

2024 EVALUATION ANNUAL REPORT

ANNEX TO DOCUMENT EB154/4¹

This document contains supplementary information to the Evaluation Annual Report (EB155/4), presented to the 155th session of the Executive Board. It comprises two parts:

- (a) details of the implementation of the biennial evaluation workplans for 2022-2023² and for 2024-2025³ ; and
- (b) a summary of findings and synthesis of lessons learned from recent evaluations.

A. IMPLEMENTATION OF THE EVALUATION WORK PLANS 2022-2023 AND 2024-2025

1. The table below details the status of implementation of the evaluation workplans for 2022-2023 and 2024-2025 as of April 2024. For evaluations planned for the current biennium 2024-2025, only those which have confirmed funding are presented to indicate evaluations prioritized for implementations.

Global/joint thematic and programmatic evaluations	
Completed	<ul style="list-style-type: none"> (a) Mid-term evaluation of the Global Strategy to Eliminate Yellow Fever Epidemics 2017–2026 (October 2023) (b) Evaluation of WHO’s normative function at country level (December 2023) (c) Preliminary evaluation of the Special Programme on Primary Health Care (April 2024)⁴
Ongoing	<ul style="list-style-type: none"> (a) Formative evaluation of the implementation of the WHO policy on disability (Q4, 2024) (b) Evaluation of world health days (Q4, 2024) (c) Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (Q4, 2024) (d) Evaluation of the Member State Mechanism on Substandard and Falsified Medical Products (Q4, 2024) (e) Evaluation of WHO’s contribution to water, sanitation and hygiene, and health: the WHO global water, sanitation and hygiene strategy (Q4, 2024)
Planned	<ul style="list-style-type: none"> (a) Evaluation of the WHO Global Tuberculosis Programme (b) Evaluation of WHO’s contribution to the surveillance of, and preparedness for, public health emergencies

¹ Available at https://apps.who.int/gb/e/e_eb155.html

² Document EB150/35

³ Document EB154/31

⁴ Report to be uploaded to this page: <https://www.who.int/about/evaluation/corporate-evaluations/programmatic-evaluations>

Corporate evaluations on WHO's instruments and mechanisms	
Completed	(a) Evaluation of WHO's Thirteenth General Programme of Work (December 2023) (b) Independent Evaluation of WHO's Results-Based Management (RBM) Framework (February 2023)
Ongoing	(a) Evaluation of the functional reviews of WHO country offices in the African Region (Q3, 2024)
Planned	(a) Evaluation of the country cooperation strategy mechanism
Evaluations of emergency and humanitarian interventions, including inter-agency joint evaluations	
Completed	(a) Independent review of WHO's response to COVID-19 in the Eastern Mediterranean Region (February 2023) (b) Evaluation of the WHO Community Engagement Research Initiative (May 2023) (c) Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023) (April 2022) (d) Evaluation of WHO's response to COVID-19 in Ukraine (October 2022) (e) Inter-Agency Humanitarian Evaluation of the Yemen Crisis (July 2022) (f) Inter-Agency Humanitarian Evaluation of the COVID-19 Humanitarian Response (March 2023) (g) The joint IFRC-WHO-UNICEF evaluation of Risk Communication and Community Engagement Collective Service (February 2024) (h) Combined evaluation of DG ECHO's Humanitarian Response to Epidemics and DG ECHO's Partnership with WHO, 2017-2021 (December 2022)
Ongoing	(a) Evaluation of the Global Task Force on Cholera Control (Q4, 2024) (b) Inter-Agency Humanitarian Evaluation in Somalia (Q4, 2024) (c) Inter-Agency Humanitarian Evaluation of the Northern Ethiopia crisis (Q4, 2024) (d) Inter-Agency Humanitarian Evaluation of the response to the humanitarian crisis in Afghanistan (Q4, 2024) (e) Inter-Agency Humanitarian Evaluation of the humanitarian response to the earthquakes in the Syrian Arab Republic and Türkiye (Q4, 2024)
Planned	(a) Joint evaluation of the Inter-Agency Standing Committee's Global Health Cluster (b) Evaluation of emergency interventions and humanitarian actions in Somalia (c) Evaluations of WHO's interventions in a crisis country (d) Inter-Agency Humanitarian Evaluations of Grade 3 emergencies (three–four per biennium)
Evaluations of WHO's contributions at country level, jointly conducted with the Regional Office¹	
Completed	(a) Evaluation of WHO's contributions at country level in Iraq (April 2024) (b) Evaluation of WHO's contributions at country level in Djibouti (April 2024) (c) Evaluation of WHO's contributions at country level in Tunisia (April 2024)

