

# EVALUATION *matters*



NEWSLETTER OF THE WHO EVALUATION OFFICE

## **Evaluation - an independent and credible tool to demonstrate WHO's added value in health emergencies**

In 2016, Member States approved the new WHO health emergencies programme that will help the world's most vulnerable communities by providing more flexible, rapid and effective responses to health crises. For the WHO Secretariat, it is critically important that the programme demonstrates:

- i) its added value in health emergencies in an independent and credible manner;
- ii) its accountability to affected populations; and
- iii) its ability to learn from its experiences and further strengthen the health emergencies programme.

The Evaluation Office supports the WHO Secretariat to achieve these objectives in different ways. Firstly, it is part of the Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG). Chaired by the Office for the Coordination of Humanitarian Affairs, this group is comprised of the Evaluation Directors of the Food and Agriculture Organization of the United Nations, the International Federation of Red Cross and Red Crescent Societies, the United Nations Population Fund, the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the World Food Programme and WHO. Two seats are also reserved for nongovernmental organization members. The overall goal of the IAHE SG is to promote collective accountability for humanitarian results and ensure

### **In this issue**

Evaluation - an independent and credible tool to demonstrate WHO's added value in health emergencies.	1
Evaluation of the impact of WHO publications	3
Rapid Assessment of the Technical Support Network provided by WHO to the Revised National Tuberculosis Control Programme in India	4
Ongoing and planned evaluations	5
The Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the Crisis in the Central African Republic	7
News/events and Resources	8

that lessons are captured and used. More specifically, the Steering Group is responsible for the guidance to and conduct of evaluations of all system-wide Level 3 emergencies. Key findings from the last IAHE evaluation in the Central African Republic are presented later in this newsletter. In future, the Evaluation Office will be more actively engaged with IAHE and whenever possible will contribute actively to joint evaluations of response to emergencies. The Evaluation Office is also supporting decentralized evaluations directly initiated by the new WHO health emergencies programme.

The Humanitarian Evaluation Interest Group of the United Nations Evaluation Group focuses on two main areas of research related to humanitarian evaluation: humanitarian principles and the humanitarian development nexus. The WHO Evaluation Office is actively involved in this group with its second area of research being of particular interest,

given that WHO is the co-chair of the Inter-Agency Standing Committee task team focussed on strengthening the humanitarian development nexus.

Finally the Evaluation Office is participating in the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP). This network's main area of focus is evaluation. It contributes to improving the quality of evaluation of humanitarian action and related research and learning activities. This entails developing guidance on humanitarian evaluation, providing a repository of knowledge for the humanitarian system through the HELP library and offering a platform for evaluators to connect with their peers across the Network. In 2016, ALNAP issued the first comprehensive Evaluation of Humanitarian Action guide: this is presented later in the newsletter.



**Anne-Claire Luzot**  
Chief Evaluation Officer/Coordinator  
WHO Evaluation Office



**Dr Elil Renganathan**  
DG Representative for Evaluation and  
Organizational Learning  
WHO Evaluation Office

## KEY RECENT WORK OF THE EVALUATION OFFICE

### Evaluation of the impact of WHO publications

The overall purpose of this evaluation was to assess the impact of WHO publications by considering the reach, usefulness, and use of a sample of WHO information products as estimates for their impact. The evaluation was conducted between December 2015 and September 2016 and used multiple lines of evidence including interviews, document review, case studies, surveys and bibliometrics. **The scope of the evaluation covered 10 years and approximately 15,000 publications.** Given this broad scope, only a general assessment was possible and it is likely that exceptions to the findings will be found in some WHO programmes. Conclusions are presented by reach, use, usefulness and publications policy.

