Evaluation of WHO contribution in Iraq

Executive summary

World Health Organization

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1. Introduction

Background

Evaluations of WHO's contribution at country level are included in the biennial WHO--wide evaluation workplans, approved by the WHO Executive Board. Such evaluations focus on the results achieved at country level, using the inputs from all three levels of the Organization. They also assess WHO's contributions against the country's public health needs, the objectives formulated in the WHO General Programme of Work (GPW) and key country-level strategic instruments, including Country Cooperation Strategies (CCS), WHO Country Office (WCO) biennial workplans and national health strategies. The evaluations document good practices and provide lessons that can be used in the design of new in-country strategies and programmes.

The Republic of Iraq is a middle-income country recovering from decades of socio-political upheaval, from a humanitarian crisis that peaked around 2017 with millions of internally displaced people (IDPs) and refugees living in camps and from the impact of the COVID-19 pandemic. Considering the current transition towards long-term development and the pending arrival of a new WHO Representative, this evaluation is timed to ensure optimum utility in strategic planning for WHO.

Purpose and scope

The dual purpose of this evaluation of WHO's contribution in Iraq is to enhance *accountability for results* towards external and WHO stakeholders, as well as to *strengthen organizational learning* for informed decision-making going forward. The timeframe for this evaluation is 2019–2023. The intended users of the evaluation are internal (at all WHO levels) and external (counterparts, partners, and donors).

Object of the evaluation

The object of the evaluation is WHO's contribution at country level in Iraq, focusing on both health system development and health emergency interventions that took place in the period under review. The total budget utilization of the WCO in the period 2019–2023 was US$ 218 224 830. A key priority for WCO between 2019 and 2023 has been supporting the Federal Ministry of Health in the implementation of the National Health Policy, although the vast majority of funding was dedicated to health emergency service delivery for IDPs, refugees and host communities, in collaboration with the Ministry of Health in the Kurdistan region of Iraq (KRI), as well as responding to the COVID-19 pandemic. WHO is part of the UN Country Team and works under the UN Sustainable Development Cooperation Framework (UNSDCF) 2020–2024.

Methods and limitations

The evaluation team opted for a non-experimental design, combining a theory-based and participatory approach. During the inception phase, a Theory of Change was constructed and used as an analytical framework for the evaluation (see Annex 1). The team also developed an evaluation matrix (see Annex 2) with evaluation (sub)questions, data sources and methods. The approach was forward-looking, appreciative and participatory, resulting in several sense-making sessions with key stakeholders. The methodology was qualitative, using document review (over 150 documents), key information interviews and focus group discussions (104 respondents, of which 81 were male and 26 female), and seven site visits in Ninawa, Dohuk and Basra. Evidence was verified through pre-departure feedback sessions, triangulated and analysed. Findings were validated, and lessons and recommendations were co-created in an online workshop with Evaluation Reference Group stakeholders (see Annex 9). Minor limitations included possible selection bias in sites to visit and stakeholders to interview, and response bias due to the presence of WHO Evaluation staff during interviews. The latter was mitigated by explaining the independence of the WHO Evaluation Office and confidentiality principles to respondents.

2. Key findings

Effectiveness of WHO support in supporting Iraq's health system

WHO inputs and outputs reflect a variety of support modalities and interventions. Since 2019, by far the larger part of WHO interventions has consisted of health emergency support, including on the COVID-19 response, and relatively less for health system development through policy, strategic and technical support modalities. Health emergency outputs include material and technical support for health service delivery for IDPs and host communities; reconstruction and infrastructure support for referral health services; and procurement, warehousing and supply of medicines and health technologies. As chair of the Inter-Agency Standing Committee Health Cluster, WHO also coordinated health partners and provided key information on service access. Since 2019, WHO health system support outputs have included (but have not been limited to) digitization and district health information software DHIS-2, disease surveillance, and support for national disease strategies design and policy implementation, for example on Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH). WHO Regional Office and headquarters technical and funding inputs helped the Country Office to support health sector partners.

Yet despite ample anecdotal evidence of WHO outputs and achievements, the evaluation was not able to quantify the *effectiveness* of WHO in Iraq in strengthening the health system, that is, in making progress towards intended results. The main reason is that WHO Iraq did not agree with the Iraqi MoH on a CCS, which typically specifies how inputs and outputs lead to higher level results, and provides indicators, timelines and targets. Besides, current reporting of progress towards WHO corporate outputs and outcomes is disjointed and does not generate clear information on progress towards targets. That said, various progress reports for donor-funded projects demonstrate that agreed intervention-specific milestones were achieved, and key informants (KIs) express general satisfaction about WHO support, especially in terms of leadership for health emergency during COVID-19 (which remains out of the CCS scope) and health emergency service delivery in camps.

