

Country Office Evaluation: Senegal
Volume 1: Evaluation Report

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Acknowledgments

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Acronyms

AFRO	WHO Regional Office for Africa
CCM	Global Fund Country Coordination Mechanism
CCS	Country Cooperation Strategy
COE	Country office evaluation
EQ	Evaluation question
FAO	United Nations Food and Agricultural Organization
GAVI	The Vaccine Alliance
GDP	Gross domestic product
GSM	Global management system
GNI	Gross national income
GPW12	12 th General Programme of Work
GPW13	13 th General Programme of Work
HDI	Human development index
HQ	WHO headquarters
HRH	Human resources for health
HSS	Health systems strengthening
IHP+	International Health Partnership
IHR	International Health Regulations
IST	Inter-country Support Team
JEE	Joint external evaluation
MDG	Millennium Development Goal
MMR	Maternal mortality ratio
MOH	Ministry of Health
NCD	Noncommunicable disease
NPO	National professional officer
NTD	Neglected tropical disease
OIE	World Organization for Animal Health
PB	Programme budget
PISEN	Programme Intégré de Santé, Education et Nutrition
PNDS	Plan National de Développement Sanitaire (National Health and Development plan)
PNDSS	Plan National de Développement Sanitaire et Social 2019-2023
PSE	Plan Sénégal Emergent (Plan for Emerging Senegal)
SDG	Sustainable Development Goal
TOR	Terms of reference
UHC	Universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assistance Framework
UNEP	United Nations Environmental Programme

UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WCO	WHO country office
WHO	World Health Organization
WR	WHO representative

Executive Summary

Country office evaluations are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018. The workplan clarifies that COEs “*will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the 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*”. They encompass the entirety of WHO activities during a specific period. The country office evaluations aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

This country office evaluation was the second of this type undertaken by the WHO Evaluation Office in the African Region. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Senegal. These include not only results of the WHO country office (WCO) but also contributions at the regional and global levels to the country programme of work. As with all evaluations, this country office evaluation meets accountability and learning objectives and it will be publicly available and reported on through the annual Evaluation Report.

Covering the period 2016-2018, this evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

- a. Demonstrate achievements against the objectives formulated in the Country Cooperation Strategy (CCS) and other relevant strategic instruments and corresponding expected results developed in the WCO biennial workplans, while pointing out the challenges and opportunities for improvement.
- b. Support the WCO and partners when developing the next CCS (and other relevant strategic instruments) based on independent evidence of past successes, challenges and lessons learned.
- c. Provide the opportunity to learn from the evaluation results at all levels of WHO. All programmes can benefit from knowing about their successes and challenges at global, regional, including Inter-country Support Teams, and country level. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

The main expected use for this evaluation is to support the WCO, especially as it considers future planning. Other main users of the evaluation are the WHO Regional Office for Africa and WHO headquarters in order to enhance accountability and learning for future planning. The Government of Senegal, as a recipient of WHO's actions, as well as the people of Senegal, and other organizations, including donors, partners, national institutions and civil society, have an interest to be informed about WHO's achievements and be aware of best practices. Also, the Executive Board has direct interest in learning about the added value of WHO's contributions at country level. Finally, over the medium-term, this evaluation will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCO work/presence in countries.

Guided by the *WHO Evaluation Practice Handbook*, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using mixed methods (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

Relevance of the strategic choices

There is ample evidence supporting the relevance, appropriateness and responsiveness of WHO's contribution to the health needs of Senegal, as reflected in the strategic choices WHO made during the period of the evaluation. These were widely regarded as highly relevant and as having responded to major strategies of the Ministry of Health. However, WHO's work was only partially guided by its own strategic framework, the CCS. Many decisions reflected the outcomes of continuous collaboration with Ministry of Health representatives, a relationship which helped foster the relevance and national ownership of outcomes, but which also stretched WHO's efforts thinly, potentially to the detriment of a strategically focused programme. The process for the development of the CCS was conducted by external consultants through a sub-optimal consultation process. This resulted in low ownership of the CCS by the WCO and senior managers at the Ministry of Health and affected its dissemination and use. Still, despite the CCS being only slowly adapted to the changing public health contexts and being known to few, it did inform most of the relevant strategic choices. The development of the new CCS, synchronized with the major national and international strategic frameworks, offers an opportunity to redress some of its current weaknesses by engaging in a participatory process with Ministry officials, relevant non-State actors and WHO staff.