With regards to **reach**, after consideration of all lines of evidence and findings, the general conclusion is that WHO publications are not fully reaching their intended audience and, during planning, all segments of the audience are not fully identified. Other important conclusions with regards to reach are: **Dissemination:** There is room for improvement in information dissemination; **Targeting:** WHO products are often described as “too long, too technical” and need to be tailored to different audiences, for example, summaries of technical documents that are written in a more accessible, user-friendly format with a less technical language so they are more concise and clear; **Language:** Language is a barrier to reach, although the extent to which it is a barrier is difficult to determine. It should be noted that even the six official UN languages cover only half of the world’s population, so while it is a good objective to have, it still falls very short of universal coverage.

Regarding **usefulness**, in general, WHO publications are perceived as being very useful. WHO is, however, facing an increasingly complex global health agenda which implies more needs, more stakeholders and more actors, without necessarily more resources. The frequent comments regarding WHO publications being either too long or too technical is an indication that there are important audiences whose needs are not being addressed by technical documents alone, and that derivative products for other target audiences should be planned upfront and produced.

Regarding **use**, there is evidence that some

WHO publications are used by countries as authoritative sources for decision making and policy making. That is especially true of guidance documents, and authoritative publications such as the Weekly Epidemiological Report. In general, there is room for improvement to maximize the return on investment of publications. Better publication planning around target audiences and dissemination, more active dissemination and communication, and translation were some of the common themes that were identified as a means to improve the use and maximize the impact of WHO publications.

Regarding **WHO publications policy**, one gap identified by interviewees is the need for a publication strategy that defines the role of publications in achieving organizational and programmatic goals, sets priorities, monitors compliance, and is set in a knowledge translation framework. Also, quality assurance has been found to be inconsistent.

#### Recommendations

The broader context in which the recommendations are placed is that resources are scarce and, in order to maximize impact, resource allocation decisions will need to be made so that priority products can be adequately translated and derivative products produced as needed to meet different target audiences within a programmatic area. The following recommendations and accompanying recommended specific actions can be found [here](#).

#### Strategic Recommendations

- WHO should develop a **publication strategy** within a broader knowledge translation framework that provides the model for programmes to properly and rigorously plan, develop, disseminate and monitor their publications.
- WHO Programmes should clearly identify **information needs and the target audiences** for their publications.
- WHO should develop a more proactive dissemination strategy.
- **WHO should better integrate quality assurance** throughout the entire publication process, from initial planning to finalization.
- WHO should develop and implement an M&E framework to provide **monitoring information** on the reach, uptake and impact of WHO publications.
- Programme publication strategies should include **translation plans** that are based on programme information needs assessments.

## SELECTED DECENTRALIZED AND JOINT EVALUATIONS

---

### **Rapid Assessment of the Technical Support Network provided by WHO to the Revised National Tuberculosis Control Programme in India**

Since 1999, the WHO Country Office for India has been providing technical assistance to the Revised National Tuberculosis Control Programme (RNTCP) of India through its Technical Support Network (TSN). The TSN comprises a team of technical consultants who work in coordination with the central and state governments to strengthen RNTCP activities through technical support in planning, training, surveillance, operational research and monitoring and evaluation. This rapid assessment of the TSN was commissioned by USAID/India and two external consultants were contracted to provide an independent assessment of the perceived value of the WHO-RNTCP TSN and identify the factors affecting its performance. The objectives also included drawing forward-looking lessons and making recommendations to inform future technical assistance activities. The assessment examined the need and scale for technical assistance from the WHO-RNTCP TSN to support TB control activities in India, the performance of TSN consultants against their current terms of reference, and their role and usefulness considering the changing context of TB in India.

The rapid assessment was carried out during 1 July – 5 August 2016, using a mixed-methods approach. It entailed desk analysis of reports, circulars, orders, and other administrative tools related to the WHO-RNTCP TSN; analysis of countrywide data on technical assistance, responses elicited from the consultants within the TSN; field visits and interviews with key informants; reviews of past evaluations; interviews with WHO and RNTCP staff, national programme managers, and other key stakeholders; and an in-depth case study.

