation.org/document/download/2787>, accessed 16 March 2023).

³ The Evaluation Office webpage is available at <http://www.who.int/evaluation>, accessed 16 March 2023.

COLLABORATION WITH OTHER EVALUATION ENTITIES

26. As a contribution to accountability and strategic learning across the United Nations system in a cost-efficient manner, the Evaluation Office actively engages with evaluation counterparts in other entities in areas of shared substantive and strategic interest. Examples of such engagement include:

- (a) active participation of members of the Global Network of Evaluation in the United Nations Evaluation Group and its various task forces and interest groups;
- (b) continued participation in the work of the Inter-Agency Humanitarian Evaluation Steering Group.¹ The Evaluation Office participated in the management group of the recently completed *Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response* and is actively involved in facilitating the ongoing Inter-Agency Humanitarian Evaluations in Afghanistan and Ethiopia;
- (c) participation in management/reference/advisory groups of joint evaluations; for example, the Evaluation Office is represented in the ongoing UNICEF/IFRC/WHO evaluation of risk communication and community engagement and in the UNAIDS co-sponsor evaluation group, and provides ad hoc support for evaluations of joint initiatives, such as the evaluation of the FAO/WHO Codex Trust Fund 2, the report of which was issued in February 2023;
- (d) participation in the management group of the people pillar (covering Sustainable Development Goals 1–5) for synthesis of evaluative evidence of Sustainable Development Goal achievements and lessons learned. This initiative is spearheaded by the UNDP Independent Evaluation Office and Global Affairs Canada and aims to inform Member States at the global level, mainly through United Nations General Assembly mechanisms;
- (e) coordinating, on behalf of the evaluation offices of the partner agencies, the *joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All*;
- (f) representation in the OECD-led COVID-19 Global Evaluation Coalition, and in particular in the steering group for the strategic joint evaluation of the collective international development and humanitarian assistance response to the COVID-19 pandemic.

27. The Senior Adviser, Organizational Learning serves as the WHO focal point for: (i) the Joint Inspection Unit of the United Nations, facilitating all aspects of its reviews;² and (ii) the Multilateral Organization Performance Assessment Network, managing WHO's engagement with the Network in support of its assessments and special studies.

¹ 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.

² The Director-General's report to the Programme, Budget and Administration Committee of the Executive Board at its thirty-eighth meeting in May 2023 on the reports of the Joint Inspection Unit (document EBPBAC38/6) transmits Joint Inspection Unit review report recommendations directed at governing bodies for their consideration and provides further details of the implementation of recommendations related to Joint Inspection Unit review reports issued in the past year.

ACTION BY THE EXECUTIVE BOARD

28. The Board is invited to note the report and to consider requesting a comparative study of evaluation functions and coverage across entities of the United Nations system that are comparable to WHO in size or structure.

ANNEX

1. The summary findings of evaluations that have been completed since the last annual report in May 2022 is presented below. Where available, summaries of the relevant management responses are also included. Unless otherwise stated, all completed evaluation reports and management responses are available on the webpage of the Evaluation Office.¹

Corporate/centralized evaluations

2. The report of the *mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition* was delivered in March 2022 and an executive summary of the evaluation report was submitted to the Seventy-fifth World Health Assembly for consideration. Since the start of the Global Polio Eradication Initiative in 1988, the global incidence of wild poliovirus cases has decreased by 99.9%, with only Afghanistan and Pakistan categorized as polio endemic. The Strategic Action Plan on Polio Transition (2018–2023) was developed to address the need to sustain a polio-free world after eradication and to strengthen immunization systems and emergency preparedness, detection and response capacity in countries. The evaluation found that the vaccine-preventable disease surveillance infrastructure and the ability to interpret and use data for programming and detecting outbreaks and integration into wider immunization and outbreak responses have, in the longer term, the potential to be the biggest legacy of polio eradication efforts. The massive infrastructure established under polio eradication efforts also greatly improved the ability to respond to health emergencies. However, since 2018, the context for polio transition has altered drastically, including fractures in fragile States, the worsening security situation and political unrest in many countries, the evolution of polio outbreaks, challenges to health systems, and disruptions and delays due to the COVID-19 pandemic, as well as large increases in circulating vaccine-derived poliovirus outbreaks and financial constraints experienced by governments over the period of implementation. The evaluation recommended, inter alia, creating a global polio integration and transition vision, revisiting the action plan beyond 2023 to address the challenges observed and build on best practices and enablers for polio transition that have been identified, and further empowering regional and country offices to support countries in their respective regions.

Management response: In response to this evaluation, WHO is currently revising the polio integration and transition vision, developing a monitoring and evaluation framework for the polio transition plan and further developing specific regional plans. Work is also already under way to better clarify the role of polio transition in relation to other health investments and priorities, through the operationalization of the Immunization Agenda 2030, the development of the health emergencies, pandemic preparedness and response framework and thematic meetings on key functions (for example, surveillance). Also, WHO has earmarked its flexible resources to sustain critical polio capacities and functions at the country level in countries that are no longer supported by the Global Polio Eradication Initiative, tailoring support to the local context and adapting to evolving needs.