Despite WHO's high responsiveness to requests from the Ministry of Health, there were some discrepancies in focus. This was the case of the prevention of noncommunicable diseases and the social determinants of health, where WHO's contribution was reduced, and in areas such as human resources for health, medicines regulation, subnational health policy and community health. With regard to the Sustainable Development Goals, there was more limited focus on the health aspects beyond Goal 3 -- e.g. nutrition and water, sanitation and hygiene, where WHO's role seemed to be less clear, thus curtailing the WCO's ability to meaningfully contribute to these other Sustainable Development Goals. Within the context of a growing burden of noncommunicable diseases, WHO's role as leader in ending malnutrition in its many forms is paramount. Likewise, the role of WHO in addressing several indicators of Sustainable Development Goal 6 is well established globally.

WHO's relevance and effectiveness were also affected by the broad-based extent of its support across many areas owing to ongoing requests from the Government. As WHO cannot effectively address all the pressing health issues of Senegal, it needs a well-defined strategic framework or CCS that is well tailored to (and helps manage) this context, marked by wide-ranging and ongoing requests for its support, while at the same time enhancing transparency and steering away from providing substitute technical assistance in order to focus on strategic support.

WHO enjoys substantial credibility as the global authority in health matters and as the leading technical partner in this area. Stakeholders' expectations for WHO's contribution are very high, not only in relation to the provision of technical advice but also the fulfilment of additional roles beyond its mandate, particularly in terms of supporting implementation and providing financial assistance. There is a need for WHO to clarify with Government partners what are the most strategic roles it can and should play moving forward, considering its comparative advantage and the evolving context with regard to the 2030 Agenda. In this vein, there are increasing requests for WHO to: play a leading role in support of broad health issues following a cross-sectoral and Government-wide perspective; coordinate partners; and advocate for resource mobilization and support to ensure the adequate implementation of the country's health policies and strategies.

WHO's contribution and main achievements

WHO contributed to significant achievements in all key strategic priority areas. These include health systems strengthening, supporting the development of the health financing strategy, the consolidation of the drug supply chain, the legislative and institutional development of the Senegal Agency for Health Care Coverage, and the production of national health accounts. All of these were essential steps towards advancing and sustaining universal health coverage. Other important contributions were noted in maternal and child health, notably through supporting the joint initiative of the French Muskoka Fund, to ensure the alignment of national strategies and guidelines with international norms and standards. Likewise, support for the food safety strategy and WHO's contribution to tracking finance in the water, sanitation and hygiene sector, coupled with support to its monitoring, were regarded as essential contributions. WHO's work in facilitating the establishment of the "One Health" approach in Senegal, and the conduct of joint external evaluations, was considered instrumental in the fight against diseases.

During the period of the Twelfth General Programme of Work WHO did not have a theory of change or logical framework, with relevant indicators, baselines and targets, thus hampering the accurate understanding of the extent of achievement of WHO's contribution to the expected results and long-term outcomes. As WHO develops the new CCS, it is essential that it anticipates those missing elements, while at the same time focusing strategically on a set of outputs and outcomes where it can ensure full effectiveness and clarifying with partners their expectations and priorities for WHO support.

Notwithstanding the WCO's significant achievements, additional needs were identified in all priority areas which were considered to require further efforts by WHO. The most notable of these were in the areas of maternal, newborn, child and adolescent health, emergency preparedness and integrated disease surveillance. Outputs and outcomes related to environmental health were limited by divergent perceptions of priorities in this area. Support for cross-sectoral policy strategies, such as in environmental health, nutrition, "One Health", universal health coverage and the fight against noncommunicable diseases, are all key priorities of the Government of Senegal, which will benefit from the strategic leadership and strengthened technical support of WHO. These areas also represent an opportunity for strengthening WHO's position as the lead agency in health at higher levels of the Government.

WHO's achievements are the result of the integrated support provided by the three levels of WHO and coordinated through the WCO, particularly in terms of the provision of technical support and capacity-building opportunities to the Ministry of Health and other national partners. This is an area where the Regional Office for Africa could play a stronger role in bringing countries together to facilitate exchange, capacity building and regional cooperation through additional opportunities such as online platforms in which national counterparts can exchange lessons and best practices so as to learn from each other's experiences. This area is highly appreciated by stakeholders, allowing Senegal not only to benefit from the experiences of other countries but also to share its own lessons learned and best practices.

The sustainability of the results achieved through WHO's support relies largely on the close collaboration between WHO and the Ministry of Health, which facilitates ownership by the Ministry. However, the lack of Government resources to implement some of the policies and strategies jointly developed poses a risk to the sustainability of results achieved. Hence, WHO's strategic planning needs to anticipate alternative sources for resource mobilization and the support of partners for the

implementation and uptake of these important results of its joint work with Government and other partners.