The most important finding of the assessment pertains to the crucial role the WHO-RNTCP TSN plays in the planning, implementation and monitoring of the RNTCP, from the national level to programme activities in the field (states and districts). The findings also attest to the role and usefulness of the TSN, especially in view of the changing context of TB in India. Key informants universally perceived the TSN as being crucial to the RNTCP's trajectory and advances in TB prevention and control in India, and expressed doubts whether these accomplishments could have been possible in the absence of technical assistance support provided by the TSN. More specifically, most key informants positively viewed the role that the TSN has played in transfer of technical knowledge and skills to the states. This rapid assessment also threw into sharp focus the uncertainty the TSN has recently experienced regarding its funding sustainability. Ironically, at a time when the Government of India has endorsed the End TB Strategy and SDGs, resources for additional technical assistance do not appear sufficient for the anticipated growing needs and demands. The findings have one clear message: continue to support the TSN with enhanced capacities and resources, including assured funding, to address the emerging priorities in line with national and international commitments to eliminate TB. Ultimately, there is a need to have in place a robust transition plan for technical assistance support, possibly by building the states' capacity through third-party expertise. The evaluators have proposed short-term, medium-term and long-term recommendations, details of which can be viewed in the complete report, which will shortly be available on the WHO India country office website.

## ONGOING & PLANNED EVALUATIONS

### Evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals (MDGs)

This is a priority evaluation for 2016-2017 and comes at a judicious time to inform the Secretariat's engagement in the Sustainable Development Goals (SDGs). It will cover the MDG period from 2001 to 2015 and the contribution of the WHO Secretariat to the health-related MDGs at the global, regional, and national levels. The evaluation will mainly consider the relevance and responsiveness of the WHO Secretariat's contribution to country health needs in achieving the MDGs as well as the effectiveness of its contribution. The evaluation will not assess impact as attribution of changes in the MDG targets cannot be attributed to the WHO Secretariat alone.

#### Objectives and Users of the Evaluation

For the WHO Secretariat, the evaluation findings and recommendations will inform:

- a) The framing/design, planning and operationalization of its contribution to the health-related SDGs and targets, in particular at country-level considering the leading role of countries in the SDGs;
- b) The monitoring and evaluation framework to assess its future contribution to the health-related SDGs; and
- c) The relevant partnerships in which the Secretariat has been engaged to contribute to the health-related MDGs.

For Member States: The evaluation results will inform further discussions about the SDG implementation in the design and planning of the General Programme of Work and Programme Budget at meetings of the Governing Bodies.

#### Five Key Evaluation Questions

1. How did the WHO Secretariat respond to the adoption of the MDGs?
2. Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs and consistent with the Organization's mandate?
3. What have been the main results of the Secretariat's contributions to the achievement of the health-related MDGs as expressed through its 6 core functions?
4. Positioning and partnerships: how did the Secretariat work with others to support the achievement of MDGs?
5. What are the main lessons learned to take into account for the Secretariat's engagement with the health-related SDGs?

### Evaluation of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products

In order to protect public health and promote access to affordable, safe, efficacious and quality medical products, the Sixty-fifth World Health Assembly adopted resolution WHA65.19, in which it decided to establish a mechanism whose general goal is to promote effective collaboration among Member States and the Secretariat, for the prevention, detection and response to substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products and associated activities.

In line with the terms of reference of the Member State mechanism, the Evaluation Office is conducting a review of this mechanism in order to estimate the extent to which the mechanism has progressed in achieving its objectives; to identify gaps and remaining challenges; and to make recommendations on the way forward.

The scope of the review will cover the implementation of the eight strategies and action areas defined in the work plan of the Member State mechanism, together with their relationship with the achievement of the objectives of the mechanism, and will cover the period 2012-2016. An electronic survey has been launched to seek the informed opinion of the primary stakeholders of the mechanism, namely all Member States (including health ministries and national/regional regulatory agencies), together with Secretariat staff involved in supporting the implementation of the mechanism by Member States. Nongovernmental organizations in official relations with WHO will also be invited to express interest in participating in this review.

The findings of the review will be presented to the Seventieth World Health Assembly in May 2017.

