Synthesis of WHO country programme evaluations

Evaluation brief – October 2021

Purpose and objective

WHO country programme evaluations (CPEs) identify key achievements, challenges and areas for improvement, and document best practices and innovations of WHO's work in a given country. They generate evidence that sheds light on systemic issues requiring attention at corporate level with a view to contributing to organizational learning, which has acquired greater emphasis in light of WHO's explicit commitment to achieving impact at country level (and the need to help achieve and demonstrate such impact) in the Thirteenth General Programme of Work 2019–2023 (GPW13). The purpose of this synthesis of CPEs completed between 2017 and 2020 (India, Kyrgyzstan, Myanmar, Romania, Rwanda, Senegal and Thailand) was to generate lessons on key achievements and recurrent issues for use by WHO management to improve corporate performance, processes and guidance.

Key findings

Relevance

Country Cooperation Strategies/Biennial Collaborative Agreements (CCS/BCAs) generally include a comprehensive analysis of the health situation in-country, but most lack a clear justification for their selected priorities, strategic focus, and a gender/equity-focused analysis. They are closely aligned with national health priorities and are flexible enough to allow WHO country offices (WCOs) to respond to emerging priorities. Strategic priorities have also been well aligned with health-related MDGs/SDG3, but less so with other health-related SDGs. Alignment between CCS priorities and those of the United Nations Development Assistance Framework has largely been sufficient, with linkages more explicit in the new generation of CCS, whose results framework and indicators align with the United Nations Sustainable Development Cooperation Framework. GPW priorities are reflected well in CCS/BCAs, with more explicit alignment in the new generation of CCSs.

WHO's role as a leader and convener in the health sector is well recognized, as is its comparative advantage in setting norms and standards and in providing policy support and technical expertise. As countries continue to develop and new players emerge in the health sector, WHO needs to move away from technical assistance and further strengthen its role in providing strategic/policy dialogue support to governments on health issues and promoting multisectoral action to support health-related SDGs. Stronger strategic presence at decentralized level would further strengthen emergency preparedness and health systems.

WCOs have addressed equity issues through efforts to support universal health coverage, and gender equality mainly through gender-specific programming, but more work is needed on social determinants of health and mainstreaming gender equality, human rights and equity in CCS/BCAs.

Effectiveness

Strong achievements are observed in *communicable diseases*, especially in vaccine-preventable diseases. In most countries, WHO has also contributed significantly to the fight against *noncommunicable diseases*, notably in tobacco control, cancer prevention and road safety. Least results are reported for the *promoting health through the life-course* category; with most results in this category achieved in the area of reproductive, maternal, newborn, child and adolescent health. *Health systems* strengthening is recognized as a priority, with notable results achieved in all countries, but achieving universal health coverage will require continued support for long-term health sector reforms. In *emergency risk and crisis management,* key results include strengthened country capacity to comply with International Health Regulations and support for government responses to disease outbreaks. Despite a lack of robust data to show the extent of WHO's contribution to long-term changes in the health status of the population, concrete examples of improvements in health outcomes are provided, most notably on the elimination/reduction of vaccine-preventable diseases.

WCOs have often benefitted from technical assistance and initiatives led by regional offices and headquarters, filling capacity gaps or making additional resources available. Regional offices have an important role in supporting the exchange of experiences among countries. There is strong government ownership of WHO activities, with evidence of handover in some countries, and participatory processes led by WCOs to develop national health strategies have contributed to strong buy-in from government stakeholders. However, high turnover of government officials, political instability and shifting national priorities have limited the sustainability of results in some countries.

Efficiency

The WHO core functions most commonly applied by WCOs are policy options, capacity building, norms and standards, and leadership and partnership. Despite some evidence of knowledge generation, support to the national research agenda is a frequently-cited gap. While WHO relied to some extent on the monitoring function, support for surveillance of emerging diseases needs to be improved.

Examples of collaboration with other ministries exist (e.g. antimicrobial resistance/road safety), but stronger partnerships with ministries beyond the health sector would foster greater multisectoral collaboration, especially for environmental health/social determinants of health.