Ways of working and programme management challenges

WHO has been able to produce a considerable number of highly relevant and valuable outputs in Senegal, and with limited human and financial resources. Nevertheless, there is broad recognition that this limited resource base affects its capacity to deliver effectively and to maintain its leadership position. This is compounded by a vast workplan which is largely based on ongoing support requests from the Ministry of Health, some of which are undertaken even where WHO's comparative advantage is unclear and its physical or technical capacity is insufficient, thus leading to unequal assistance to different health areas and to a gap between the expectations of the Ministry of Health and WHO's capacity to respond accordingly.

WHO's comparative advantage lies in its key functions of leadership, including partner coordination, provision of technical advice for policy actions, setting norms and standards, and associated capacity building. It is therefore essential that the WCO have the financial and human resources required to provide the essential functions. While WHO's leadership in the WCO is well recognized, capacity constraints in certain technical areas can negatively affect the performance and credibility of the WCO.

Partnerships and collaborative arrangements are also essential to achieve WHO's targets. WHO works through partnerships across all CCS priority areas. These partnerships rely on the continuous leadership of WHO to keep them active and to renew them when necessary. Nevertheless, the partner landscape has evolved, and the need to show value for money is increasing in a wider cross-sectoral context in which WHO needs to identify its niche based on its comparative advantage and position itself as a global health leader.

The WCO's human resource capacity does not appear to be commensurate with its mission. Understaffing and related work overload and job insecurity, due to the unpredictability of funding and priority changes, are critical issues affecting the performance of the WCO. In addition, almost all NPOs are former senior professionals from the Ministry of Health, a circumstance which has significant benefits in terms of relationship-building with Ministry staff – but which conversely can be challenging in negotiations with the Ministry.

Despite the pervasive view that the WCO is underfunded, during the evaluation period there was under-spending in specific areas of activity. This may be explained in part by staffing gaps as well as delays and unpredictability in receiving funds. Budgets are also characterized by the unpredictability of donor funding for several priority areas and activities, thus hampering programme planning.

The WCO lacks guidance to determine the relative importance of the different priorities expressed by partners (Ministry of Health and other governmental bodies) and by WHO policy and planning frameworks (CCS, General Programme of Work and programme budgets and Functional Review). This favours the provision of technical support without a clear time horizon, including the lack of an exit strategy once intended goals are achieved. There are concerns that WHO's support might end up being direct assistance (substitutive) rather than building institutional capacity, thus threatening the sustainability of WHO's work.

The evaluation has shown a sufficient degree of technical complementarity and coordination at the three levels of the Organization in terms of providing technical support and capacity building to the Ministry of Health and national partners. Nonetheless, there have been some discrepancies in defining priorities as well as limitations in adopting shared objectives across the Organization, creating gaps in

continuity and in meeting expectations. Furthermore, the fact that Dakar is the home of many regional offices of United Nations agencies and the venue for an increasing number of regional meetings, creates additional burden on an already-overstretched office.

Recommendations

1. In order to address the more systemic and long-term needs of Senegal, the WHO Country Office in Senegal should ensure the alignment of the new Country Cooperation Strategy with the priorities set forth by the Government of Senegal, the Thirteenth General Programme of Work, the 2030 Agenda and the reform of the United Nations, concentrating on areas in which WHO has a comparative advantage. It is recommended that such an instrument:
 - I. focus on a set of well-defined strategic issues that respond to: (i) unmet health sector priorities of Senegal, e.g. health systems strengthening with a view to universal health coverage (including governance, financing, legislation and community health); (ii) broad health issues identified in the health-related Sustainable Development Goals (not only Goal 3, but also goals 2 (nutrition) and 6 (water, sanitation and hygiene)); (iii) Government priorities related to noncommunicable diseases and the social determinants of health, including consideration of the role of gender, equity and human rights;
 - II. support strategic multisectoral collaboration among relevant Government and non-State actors in order to achieve the health-related Sustainable Development Goals;
 - III. include the perspectives of the Government of Senegal, other relevant non-State actors and WHO staff, in order to ensure full ownership of the strategy; and
 - IV. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets with indicators for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner, allowing the monitoring of performance and target achievement.
2. WHO should strengthen at all levels of the Organization those core functions that would help deliver its mandate more effectively in Senegal. It is recommended that:
 - I. the WHO Country Office strengthen its leadership, its health diplomacy role and its convening power, in sustaining commitments linked to the Country Cooperation Strategy, through effective relations with relevant national authorities within and beyond the health sector, with United Nations agencies, and with other non-State actors and through mobilization of resources among partners;
 - II. the WHO Country Office clarify its strategic role and reduce to a minimum those activities for which it offers less comparative advantage;
 - III. the Regional Office for Africa and its Inter-country Support Team for West Africa continue to provide technical support to Senegal and foster the exchange of best practices and sharing of experiences across countries in the Region; and
 - IV. WHO strengthen the alignment of its functional responsibilities at all levels of the Organization and ensure the involvement of the Country Office staff and national partners in regional activities that are relevant for Senegal, in order to optimize follow-up by the Country Office.
3. The WHO Secretariat should ensure that the WHO Country Office in Senegal has the necessary human and financial resources to provide critical support to Senegal as it implements the Country Cooperation Strategy. It is recommended that:

- I. the WHO Secretariat review its resource allocations to Senegal at both Country Office and Regional Office levels, based on the country's needs, to ensure the full implementation of the Strategy, and the funding of a critical mass of staff, managing finances in a realistic and predictable manner;
- II. the WHO Country Office structure the funded activities on the basis of a logical framework, defining goals and targets with indicators and metrics, including building up exit strategies as needed in order to manage its support more effectively, and ensuring appropriate monitoring and performance assessment;
- III. the WHO Country Office review its human resource capacity to ensure the adequate skill-mix required for the successful delivery of the Strategy; within financing constraints, there should be a balance between international and local staff as well as sufficient administrative support staff;
- IV. the WHO Country Office implement the outstanding recommendations of the Functional Review that are relevant to the implementation of the Strategy, including establishing a streamlined structure to relieve the WHO Representative from certain staff and project management supervisory roles in order to focus on the more strategic and leadership roles associated with the position; and
- V. the Regional Office for Africa adequately fund regional activities performed by the WHO Country Office on its behalf.

1. Introduction

1. Country Office Evaluations (COE) are included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018. The workplan clarifies that COEs *“will focus on the outcomes/results achieved by the country office, as well as contributions through global and regional inputs in the 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.”*¹ They encompass the entirety of WHO activities during a specific period. The COEs aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

1.1 Evaluation features

2. **Context.** This COE was the second of this type undertaken by the WHO Evaluation Office in the African Region. Its main purpose was to identify achievements, challenges and gaps and document best practices and innovations of WHO in Senegal. These include not only results of the WHO country office (WCO) but also contributions at the regional and global levels to the country programme of work. As with all evaluations, this COE meets accountability and learning objectives and it will be publicly available and reported on through the annual Evaluation Report.

3. **Objectives.** This evaluation built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to:

- a. Demonstrate achievements against the objectives formulated in the Country Cooperation Strategy (CCS) and other relevant strategic instruments; and corresponding expected results developed in the WCO biennial workplans, while pointing out the challenges and opportunities for improvement.
- b. Support the WCO and partners when developing the next CCS (and other relevant strategic instruments) based on independent evidence of past successes, challenges and lessons learned.
- c. Provide the opportunity to learn from the evaluation results at all levels of WHO. All programmes can benefit from knowing about their successes and challenges at global, regional, and country level. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

4. **Expected use.** The main expected use for this evaluation is to support the WCO, especially as it considers future planning. Other main users of the evaluation are the WHO Regional Office for Africa (AFRO), including the Inter-country Support Team (IST), and WHO headquarters (HQ) in order to enhance accountability and learning for future planning. The Government of Senegal, as a beneficiary of WHO's actions, as well as the people of Senegal, and other organizations, including donors, partners, national institutions and civil society, have an interest to be informed about WHO's achievements and be aware of best practices. Also, the Executive Board has direct interest in learning about the added value of WHO's contributions at country level. Finally, over the medium-term, this evaluation will contribute to build a body of evidence around possible systemic issues to be addressed corporately, such as the development of models of WCO work/presence in countries.

¹ Évaluation : situation actuelle et plan de travail proposé pour 2018-2019. Evaluation Annual Report 2018. 142nd Executive Board, World Health Organization; 2018 (EB142/27). (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_27-fr.pdf, accessed 27 June 2018)

5. **Scope.** The evaluation covered all activities undertaken by WHO (WCO, Regional Office, IST, and headquarters) in Senegal as framed in the CCS 2016-2018 and other strategic documents covering activities not part of the CCS which took place over that period.