3. Although defined as a decentralized evaluation, the Evaluation Office managed the *evaluation of the WHO response to COVID-19 in Ukraine*, the report of which was issued in April 2022. Under the time frame from the start of the COVID-19 response to the end of 2021, the evaluation critically appraised WHO's contributions to the COVID-19 response in Ukraine, bearing in mind that these efforts were conducted in addition to continuing humanitarian aid in the eastern conflict area. Overall, the evaluation considered that the WHO Country Office in Ukraine was quick and effective in mobilizing

¹ The Evaluation Office webpage is available at <http://www.who.int/evaluation>, accessed 16 March 2023.

both human resources (increasing from 13 to 74 staff by August 2021) and financial resources (over US\$ 38 million) through efforts at the three levels of the Organization to respond to COVID-19 and provide support in a timely, well-prioritized manner. The Country Office's active engagement in the humanitarian response in the eastern conflict area for a number of years led to a good understanding of issues, and staff at the country level had well-established mechanisms to access expert professional knowledge and resources quickly and confidently, both nationally and internationally, from within and beyond WHO. The evaluation nevertheless concluded that the war and rapidly changing humanitarian situation in the country necessitated urgent attention to adapt the COVID-19 response, given the changed environment and response capacities within the country, as well as within the region.

4. An *evaluation of WHO's results-based management framework* was completed in December 2022, with the report being issued in January 2023. While documenting many developments on results-based management that have occurred in WHO, the evaluation identified six key issues encountered by WHO in the implementation of results-based management: an unclear conceptual framework for results-based management; duplicative and fragmented systems; the predominance of results-based management for accountability over decision-making; the weak organizational culture on learning; the fact that resources, structures and governance militate against the effective implementation of a results-based management approach; and the lack of focus on results-based management at country offices. The evaluation used elements of a developmental evaluation approach that include a consultative process with stakeholders (senior management, Member States) for identifying issues and developing recommendations based on the evaluations' findings and conclusions. The evaluation team put forward 10 recommendations, including short-term (within a year) and longer-term action points targeting the Secretariat, joint Secretariat-Member States, and Member States to address the identified issues. Follow-up to the evaluation is envisioned as part of the implementation of the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance¹ and the Secretariat implementation plan on reform.²

5. The *mid-term evaluation of the global strategy to Eliminate Yellow fever Epidemics 2017–2026* was completed in December 2022, with the report being issued in January 2023. In response to the 2016 yellow fever urban outbreaks in Angola and the Democratic Republic of the Congo and the threat of international spread, Gavi, the Vaccine Alliance, UNICEF and WHO developed a comprehensive, multi-partner strategy to eliminate yellow fever epidemics with the objective to protect at-risk populations, prevent international spread and rapidly contain outbreaks. The evaluation found that, despite significant progress, most notably on key immunization indicators and overall vaccine supply, yellow fever receives low prioritization compared to competing priorities at the three levels of the Organization. With a tendency at country level to focus on yellow fever during outbreaks, yellow fever is largely viewed as a vertical programme at global level despite evidence of good practices of integrated approaches at country level. Identified challenges point to the urgent need to roll out further subnational risk assessments, conduct immunization gap analyses, and establish guidance and funds for catch-up activities to reach high-risk and vulnerable populations and to address urban risk. The evaluation considered that sustainability concerns could be mitigated by strengthening collaboration with routine immunization programmes and mapping opportunities for multisectoral approaches. The evaluation team also recommended: addressing critical capacity requirements; relaunching the strategy for renewed political commitment and increased attention from stakeholders; expanding and diversifying the governance structure; revising the strategy's monitoring and evaluation framework; and developing a

¹ Document EB152/33.

² Document EB152/34.

“transition and sustainability framework” for the period 2024–2026 to prepare for the end of the strategy by 2026.

Inter-agency humanitarian evaluations

6. The report of the *Inter-Agency Humanitarian Evaluation of the Yemen Crisis*¹ was issued in July 2022. The Yemen crisis was one of the largest and most significant humanitarian responses by the Inter-Agency Standing Committee system in its history. The evaluation of the results of the collective humanitarian response by Inter-Agency Standing Committee member organizations found that, against the backdrop of significant political, logistical and bureaucratic challenges, the humanitarian response in Yemen scaled up impressively during the period 2017–2021, and saved lives, alleviated suffering and slowed the collapse of state services. Notably, the food security situation stabilized and slightly improved, levels of acute malnutrition declined and the outbreak of cholera was contained. Despite these considerable achievements, challenges included difficulties in ensuring quality aid provision, effective oversight, robust data collection and analysis, and a balance between long- and short-term competing priorities in a bitter war. The Yemen operation provided wider lessons for the humanitarian system in situations when it becomes the sole channel for international engagement, with the evaluation recommending a separate protracted crisis appeal system and the overhaul of the current system of collective data and analysis.