¹ Report to be posted on this page: <https://www.who.int/about/evaluation/corporate-evaluations/office-specific-evaluations>

Planned	(a) At least one evaluation of WHO's contribution at country level every year in each Region
Decentralized evaluations conducted by headquarters departments, regional offices or country offices	
Completed	<p>(a) Evaluation of the Pan American Health Organization response to COVID-19 2020–2022 (October 2023))</p> <p>(b) Evaluation of the Pan American Health Organization technical cooperation in noncommunicable disease prevention and control in the Americas (September 2023)</p> <p>(c) Evaluation of the implementation of results-based management framework in the Pan American Health Organization (December 2023)</p>
Ongoing	<p>(a) Evaluation of the Research Ethics Review Committee</p> <p>(b) Evaluation of the Pandemic Influenza Preparedness (PIP) Framework's Partnership Contribution (PC) Preparedness High-Level Implementation Plan II 2018–2023</p> <p>(c) Joint Evaluation of the COVAX Pillar delivery efforts together with GAVI, the Vaccine Alliance and UNICEF</p> <p>(d) Evaluation of the integration of gender equality in PAHO's technical cooperation in health in the Americas</p> <p>(e) Evaluation of the progress on the Decade for Health Workforce Strengthening in the South-East Asia Region 2015–2024</p> <p>(f) Evaluation of the adoption of people-centred noncommunicable disease service delivery within primary health care in countries in the South-East Asia Region</p> <p>(g) Evaluation of the Regional Action Agenda on Harnessing e-Health for Improved Service Delivery in the Western Pacific Region</p>
Planned	<p>(a) Evaluation of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases</p> <p>(b) Evaluation of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases</p> <p>(c) Evaluation of the International Agency for Research on Cancer medium-term strategy for 2021–2025</p> <p>(d) Developmental evaluation of the programme: advancing abortion as health care within a framework of universal access to comprehensive sexual and reproductive health and reproductive rights, gender equality and bodily autonomy</p> <p>(e) Evaluation of the International Agency for Research on Cancer medium-term strategy for 2021–2025</p> <p>(f) Mid-term evaluation of the Thailand Country Cooperation Strategy 2022–2027</p> <p>(g) Evaluation of communication related to public health events under the International Health Regulations (2005) in the WHO South-East Asia Region</p>

B. SUMMARY OF EVALUATION FINDINGS AND SYNTHESIS OF LESSONS

1. Key findings of WHO's evaluations completed since the last annual report (document [EB 153/6](#)) are presented below. Unless otherwise stated, all completed evaluation reports are available on the Evaluation Office's website.¹

Global-level evaluations

2. The findings of the **evaluation of WHO's Thirteenth General Programme of Work, 2019-2023**² have informed the preparation of the draft Fourteenth General Programme of Work, 2025–2028, in particular its theory of change and results framework. Overall, evidence showed that achieving the existing triple billion targets is proving challenging, with disparities in progress towards universal health coverage and financial hardships impacting vulnerable populations. Weaknesses in health systems have been exposed during health emergencies, affecting immunization and surveillance. Although the current triple billion approach is innovative in the way that it aggregates progress across three strategic priorities into a measure of impacted lives, significant challenges in building the indices and making this relatable at country level have yet to be resolved. Despite the Secretariat's efforts to enhance reporting and promote data-driven decision-making, the present approach mainly serves communication and advocacy, with limited support for accountability, decision-making and learning. Recommendations in the evaluation for WHO's future direction include bridging data gaps, addressing immediate impacts of COVID-19, refining the results framework, enhancing data collection, scaling up result-oriented delivery, and aligning financing more effectively with strategic priorities.