Relevance of WHO support and interventions

Assessing the relevance of WHO support to Iraq faces a similar challenge. On the one hand, government counterparts consider WHO generally responsive to their requests for technical assistance. Health workers and communities alike consider WHO support for health services to be responsive to their needs. The design of individual interventions also generally includes a needs assessment, and WHO supports various national assessments of health services and health needs. However, WHO lacks a comprehensive health sector needs assessment or situation analysis that could help develop a responsive and relevant *overall* WHO country support strategy in Iraq. Moreover, internal and external stakeholders question whether WHO is working to its comparative advantage, given some of Iraq's health system needs and opportunities, for example around universal health coverage (UHC) and climate change. Finally, the WHO country office has been struggling to adjust its focus in the new reality of reduced humanitarian funding (and needs).

Coherence of WHO internally and within the UN system

The coherence of WHO support as part of the UN system has been good, not only as chair of the health cluster during the humanitarian crisis but also in playing its part in developing the UN Sustainable Development Cooperation Framework (UNSDCF). Coherence with the three levels of WHO is mixed – whilst the Country Office is effectively liaising between government counterparts and the Eastern Mediterranean Regional Office (EMRO), some EMRO and headquarters information requests or technical assistance offers are considered supply-driven instead of needs-based.

Sustainability of WHO interventions and results

The sustainability of WHO interventions and their results was assessed as mixed. In general, normative health system support is sustainable, as strategies and systems have a long-term horizon and WHO capacity-building generally relies on training-of-trainers approaches. However, the health services for internally displaced populations are unlikely to be sustained beyond WHO (that is, humanitarian donor) support. The post-humanitarian transition process since 2017 has been challenging for WHO (and other humanitarian actors) for several reasons, including the effects of the COVID-19 pandemic, the protracted nature of insecurity and sectarian tension, and differences in local governance attitudes, leaving

the government unable to take responsibility to sustain health services. Besides, recent infrastructure support projects are unlikely to be sustainable as they lack funding for maintenance and running costs.

Implementation efficiency of WHO support

The evaluation found mixed evidence on the efficiency of WHO implementation processes. Financial and human resource management appear to be strong in the Country Office, but dependency on humanitarian funding remains high. This source of funding will end in 2024, yet the Country Office lacks a resource mobilization strategy to mitigate this – or a human resource transition strategy, though an ongoing functional review[1] may help. Implementation is generally timely, despite reported delays caused by the Regional Office and headquarters' due diligence and quality assurance systems. Significantly, the evaluation found that results-based management (RBM) is weak and generally not functioning as a management tool for the country team. This reflects weaknesses in the corporate RBM system, as identified in recent corporate evaluations, and is largely beyond the control of the Country Office.

3. Conclusions and recommendations: key issues for WHO Iraq

The evaluation first presents an overarching conclusion on the set of evaluation criteria and questions. It then also gives conclusions and recommendations on three strategic issues for the WHO Country Office that were identified in discussion with key stakeholders and further outlined during a workshop to co-create conclusions and recommendations. These include developing a balanced CCS; measuring progress; and transitioning responsibly out of ongoing health emergency work.

Overall conclusions regarding the evaluation criteria

Conclusion 1. WHO has delivered many relevant and substantive achievements in Iraq, but with little evidence on effectiveness and mixed evidence on sustainability.

In the absence of a WHO CCS that contains a needs assessment, priority strategies and a result framework, it is hard to confirm the relevance and effectiveness of WHO interventions since 2019. While WHO emergency health service support responds to the health needs of some of the most vulnerable populations, it is unlikely to be sustained. WHO normative support for health systems strengthening is more sustainable. While coherence within the UN system is good and WHO is appreciated for its specific normative expertise, coherence within the three levels of the Organization is mixed, partly resulting in delays and complex monitoring and evaluation systems. The biggest threat to WHO support in Iraq is the adjustment needed for it to remain relevant and effective, as Iraq's health sector needs change from health emergency support to health systems support.

The evaluation concludes that in the period under review, WHO has supported Iraq mainly with health emergency responses and to a lesser extent with health systems strengthening interventions. Unmet needs for health system strengthening exist in the areas of (further) digitization; UHC, especially primary health care (PHC) and health financing; addressing the health impacts of climate change; and systems for health emergency prevention and response.

Developing a vision: balancing health system and health emergency support

Conclusion 2: Although WHO largely attends to the health needs of the people in Iraq, it has not developed a systematic situational analysis of the priority health needs. WHO also

[1] The evaluation team did not have access to the draft Functional Review report; the topic is out of scope for this analysis.

largely addresses the needs of the government, yet it has not agreed on health system priorities with the MoH (findings 1,3–7).

Conclusion 3: Despite many substantive achievements, it is hard to determine effectiveness or impact, as WHO results are poorly defined, and there is no theory of change that clearly outlines a set of coherent interventions leading to specific outcomes and contributing to the triple billion goals (findings 1–6,16).

Conclusion 4: There is little synergy between the operational work from Erbil office and the health system work from Baghdad office. Health services in camps and infrastructure support for referral services are unlikely to be sustained post-WHO support, whereas WHO upstream policy and strategic and technical support tends to be more sustainable (findings 1,3,5,6,8–11).

