

# Evaluation of Global Health Days

## 2019-2023



Image: 2023 World Health Day theme: Health for All

## Evaluation Brief

### Purpose

WHO's mandate includes raising awareness about global health issues and mobilizing support for action globally, regionally and nationally. One strategy in this effort is the observance of Global Health Days and Weeks ("the Days", "the Weeks"), which serve as campaigns to highlight priority health concerns. WHO leads and supports these campaigns, some of which are mandated by the World Health Assembly or UN bodies, while others are initiated by non-state actors. In total, WHO recognizes 108 such observances, though only 11 Days and two Weeks are officially mandated by the World Health Assembly, receiving more resources and attention.

### Focus

The evaluation served both accountability and learning purposes, supporting WHO's responsibility to stakeholders, including Member States, the Executive Board and participants in WHO-led global health campaigns. The specific objectives were to assess WHO's process for planning and managing the Days, evaluate their contribution to any visible changes from 2019 to 2024, and identify key lessons and recommendations for sustainable improvements in coordination, measurement, and learning.

### Methods

The evaluation applied a non-experimental and theory-based approach. Using mixed-methods, data collection included a review of documents and campaign evaluation dashboards, a resource analysis, key informant interviews and focus group discussions (120 participants), an online survey (111 responses), and case studies of two Days, – World Blood Donor Day and World No Tobacco Day – and one Week, – World Immunization Week (WiW).

### Key Findings

**1. Relevance:** The Days' objectives have remained relevant to evolving health priorities, with adaptations at regional and national levels. The Days generally aligned with Sustainable Development Goal (SDG) 3 and WHO's Triple Billion Goals. However, some global themes were seen as too broad or too narrow, reducing their effectiveness, and unclear target audiences further weakened their impact. Emerging health issues were often addressed by non-mandated Days, making them a lower priority for WHO. Of the neglected areas identified, mental health and maternal, child, and infant mortality were the least addressed by the Days, although these areas were often addressed by non-mandated Days. Stakeholder ownership was strong at the global level but varied regionally and nationally, depending on involvement in campaign adaptation and execution.

**2. Coherence:** The Days were generally aligned with WHO's high-level strategic priorities, the Director-General's vision, and external partners' objectives. While campaigns allowed some flexibility for regional and national adaptation, external partners often interpreted them through their own priorities, sometimes leading to competing messages. Despite strong alignment with WHO's goals, there is no formal process for regularly reassessing or "sunsetting" Days to ensure continued relevance as priorities evolve.

**3. Effectiveness:** Achievements of the Days were seen in (i) increasing visibility, (ii) encouraging behaviour change and community engagement, (iii) advocating for policy change and (iv) establishing partnerships and collaboration. However, some campaign goals were often broad, focused on visibility, and lacked SMART objectives, making evaluation difficult. While WHO leveraged some Days for visibility and leadership, effectiveness varied based on coordination and partner engagement. Success factors included adaptable materials, digital outreach, strong networks, and high-profile support, while constraints included resource limitations, coordination and measurement challenges. Monitoring systems primarily tracked outputs rather than outcomes, limiting WHO's ability to assess long-term impact or identify potential negative effects.

**4. Coverage:** The Days reached key audiences but struggled to engage marginalized and rural populations due to resource limitations, varying partner capacities, and a lack of clear target audience definitions. Mainstream media provided the widest reach, while social media and thematic events also played significant roles. Campaign materials were generally high-quality, with strong visuals and storytelling, but challenges remained in timely delivery, localization, message testing, and balancing technical and communication messages.

**5. Efficiency:** The Days optimized limited resources through collaboration and partnerships, but budgets were insufficient and unevenly distributed, with minimal funding at the country level. Staffing availability varied, with partners also contributing significant financial and human resources. While campaign objectives were research-based, limited opportunities for regional and country offices to provide feedback raised concerns about the application of evidence-based approaches. Coordination lacked standardized processes and created some confusion for WHO partners.

**6. Sustainability:** WHO's internal processes for the Days showed varying levels of sustainability, with strong practices in planning, collaboration and content development, but challenges in resource constraints, coordination and evaluation. Continuity was supported through ongoing partner engagement, though innovation in campaign formats was lacking. Internal systems were moderately effective, relying on workstreams, partnerships and local adaptation, but faced issues such as limited resources, personnel shortages and rushed planning. While some best practices were shared informally, systematic documentation was lacking. Key lessons identified included early stakeholder engagement, consistent messaging, structured evaluation and feedback, and strong networks for successful implementation.

## Conclusions

**1. Lack of Prioritization and Focus:** WHO has struggled to manage the growing number of mandated and non-mandated Days with limited resources. No mechanisms were in place to align Days with evolving WHO priorities, despite recommendations from the Director-General in 2020. Sustainable implementation required adequate capacity and collaboration across technical units. At the country level, WHO Country Offices (WCOs) prioritized specific Days, but this was not always communicated effectively to HQ and Regional Offices (ROs), leading to gaps in support.