3. The **evaluation of WHO's normative function at country level**³ helped to strengthen one of WHO's core functions. Evidence showed that WHO made progress in prioritizing and aligning normative products with Member States' priorities and that its products were highly valued and trusted by health ministries. Furthermore, it showed that WHO's normative function contributes to health outcomes, while more rigorous monitoring and evaluation are needed, including regular feedback loops to identify the extent to which end-user needs are met. Overall, it recommended that global normative products as well as gender equality and health equity considerations need to be more effectively integrated into country support plans. In future, the Secretariat will better prioritize normative products and guidance according to the country context.

1. The **evaluation of the Special Programme on Primary Health Care**⁴ showed that, although the original design was relevant, the programme had expanded beyond its intended scope without a clear strategic approach to anchor Organization-wide accountability for primary health care results. Overall, a more systematic approach to networking across WHO's departments is needed. The structural and functional relationship between the Special Programme and the Universal Health Coverage Partnership in particular needs to be clarified and strengthened. Furthermore, the evaluation also highlighted the need to avoid overlaps in the work of the Programme and other relevant departments and units through better collaboration and coordination. Its advocacy work and the promotion of guidance and tools on primary health care had added value. Much more attention was needed, however, to address real issues faced by countries in operationalizing policies and plans on primary health care. The programme, through the Universal Health Coverage Partnership, has been providing bottom-up country-driven support, offering good prospects for sustainability, yet more attention is needed on multisectoral action and community empowerment, both important pillars of primary health care and critical for sustainability. The evaluation also concluded that the programme could integrate

¹ WHO Evaluation Office. Geneva: World Health Organization. Website (<http://www.who.int/evaluation>, accessed 30 March 2024).

² Document EB/154/INF/1 (2024).

³ Evaluation of WHO normative function at country level: report. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/who-dgo-evl-2023-7>, accessed 30 March 2024). It focused on six normative products and closely looked at how these normative instruments are implemented in seven countries (Ethiopia, Jordan, Maldives, Pakistan, Philippines, Rwanda and Uganda).

⁴ The report to be uploaded to this page: <https://www.who.int/about/evaluation/corporate-evaluations/programmatic-evaluations>

gender dimensions much better and improve prioritization of countries for support. It recommended: developing clearer accountabilities for primary health care across the Secretariat, linked to specific outcomes, outputs and indicators in the results framework of the general programmes of work; developing a new strategic approach to promote primary health care through global advocacy, policy and strategic partnerships; overhauling the Special Programme's design, organizational structure and ways of working to ensure that it is fit for purpose to implement the strategy; and supporting the Programme to spearhead the effort for the Secretariat to scale up the primary health care approach and to be responsive to country demands, by means such as shared learning and capacity strengthening for staff members engaged in technical support on primary health care. Following the evaluation, the Secretariat has already taken steps to improve accountability and coordination among the programmes and departments involved in primary health care and universal health coverage.

2. **The joint evaluation of Risk Communication and Community Engagement Collective Service** by the International Federation of Red Cross and Red Crescent Societies, the United Nations Children's Fund (UNICEF) and WHO aimed to improve coordination and collaboration for community-led responses to public health emergencies. The evaluation found that the Collective Service contributed positively in some technical areas such as provision of coherent guidance and improved information management and confirmed that collaboration enhanced the delivery and quality of service, empowered communities and reduced the spread of COVID-19. The evaluation also identified challenges that have emerged, including a mismatch between the objectives set and the resources available, limited communication about its purpose, insufficient integration into the mainstream work of core partners, and an inadequate formal agreement on which to base the partnership. The evaluation recognized the achievements of the Collective Service and its potential for further development and offered strategic options to develop a future vision and model for the Collective Service and to shape key elements such as its services, membership and fundraising approach.