## ONGOING & PLANNED EVALUATIONS (continued)

---

### Leadership and management at WHO: evaluation of WHO reform, third stage - update

The evaluation of WHO reform, third stage, is being conducted by an independent external evaluation team that was selected through a competitive bidding process. The evaluation aims to assess:

- i) the status of actions taken on the Stage 1 and Stage 2 evaluation recommendations; and
- ii) progress made on implementation and the effectiveness of the WHO implementation approach across the three levels of the Organization

It also aims to provide recommendations on the way forward.

The evaluation team prepared an inception report which has been reviewed by the ad hoc Evaluation Management Group and other reform stakeholders.

The evaluation is now in the data collection stage, which will include a document review, key informant interviews with relevant stakeholders (including Member States, partners and staff members) and site visits. This will be complemented by a global electronic survey addressed to all staff members, to be conducted in January 2017. The final evaluation report will be available in April 2017.

## PLANNED EVALUATIONS

### Country office evaluations

As part of its approved work plan for 2016-2017, the Evaluation Office will undertake up to three country office evaluations, the main purpose of which is to assess WHO's achievements at country level. These evaluations will include not only results from the WHO country office itself but also the effectiveness of the contributions from HQ and regional levels in the said country. In addition, these evaluations aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context.

The country office evaluations will be informed by the lessons learned and tools developed in the recent [evaluation of WHO's presence in countries](#)

The Country Cooperation Strategy (CCS) will serve as the main reference document for these evaluations along with key relevant strategic instruments, such as the General Programmes of Work, the biennial programme budgets and the biennial country work plans. To the extent possible, the evaluation period will start with the approval of the CCS and usually cover a period of 4 to 5 years so that the results are available in time to inform the next CCS.

The evaluations will address the following high-level questions:

- i) Were the strategic choices made in the CCS (and other relevant strategic instruments) addressing the country's needs and coherent with government and partners' priorities?
- ii) What is the contribution/added value of WHO towards addressing the country's health needs and priorities?
- iii) How did WHO achieve the results?

The evaluations will be conducted by the Evaluation Office, supported by independent senior evaluators. The selection of countries in which to initiate these country office evaluations is being finalized in collaboration with regional offices, and the first country office evaluation is planned to start in February 2017 in Thailand.



## ORGANIZATIONAL LEARNING: FINDINGS, RECOMMENDATIONS, ACTIONS & LEARNING

---

### The Inter-Agency Humanitarian Evaluation (IAHE) of the Response to the Crisis in the Central African Republic

The Inter-Agency Humanitarian Evaluation (IAHE) is part of the Humanitarian Programme Cycle. It aims to be a tool for accountability and learning regarding how the overall humanitarian response has worked and areas where improvements are needed.

The Central African Republic faced a chronic crisis in human development and governance within a 'silent and forgotten' emergency. When political rivalries triggered a violent conflict in 2013, approximately 2.2 million Central Africans were in need of humanitarian assistance and one fifth of the country's population was displaced. In December 2013, the Emergency Relief Coordinator declared a system-wide Level 3 emergency response which also triggered the conduct of an IAHE.

The evaluation found that the inter-agency humanitarian response made major contributions to the provision of basic services, reinforcing protection and delivering assistance to around two million people in need. It contributed enormously to relieving the crisis, saving many thousands of lives and preventing famine, disease outbreaks, mass atrocities and larger refugee outflows. These successes were achieved in a very complex and constrained environment: a collapsed state, minimal infrastructure, widespread insecurity and international neglect.

It is worth noting that WHO is positively referred to in paragraph 10 of the main report as follows: *Performance monitoring systems were highly unsatisfactory. Stakeholders all highlighted weaknesses in monitoring and evaluation (Me3E), no framework or system existed for monitoring the response (except for the World Health Organization [WHO] needs review exercise) and related technical support and tools were lacking.*

However, the evaluation also identified weaknesses. Among others, it found that:

- The response struggled to deliver strong results in relation to its strategic objectives.
- The response focused only on the immediate term without a strategic vision for solutions, resilience, early recovery or national response capacity. The response did little to offset negative contributions to aid dependency,

inflation or short-termism in national planning.