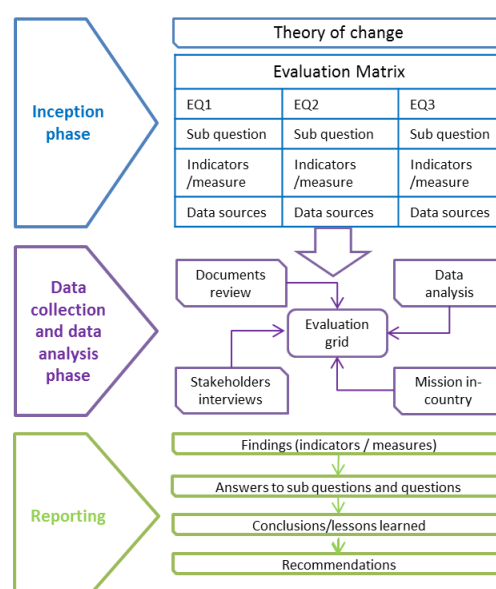
6. **Evaluation questions.** All COEs address the 3 main evaluation questions (EQ) identified below. The sub-questions are then tailored according to country specificities and detailed in an evaluation matrix (see Annex 2).

- **EQ1: Were the strategic choices made in the CCS (and other relevant strategic instruments) the right ones to address Senegal's health needs and coherent with government and partners' priorities? (relevance).** This question assessed the strategic choices made by WHO at the CCS design stage and its flexibility to adapt to changes in context.
- **EQ2: What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (Effectiveness/elements of impact/progress towards sustainability).** To address this question, the evaluation assessed the WCO's activities and main results achieved, focusing on best practices and innovations observed.
- **EQ3: How did WHO achieve the results? (efficiency).** In this area the evaluation sub-questions covered the contribution of the core functions, the partnerships and allocation of resources (financial and staffing) to deliver the expected results and, for each, sought to identify best practices and innovations.

1.2 Methodology

7. Guided by the *WHO Evaluation Practice Handbook*, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology (summarized in Figure 1 below and elaborated further in Annex 2) ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using mixed methods (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.

Figure 1: Methodological approach



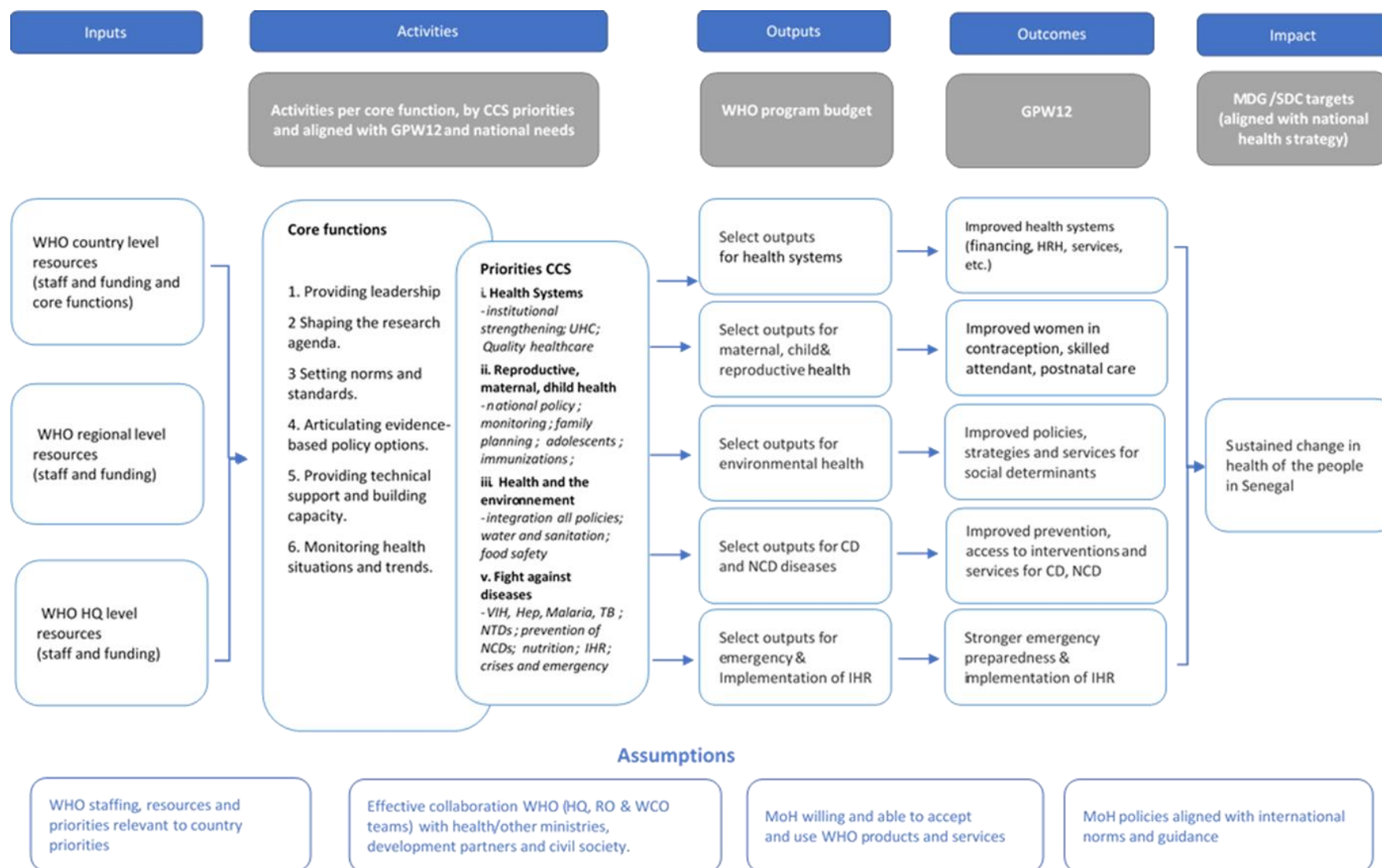
8. The evaluation was conducted between March and July 2019 by a core team from the Evaluation Office, supported by two external consultants.