Regional evaluations

3. The evaluation of the Pan American Health Organization response to COVID-19 2020–2022 drew lessons that helped to better prepare the Organization for future global pandemics. The evaluation of its technical cooperation in noncommunicable disease prevention and control in the Americas informed the policy on noncommunicable diseases in young people and promoted the use of WHO's implementation road maps. Furthermore, it contributed to enhanced coordination of the Pan American Health Organization with actors beyond health ministries.

Evaluations of WHO's contributions at country level

4. The evaluations of WHO's contributions at the country level were jointly conducted with the Regional Office for the Eastern Mediterranean in Djibouti, Iraq and Tunisia. They found that, overall, WHO's work at country level has been relevant to national health needs and was aligned with national policies. WHO was recognized for its strategic and operational collaboration with national partners, particularly the health ministry, and with international partners. WHO has demonstrated good positioning with other entities in United Nations country teams, where its health-sector leadership in standard setting and policy support was well recognized, including in emergency settings where WHO leads the Health Cluster coordination.

5. However, the lack of a country cooperation strategy and/or an agreed long-term vision developed in collaboration key national stakeholders was negatively affecting the strategic positioning of WHO with national counterparts. This disadvantage was especially true when national partners, particularly the health ministry, lacked national health strategies or action plans linked to the national budget and had a high turnover of officials. The consequence was ultimately decreased sustainability of interventions and the ability of the Secretariat to support health system strengthening. The Secretariat can play an important role in providing strategic support to the governments to strengthen their leadership, planning and coordination of health actors, as well as the health-sector governance and financing. If a country cooperation strategy is developed, WHO would be more effective in this role.

6. WHO’s country offices have been implementing many programmes across all health areas. Yet verticalization and specialization of programmes, mirroring WHO’s global and regional structure, have limited a more strategic and cross-sectoral approach and the programme effectiveness. There was a need for a shift in perspective towards a country-centred approach supporting the technical and operational needs of the country offices in a more coordinated and synergistic manner. Particularly evident was the lack of a systematic approach to strengthen universal health coverage with a focus on primary health care. Adopting a whole-of-society, whole-of-government, multisectoral approach will enhance the effectiveness of WHO’s programmes, strengthen its internal and external coherence and improve collaboration across a wider set of stakeholders beyond traditional counterparts within health ministries.

7. A major challenge was found to be performance monitoring and the availability of reliable and timely data from countries. This limited the capacity of WHO to assess its activities’ effectiveness and efficiency and to correct its course when necessary. Country offices generally reported their performance against regional key performance indicators and did not have their own. The linkages between country-level reporting and the data chain at global and corporate levels remained unclear.

8. There was also a need to pay more attention to gender-equity and human-rights dimensions and social determinants of health and to ensure that WHO’s programmes are addressing the needs of the most vulnerable populations. More effort is needed to identify issues and use evidence to strengthen the equity dimension of its programmes.

9. In emergency responses, through collaboration with and capacity-building of national partners for service delivery, WHO has been able to reach hard-to-reach populations, such as refugees, internally displaced populations and particularly vulnerable groups (for example, women victims of gender-based violence). However, it was considered important to devise “responsible disengagement” approaches to ensure sustainability after the intervention ended.

10. The evaluations highlighted technical areas that were producing positive results, such as in reproductive maternal, newborn and child health and in digitalization of health information systems, and found an increasing recognition of the importance of mental health issues. The response to COVID-19 demonstrated the Secretariat’s important role in: providing relevant real-time scientific information, coordinating and mobilizing national authorities; and facilitating and activating emergency-response mechanisms to save lives. A platform was provided for countries to develop and institutionalize emergency preparedness and response mechanisms to prevent and respond to future crises.

11. Evidence from the three evaluations of WHO’s contribution at country level will be used to strengthen the Secretariat’s support to countries. During the second quarter of 2024, the country office in Tunisia plans to use the findings to formulate a new strategic direction. Other countries are expected to do the same during the year. Lessons from these evaluations will feed into the development of new corporate guidelines on country cooperation strategies.

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