Conclusion 5: In an emergency-prone setting like Iraq, "transition out of emergency work" may imply a false dichotomy, as health systems strengthening includes strengthening systems for health emergency preparedness and response (findings 1,3,5,6,8).

The year 2024 is an excellent opportunity for the Country Office to define a longer-term strategy, as a new WHO Country Representative will be appointed in the first quarter. Also, the government is in the process of developing a national health policy and has requested WHO support; the UN country team is developing a five-year sustainable development cooperation framework based on a country situation analysis that includes health challenges; and WHO is developing a new General Programme of Work.

Recommendations to develop a strategic vision for Iraq

1. WHO Country Office should develop a CCS aligned with the national health strategy and the UNSDCF. (high urgency)
2. WHO Country Office should undertake an assessment of national health sector support needs aligned with and informing the national strategic planning process. (high urgency)
3. WHO Country Office should incorporate all support (operational as well as normative) for health emergency preparedness and response under one strategic objective (for example in line with GPW13 Pillar '1 billion more people better protected from health emergencies' and with the forthcoming GPW14 high-level outcome 5.2. 'Preparedness, readiness and resilience for health emergencies enhanced'). (medium urgency)
4. WHO Regional Office should support strategic planning, including situation analysis and CCS development. (high urgency)

Monitoring and demonstrating progress towards results

Conclusion 6: The findings and conclusions of the recent RBM evaluation apply to Iraq, whereby there is no enabling environment for meaningfully monitoring and reporting progress towards results in a way that supports the Country Office in demonstrating such progress (findings 2,5,16).

Conclusion 7: Country Office progress reporting is labour-intensive and time-consuming, consists of many products for various audiences, and yet at aggregate level fails to communicate progress towards milestones (findings 2,5,16).

Conclusion 3 is also relevant for a discussion on monitoring progress, namely that despite many substantive achievements, it is hard to determine effectiveness or impact, as WHO results are poorly defined, and there is no theory of change.

Whilst it is the responsibility of WHO headquarters to improve the results-based management system at all levels of the Organization, the Iraq Country Office is in a good position to improve its own monitoring and evaluation. A CCS typically contains a theory of change as well as a result framework with indicators, targets and timelines. A high-level result framework can inform monitoring and evaluation systems for specific interventions, and vice versa.

Recommendations to improve measuring results

5. WHO Country Office should develop a CCS that contains a theory of change and result framework with specific indicators and targets. (high urgency)
6. In line with the recommendations of the RBM evaluation, especially 5, 7 and 8, the WHO Secretariat and EMRO should work to create an enabling environment for measurement and learning, by simplifying the monitoring and reporting system and encouraging a culture of learning and evaluation in country offices.
7. The WHO Country Office should, in the meantime, report annually based on the CCS result framework *in one single* report and develop additional documents for any additional audiences (such as donor or media) as needed. (medium urgency)

Responsible disengagement from health emergency work in Iraq

Conclusion 7: As the humanitarian crisis is winding down and national priorities and needs change, the ongoing transition of support towards health systems and disengagement from health emergency work needs to find a balance between doing it quickly but also responsibly towards those still affected (findings 1,5,8).

Conclusion 5 (above) is also relevant for responsible disengagement, namely 'In an emergency-prone setting like Iraq, "transition out of emergency work" may imply a false dichotomy, as health systems strengthening includes strengthening systems for health emergency preparedness and response'.

The transition process has been challenging as the crisis was complex and protracted. Responsible disengagement requires paying consideration to all aspects that help or hinder national and local counterparts in sustaining interventions. In Iraq, the timing of the transition and cluster de-activation was short and abrupt in retrospect, partly reflecting the shifting priorities of humanitarian donors. A phased approach to the de-activation of health clusters might have enabled a smoother process. The evaluation team found that urgent humanitarian needs and human rights violations remain, disasters are likely to re-emerge, and the capacities and willingness of national counterparts to lead sectoral coordination is low. Responsible disengagement requires a look at humanitarian, development and peace efforts in parallel, rather than through a narrow transition of sectoral or health services. WHO could learn from the Iraq Protection Platform, which provides strategic guidance, advice and technical support to the UN and actors supporting UN's humanitarian and development efforts on key protection issues, and, when relevant, joint advocacy to relevant public institutions.

Recommendations for responsible disengagement from health emergency work:

8. The WHO Country Office should advocate with counterparts to strengthen public health care services and expand these to reach and address the needs of marginalized people, including IDPs, refugees and other persons of concern, particularly those in hard-to-reach areas such as camps. (high urgency)

9. The WHO Country Office should establish coordination mechanisms at strategic level to make sure that high-level advocacy and engagement take place on core and emerging issues that have been transitioned from WHO to national counterparts, so as to ensure that these counterparts fulfil the responsibilities that have transitioned to them in a suitable and non-discriminatory manner. (high urgency)

10. The WHO Country Office should advocate with other UN agencies for continued funding to support the residual health emergency needs of those who are most vulnerable. It should also advocate for pooled funding towards humanitarian development interventions. (high urgency)

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