7. The report of the *Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response*² was issued in February 2023. Despite already being severely overstretched by exponentially rising levels of humanitarian need globally, the international humanitarian system expanded and adapted its programming to meet the needs of a vastly larger caseload of 250 million people, a nearly 40% increase over the 93 million people supported in the year prior to the pandemic. In so doing, it provided a safety net for millions of people who would otherwise have likely gone without support. The scale-up drew on the investment that had been made in strengthening global and country-level coordination, collaboration and partnership. While international humanitarian actors rose to the occasion when they were needed most, the evaluation found that the level of worldwide restrictions on international aid underscored the opportunity costs of humanitarian actors not having advanced long-sought reforms, such as support to locally led humanitarian action and strengthening accountability to affected people. Greater progress in these important areas would have helped the COVID-19 humanitarian response to meet the needs of all vulnerable people more appropriately; expand the available capacities to deliver; and address the trust deficit with communities, which was so essential to the promotion of healthy behaviours to contain the pandemic. The evaluation concluded that the humanitarian system needed to accelerate structural reforms to become more anticipatory, inclusive, holistic and local. While some of the changes needed go beyond what the humanitarian system alone could achieve, much could be done within the sector by removing obstacles (policy and legal) and creating incentives (financial in particular) to catalyse changes at various levels.

¹ Inter-Agency Humanitarian Evaluation of the Yemen Crisis, available at: <https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations-steering-group/inter-agency-humanitarian-evaluation-iahe-yemen-crisis>, accessed 16 March 2023.

² Inter-Agency humanitarian Evaluation of the COVID-19 Humanitarian Response, available at: <https://interagencystandingcommittee.org/system/files/2023-03/Inter-Agency%20Humanitarian%20Evaluation%20COVID-19.%20Main%20Report.pdf>, accessed 16 March 2023.

Decentralized evaluations

8. The *seventh external review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases*¹ (May 2022) found that the Special Programme is a highly administratively efficient and effective programme in delivering on its key performance indicators, supporting research that is widely-acknowledged as of good quality. It considered that the work of the Special Programme remains extremely relevant in its focus on implementation research and research capacity strengthening in low- and middle-income countries, but that this is not always well understood beyond its closest stakeholders. As a general recommendation, the review team suggested that the next strategy clearly define what implementation research means in practice and that success is no longer about the Special Programme identifying breakthrough products in specific diseases but rather about its partners improving implementation locally and nationally. The review team also recommended that for the next strategy the Special Programme include a provision for country-level evaluations/case studies focused on assessing the extent to which countries are generating and using research evidence and any contribution the Special Programme and its partners have made to this.

Management response: In its management response, the Secretariat has committed to organizing a broad, structured consultation for the development of the next strategy (2024–2029) during 2022 and 2023, during the course of which the recommendations of the review team will be given full consideration.

9. The *mid-term review of the Global Polio Eradication Initiative (GPEI) Gender Equality Strategy 2019–2023*² (October 2022) found that the Global Polio Eradication Initiative had taken decisive steps towards being more intentionally gender-responsive, integrating a gender perspective into different aspects of polio programming and interventions as well as organizational and management structures, and analysing and, to a certain extent, addressing gender-related barriers to immunization and surveillance. It has also made progress on the creation of a more gender-equitable institutional culture and environments, particularly as regards tackling sexual exploitation, abuse and harassment. However, the review considered that the Initiative was not on track to increase women’s meaningful participation at the different levels of the polio programme to work towards greater gender parity across the partnership, including at the management level and in advisory bodies. It proposed concrete steps to increase the meaningful and equal participation of women as workers at the forefront, including as vaccinators, social mobilizers and surveillance officers, and as programme beneficiaries, and for gender parity in Global Polio Eradication Initiative organizations and management and advisory bodies.

10. The *independent review of WHO’s response to COVID-19 in the Eastern Mediterranean Region* (February 2023) found that WHO successfully provided an appropriately tailored response to Member States’ needs and that WHO support frequently strengthened Member States’ own response efforts while contributing towards long-term capacity-building. It also found that, despite several internal and external challenges, WHO demonstrated a number of best practices that enabled successes in the COVID-19 response, including inclusive and experienced leadership at the Regional Office and in many country offices; the achievements of the regional Polio Incident Management Support Team in facilitating extensive communication and collaboration across functions; the scaling-up of the WHO

¹ Seventh External Review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, available at: <https://tdr.who.int/publications/m/item/seventh-external-review-of-tdr>, accessed 16 March 2023.

² Mid-term Review of the Global Polio Eradication Initiative (GPEI) Gender Equality Strategy 2019–2023, available at: https://polioeradication.org/wp-content/uploads/2022/11/GPEI-Gender-Equality-Strategy-Mid-term-Evaluation-Report_October-2022.pdf, accessed 16 March 2023.

logistics hub in Dubai to provide support for WHO globally and for responses other than COVID-19; and the critical role of the case management, clinical operations and therapeutics pillar in reducing the severity of COVID-19 cases and filling health systems gaps in low-income settings. Recommendations were aimed at improving the reach and quality of support provided in the ongoing COVID-19 response and in responses to future health emergencies and addressing the identified challenges, including structural gaps in technical expertise and operational capacity at regional and country levels; cumbersome administrative processes; the need to map country office leadership skills to Member State contexts; partner coordination and engagement; fragmented surveillance systems; and the inadequate incorporation of gender, equity and human rights in emergency response.

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