9. The evaluation adopted the CCS as the primary criterion for the evaluation. As is the case in planning processes throughout WHO more generally, the CCS Senegal was not based on an explicit

logic model or theory of change around which to frame the contributions of WHO in Senegal. During the inception phase the evaluation team proposed a theory of change (see Figure 2) describing the relationship between the CCS strategic priorities, the activities and budgets as envisaged in the biennial workplans, and the expected outputs and outcomes. It also clarifies the linkages with the 12th General Programme of Work (GPW12) and programme budgets; and identifies the main assumptions underlying it. The theory of change is aligned with the one validated by WHO in the context of the evaluation of WHO's presence in countries² and in previous COEs. Using the theory of change, the team developed an evaluation matrix, unpacking for each evaluation question the specific indicators/measures for assessing each sub-question, as well as the data collection method and data sources used. The evaluation mainly used existing data collected by WHO and partners, complemented by direct feedback from Ministry officials, WHO staff and other development partners. After a comprehensive document review, the team conducted a nine day mission in-country during which time it held a large number of interviews (list available in Annex 5). All the data were then analysed to produce the present report.

² WHO (2015). Evaluation of WHO's presence in countries. Geneva: WHO Evaluation Office (<http://www.who.int/about/evaluation/prepublication-country-presence-evaluation.pdf?ua=1>).

Figure 2: Theory of Change – WHO contributions in Senegal 2016-2018



1.3 Country context

10. Senegal has been among Africa's most stable countries.³ For almost the past two decades, the economy has grown steadily,⁴ reaching a per capita Gross National Income (GNI) around US\$ 1.240⁵ in 2017 and a current health expenditure as a proportion of its Gross Domestic Product (GDP) of 4% in 2015.⁶ The country still experiences large levels of poverty and geographical disparities, however.⁷ Up to half of its population of over 15 million is concentrated in and around Dakar and in other urban areas.⁸ The Human Development Index (HDI) value for Senegal in 2017 was 0.505, ranking it 164 out of 189 countries and territories on this indicator, but this value increased by about 33% from 2000-2017.⁹

11. Key health indicators have improved over the previous decade, although there was limited progress in the health- and education-related Millennium Development Goals (MDGs).¹⁰ In this respect, life expectancy at birth raised by almost 10 years from 2000-2017, and infant mortality (under-5 and under-1 age groups) and premature deaths due to lower respiratory infections, diarrheal diseases, tuberculosis, malaria and HIV/AIDS have all declined considerably.¹¹ Maternal mortality, though still high, has also diminished.¹² Deaths due to ischemic heart disease, stroke and diabetes have all increased substantially in the last decade.¹³ Table 1 provides an overview of selected population and health indicators for Senegal.

³The World Bank in Senegal. In: World Bank/country/Senegal [website]. Washington: The World Bank; 2019 (<http://www.worldbank.org/en/country/senegal/overview>, accessed 27 June 2019).

⁴ Ibid.

⁵GNI per capita, Atlas method (current US\$). In: World Bank/Data/GNI per capita/Senegal [website]. Washington: The World Bank; 2019 (<https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=ST-SN>, accessed 29 June 2019).

⁶ Global Health Observatory data repository. Current health expenditure (CHE) as percentage of gross domestic product (GDP): data by country. In: WHO/GHO/data/ [website]. Geneva: World Health Organization. (<http://apps.who.int/gho/data/node.main.GHEDCHEGDPSHA2011?lang=en>, accessed 27 June 2019).