**2. Coordination Challenges:** While the Department of Communications (DCO) and technical units at WHO HQ have adopted a more strategic approach to planning and coordination in recent years, issues remained, particularly in timeliness and consistency. Varying coordination methods led to complexities for DCO and partners, affecting perceptions of WHO's leadership on these issues. A standardized system for all the Days was impractical, but findings suggested that a partnership-based model was preferred by stakeholders.

**3. Objective Setting for Campaigns:** Defining measurable outcomes was difficult due to the global nature of the Days and resource constraints. Campaigns increasingly segmented audiences and adapted objectives at regional and country levels, often without additional funding. While many efforts focused on raising visibility, some countries achieved policy and behavioral changes and sought further impact through the Days.

**4. Measurement of Campaign Results:** While DCO had made progress in measuring campaign outputs, there was little focus on outcomes. This lack of measurement limited understanding of the campaigns' benefits and potential negative effects. Additionally, best practices and lessons learned were not widely documented or shared, reducing opportunities for improvement.

**5. Strategic Use of Campaigns:** Focusing communications on single Days or Weeks underutilizes WHO's expertise and communication reach. Many WCOs, ROs and partners engaged in ongoing communication on these issues and could benefit from a more integrated, year-round approach. Extending the use of campaign messages and assets beyond a short time frame would enhance impact and support WHO's overall communication strategy.

**6. Resource Allocation and Capacity Building:** Financial and human resources for the Days were limited and unevenly distributed. Many WCOs faced funding and staffing shortages, restricting their ability to run effective campaigns. Strengthening regional and country-level communication teams, along with multilingual support and materials, is essential for improving campaign effectiveness.

**7. Partnerships:** Partners at all three levels have proved to be vital to extending and maximizing the reach and impact of the Days. However, the involvement of partners varied across the different campaigns and in general they expressed a desire to be more involved in the Days, from planning through implementation to evaluation. Partners were also seen as key to further developing an intersectional approach and reaching populations that have been difficult to reach using traditional campaign approaches.

## Recommendations

**Recommendation 1 – Prioritization and focus:** Align the mandated and non-mandated Global Health Days with organizational priorities to ensure their strategic relevance and impact at global, regional, national and sub-national levels by:

- 1.1. Ensuring that the Days reflect the strategic priorities of the WHO General Programme of Work as well as those of the regional, national and sub-national contexts;
- 1.2. Establishing a structured process for modifying, temporarily suspending, or formally concluding ("sunsetting") specific Global Health Days based on their relevance, effectiveness and alignment with WHO's strategic priorities, as informed by evidence-based assessments; and
- 1.3. Presenting a comprehensive biennial report to the World Health Assembly, through the Executive Board, detailing the campaign priorities for the upcoming two-year period, and presenting the results from robust evaluation of the effectiveness of selected past campaign(s) and their alignment with organizational goals.

**Recommendation 2 – Coordination and communication:** Enhance the coordination of the mandated and non-mandated Global Health Days' campaigns to ensure seamless execution and timely delivery of impactful campaign materials by:

- 2.1. Conducting an annual joint planning exercise identifying clear milestones and deadlines to streamline the preparation and execution of each Global Health Day;
- 2.2. Enabling regions to lead or co-lead selected Global Health Days over a two-year period, while prioritizing specific countries and regions to maximize the campaigns' relevance and reach;
- 2.3. Enhancing collaboration among the Department of Communication, technical units, Regional Offices, WHO Country Offices, and external partners to ensure a cohesive and well-integrated approach to campaign execution;
- 2.4. Developing multi-year (2-3 years) messages for each Global Health Day, with annual adaptations, enhancing continuous advocacy; and,
- 2.5. Creating campaign materials in accessible formats, based on target audience testing, evaluation insights, and the reuse of existing global, regional and national materials.

**Recommendation 3 - Measurement:** Establish a Monitoring and Evaluation framework for the mandated and non-mandated Global Health Days by:

- 3.1. Defining a core set of output and outcome indicators across all Global Health Days, while allowing WHO Regional and Country Offices the flexibility to include context-specific indicators as needed;
- 3.2. Piloting the output indicators across all Global Health Days and testing the outcome indicators for one or two campaigns within selected or priority countries; and
- 3.3. Strengthening data collection and information sharing mechanisms among the three levels of the Department of Communication, technical teams and WHO Country Offices, to enable more consistent, comparable and integrated reporting.

**Recommendation 4 - Partnerships:** Strengthen partnerships and intersectoral engagement across the three levels by:

- 4.1. Engaging with long-term partners by involving them further in the planning, implementation and evaluation of the campaigns; and
- 4.2. Working more closely with partners to further develop the intersectional nature of the campaigns and inform audiences that are difficult to reach through traditional campaigning.

**Recommendation 5 – Resourcing and capacity:** Within resource constraints, stabilize budget allocation for the campaign by:

- 5.1. Establishing clear and transparent funding criteria based on campaign prioritization, and aligning the allocation of human and financial resources accordingly;
- 5.2. Ensuring a minimum level of funding is available to support core activities for all mandated Global Health Days;
- 5.3. Embedding Global Health Days into the workplans and budgets of technical units, and incorporating campaign planning, implementation and evaluation in relevant donor proposals; and
- 5.4. Strengthening regional and country-level communication teams in campaigning, along with providing multilingual support and materials.