WCOs have often partnered with United Nations organizations traditionally working in the health sector to address issues of common concern, and actively participated in the United Nations Country Team (e.g. chairing/co-chairing working groups and, where relevant, acting as lead/co-lead of the health cluster). Strong partnerships exist with bilateral donors and global partnerships for health, but opportunities for greater collaboration with civil society organizations, academia and the private sector were identified.

The lack of predictable and sustainable funding hindered the ability of WCOs to implement their programme of work and potentially undermined their leadership role in the health sector. Staff shortages in specific programme areas also limited the achievement of results. Vacant positions and high turnover of WCO staff remain an issue in part due to lengthy recruitment processes and an over-reliance on Special Service Agreement contracts. A better balance between international staff and National Professional Officers needs to be found as do capacity development opportunities for national staff to ensure WHO's leadership and expertise in-country.

A universal gap in all WCOs is the lack of a theory of change/results framework. Systemic monitoring issues are being addressed in GPW13, and the next generation of CCS should be better positioned to monitor health outcomes.

Lessons emerging from the synthesis

Lesson 1: Involving ministries from multiple sectors in the conceptualization, management and governance mechanisms of the CCS has the potential to increase government ownership and intersectoral collaboration. Careful consideration in the selection of participating entities is essential.

Lesson 2: Developing partnerships with United Nations organizations that do not have a traditional health mandate is essential for WHO to support the achievement of SDGs beyond SDG3 and to further address the social determinants of health and the health/environment nexus.

Lesson 3: Engaging in strategic partnerships with non-State actors such as civil society organizations, academia, and professional associations is a good strategy to increase sustainability, especially in contexts of political instability and high turnover. Developing a strong network of civil society organizations is also key to enhance WHO's presence at local level.

Lesson 4: Combining different types of support (e.g. policy support, capacity building) and outputs focused on a few areas is more effective in contributing to outcome-level results than a thinly scattered set of divergent programmes.

Lesson 5: Having well-resourced enabling functions is important to ensure adequate administrative and communications capacity, which are essential to increase the visibility and attract additional funding.

Lesson 6: CPEs can help country offices to define their comparative advantage vis-à-vis that of partners and become more strategically focused in a context where new players are emerging in the health sector. To do so, it would be important for CPEs to fully examine the evaluation criteria of coherence.

Lesson 7: Including a separate section on lessons learned in the CPEs can help evaluation users to identify more clearly the lessons on what has worked well and what has worked less well in country programme implementation.

Lesson 8: Designing gender-responsive methodologies requires that gender equality, human rights and equity be mainstreamed across all evaluation criteria and that gender-sensitive indicators be integrated in the evaluation matrix. This is key to ensure that CPEs generate learning aimed at improving to integration of gender equality, human rights and equity in country programming.

Recommendations

Recommendation 1: In keeping with the emphasis on the achievement of impact at country level embodied in the GPW13, WHO should ensure that its next generation of CCS/BCAs includes robust theories of change, which should serve as useful management tools to help guide the Organization toward this goal in each country context. Each CCS/BCA should be accompanied by a strategy for achieving targeted impacts and by a results-monitoring framework that includes baselines and targets as a means of monitoring and demonstrating progress toward heightened impact. To help maximize the likelihood that results will be achieved at country level, the Organization's Country Focus Policy should be reviewed and strengthened as necessary. With respect to the time frames covered by the CCS/BCA, heightened emphasis should be placed on ensuring maximum alignment with the current GPW as well as with the corresponding national health plan, wherever this is possible.

Recommendation 2: Pursuant to the impacts targeted for action in the CCS/BCAs, WHO should develop or strengthen its strategic partnerships beyond the health sector and with non-State actors in order to foster multisectoral approaches to achieving the SDGs.

Recommendation 3: WHO must ensure that country offices are sufficiently equipped with the predictable and sustainable resources – both financial and human – needed to address the priorities identified in the CCS, as well as the guidance and support, to achieve the ambitious goals of the GPW13 and SDGs.

Recommendation 4: WHO should take stock of progress in achieving greater impact at country level and feed this learning into the GPW14 development process as well as the next generation of CCS/BCAs.

Contacts

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