- The performance management framework, as offered by the Strategic Response Plan strategic planning process, was inadequate for strategic management, course correction, and accountability. It did not systematically monitor progress, strengths and weaknesses, including coverage, quality and efficiency.

- The response was too dependent on the powerful Level 3 mechanism and surge capacity. The Level 3 application was the main factor for success with a large positive impact on mobilizing resources in response to the immediate crisis. However, the Level 3 mechanism was not adapted to address Central African Republic's chronic emergency.

- The response's leadership was undermined by structural weaknesses and poorly functioning coordination mechanisms. Coordination mechanisms (Humanitarian Country Team, Inter-Cluster Coordination, and clusters) and information management were generally weak and functioned poorly, leaving gaps in 'strategic' coordination and the absence of a galvanizing narrative for all stakeholders.

- The Humanitarian Programme Cycle model did not increase effectiveness because of difficulties in its application. While all steps in the process were carried out, the Humanitarian Programme Cycle contributed little to effectiveness, speed, efficiency, transparency, accountability, and inclusiveness.

- Coverage of all needs prioritized by severity remained a fundamental challenge. The response increased coverage to reach many people in need, but the scale of targeting and funding was insufficient compared to actual needs.

- The response did not listen well to the people affected. Despite Inter-Agency Standing Committee pressure and the deployment of a thematic adviser, the five Inter-Agency Standing Committee Accountability to Affected People commitments were poorly applied, neglected at the strategic level and widely misunderstood.

The [evaluation](#) made **five recommendations** at the strategic level, addressing weaknesses of the inter-agency response in the domains of:

- i) inter-agency strategy and performance;
- ii) mobilizing capacity beyond a Level 3 declaration;
- iii) strategic leadership in chronic emergencies;
- iv) effectiveness of Humanitarian Programme Cycle coordination model, and
- v) accountability to affected populations.

## News/Events

**Roundtable event:** *“How can evaluations help international organizations grow wiser”*. 9 December 2016

On the occasion of the 10<sup>th</sup> anniversary of the Geneva Evaluation Network, the United Nations Economic Commission for Europe and the Permanent Mission of Switzerland to the WTO and EFTA (UNECE, UNCTAD, ITC) organized the above roundtable event. The interactive discussions focused on how



evaluation results are used; how evaluation informs decision-making by the Secretariat and policy making by Member States; and how evaluation results feed into programme planning. A summary of the discussion and recommendations on how to improve and strengthen the evaluation function in international organizations will be presented by Switzerland to the Executive Committee of UNECE.

Photo: Delegates at the Geneva Evaluation Network 10<sup>th</sup> anniversary roundtable event: “How can evaluations help international organizations grow wiser”. Geneva, 9 December 2016

## Resources

- **New, comprehensive *Evaluation of Humanitarian Action (EHA) Guide***

Released in October 2016, the [Evaluating Humanitarian Action Guide](#) supports humanitarian evaluation specialists and non-specialists in every stage of an evaluation, from initial decision to final dissemination.

- **Lessons learned** from three recently completed Inter-Agency Humanitarian Evaluations in the Central African Republic, the Philippines and South Sudan. Click [here](#).
- WHO Evaluation Practice Handbook. Geneva: World Health Organization; 2013. To view, click [here](#).
- The WHO evaluation practice handbook is now available in iLearn, the global learning and management system, as an online tool for WHO staff across the three levels of the Organization for review and self-learning.
- United Nations Evaluation Group Document Library. Access [here](#).

## CONTACT

Evaluation Office  
World Health Organization  
CH-1211 Geneva 27  
Switzerland  
Email: [evaluation@who.int](mailto:evaluation@who.int)  
Website: [www.who.int/evaluation](http://www.who.int/evaluation)