⁷ Ministère de l'Economie et des Finances. Plan Sénégal Emergent: Plan d'Actions Prioritaires 2014-18. Dakar: République du Sénégal; 2014 (<https://www.sec.gouv.sn/sites/default/files/Plan%20Senegal%20Emergent%20Plan%20d%27Actions%20Prioritaires%202014-2018.pdf>, accessed 27 June 2019).

⁸ The World Bank in Senegal, accessed 27 June 2019.

⁹Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update: Senegal. New York: United Nations Development Programme; 2018 (http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SEN.pdf, accessed 27 June 2019).

¹⁰ République du Sénégal. Plan Sénégal Emergent.

¹¹ Institute for Health Metrics and Evaluation. Senegal data. In: IHME/healthdata/Senegal [website]. (<http://www.healthdata.org/senegal>, accessed 27 June 2019).

¹² WHO Global Health Observatory data repository. Maternal mortality data by country. In: WHO/GHO [website]. (<http://apps.who.int/gho/data/node.main.15>, accessed 27 June 2019).

¹³ Institute for Health Metrics and Evaluation. Senegal data, accessed 27 June 2019.

Table 1: Selected population and health indicators for Senegal

Indicator	Value	Year	Source
Life expectancy at birth m/f (years)	65/69	2016	GHO
Maternal mortality ratio (per 100 000 live births)	315	2015	GHO
Births attended by skilled health personnel (%)	68.4	2017	DHS
Neonatal mortality rate (per 1000 live births)	20.5	2017	GHO
Infant mortality rate (probability dying between birth and age 1 per 1000 live births)	32.7	2017	GHO
Under-five mortality rate (probability of dying by age 5 per 1000 live births)	45.4	2017	GHO
Immunization coverage by recommended age (%) Measles-second-dose	70	2017	GHO
Immunization coverage by recommended age (%) Diphtheria, tetanus, pertussis	93	2017	GHO
TB incidence/100,000	122	2017	GHO
Current health expenditure per capita (USD)	36.1	2015	GHO
Current health expenditure as % of GDP	4	2015	GHO
Out of pocket expenses as % of current health expenditure	44.2	2015	GHO
Domestic general government health expenditure as % of current health expenditure	31.7	2015	GHO

* GHO: Global Health Observatory data (<https://www.who.int/gho/en/>)

12. In 2012, the Government of Senegal adopted the national socio-economic development strategy known as Emerging Senegal Plan (*Plan Sénégal Emergent*, or PSE), which seeks to move Senegal into emerging country status by 2035. Through the PSE, the Government commits to achieve structural transformation, economic growth and long-term sustainable and inclusive development. Among its priority axes is the strengthening of human capital, social protection and sustainable development, aiming to improve access to health care services through the Universal Sickness Coverage (*Couverture Maladie Universelle*) programme, and access to potable water and sanitation as well as nutrition, while protecting the most vulnerable groups and promoting gender equality.¹⁴

13. The second National Health Development Plan (*Plan National de Développement Sanitaire*, or PNDS) 2009-2018¹⁵ is the national sectoral framework providing strategic direction to the Ministry of Health (MOH) and all other health partners. It defines the Government's sectoral objectives as follows: 1) reduce the burden of maternal and infant mortality and morbidity; 2) increase the sector's performance in disease prevention and control; 3) strengthen the health system sustainably; and 4) improve health sector governance.

14. Major international development partners supporting the health sector in Senegal include bilateral organizations, as well as multilateral partnerships such as the Vaccine Alliance (Gavi), and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the UN system and the World Bank. Senegal participates in several regional and international health initiatives, e.g. Harmonization for Health in Africa, the Global Polio Eradication Initiative, International Health Partnership (IHP+), Roll Back Malaria, and Every Woman Every Child.

15. The United Nations Development Assistance Framework (UNDAF) for Senegal articulates the UN system's support to the Government. For the UNDAF 2012–2016 (subsequently extended to 2018¹⁶ in order to align it with the PSE), the three areas of cooperation were: 1) creating opportunities for rural economic development; 2) improving the equitable access of populations to basic rights and social services, social protection and sustainable development (including provision of a comprehensive quality health package for mothers and children); and 3) strengthening governance at the central and local levels in support of sustainable human development.

¹⁴ République du Sénégal. Plan Sénégal Emergent.

¹⁵ Ministère de la Santé et de la Prévention. Plan National de Développement Sanitaire PNDS 2009-2018. Dakar : République du Sénégal ; 2009. (https://www.who.int/pmnch/media/events/2014/sen_pnds.pdf, accessed 27 June 2019).

¹⁶ PNUAD Sénégal Révisé 2012-2018. Dakar : Système des Nations Unies au Sénégal ; 2017. (<https://www.undp.org/content/dam/undp/documents/undaf/Senegal%20-%202012-2018.pdf>, accessed 27 June 2019).

1.4 WHO activities in Senegal

16. WHO and the MOH developed the CCS 2009-2013¹⁷ in alignment with the PND 2009-2018. The CCS was extended to 2015, then revised and extended to cover the period 2016-2018¹⁸ in order to further align the CCS with the PND and to anticipate the third-generation CCS in 2019. The revised 2016-2018 CCS is also aligned with the 12th General Programme of Work (GPW12) and the UNDAF.

17. The CCS 2016-2018 identifies four major strategic priorities:

- i. **Health system strengthening** to increase accessibility to quality care for all age groups,
- ii. **Maternal and child health and reproductive health**, supporting accessibility to quality reproductive health and healthcare for mothers, newborns, children and adolescents,
- iii. **Environmental health**, which supports the development, implementation and monitoring of multisectoral strategies and plans addressing health determinants,
- iv. **Fight against diseases**, to reduce the burden of communicable diseases and noncommunicable diseases (NCDs), including neglected tropical diseases (NTDs), vaccine-preventable diseases, polio, and health crises and emergencies.

18. The CCS 2016-2018 envisages a final evaluation in order to inform the development of the next CCS in 2019, a plan which has now been superseded by the present COE. This COE has considered: (i) the relevance and alignment of the CCS priorities with national priorities; (ii) the effectiveness of the implementation of the strategic priorities; and (iii) the efficiency of WHO's action; in order to facilitate relevant input into the new CCS.

19. WHO operationalizes the CCS strategic objectives and focus areas through Biennial Workplans, which are aligned with the WHO Programme Budget and the GPW. The present evaluation covers the Biennial Workplans 2016-2017 and that part of the 2018-2019 Biennial Workplan that has been implemented to date.

20. WHO investment in Senegal between 2016 and late 2018 totalled over US\$ 8 million. Table 2 identifies the main areas of activities and their corresponding levels of investment. Funding for WHO programming consists of assessed contributions (less than half) and earmarked contributions from a variety of Member States (including France, Luxemburg, the United Kingdom and the United States) and others (including the European Union, UNFPA, Gavi and the Bill & Melinda Gates Foundation).¹⁹

Table 2: WHO investment per project category

Project Category	Expenditure	(US\$ 000)	Total
	2016-2017	2018	
Cat. 3 Promoting health through the life course	841	60	901
Polio eradication	759	123	882
Cat. 1. Communicable diseases	397	231	628
Cat. 4 Health systems	381	169	550
Cat. 6 Corporate services	379	150	529
Cat. 5 Preparedness, surveillance and response	514	-	514
Health emergencies	57	67	124
Cat. 2 Noncommunicable diseases	80	4	84
Salaries	2,882	1,342	4,224
Total	6,290	2,146	8,436

Source: WHO Global Management System (March 2019)

¹⁷. Stratégie de Coopération de l'OMS avec les Pays 2009-2013 : Sénégal. Dakar : Organisation Mondiale de la Santé ; 2009. (http://apps.who.int/iris/bitstream/handle/10665/136946/ccs_sen.pdf;jsessionid=C4168F8EB99A00FB0DF48EF8BD93E368?sequence=1).

¹⁸ Stratégie de Coopération de l'OMS avec le Sénégal 2016-2018.

¹⁹ World Health Organization Programme Budget: Financial Flow to Senegal. In WHO/Programme budget web portal/Africa/Senegal [website]. Geneva: World Health Organization; 2019. (<http://open.who.int/2018-19/country/SEN>).

21. An evaluation of the CCS 2009-2013²⁰ concluded that WHO had made significant contributions to health system strengthening and disease control and had accelerated the implementation of reproductive health strategies. The dynamic partnership between WHO and various actors and partners in Senegal was seen as a key success factor that helped facilitate those contributions. The evaluation recommended that the CCS 2016-2018 focus on NCDs and on the social determinants of health, while ensuring gender equality, equity and human rights.

22. In 2017, AFRO conducted a Functional Review of the Senegal country office. An implementation plan was subsequently developed, with recommendations centring on the formulation of an overall vision for the WCO, together with sharper priorities and the development of a new CCS. The Functional Review also recommended that the WCO strengthen staffing. The present evaluation has considered the recommendations of the CCS 2009-2013 evaluation and of the Functional Review.

²⁰ Organisation Mondiale de la Santé. Stratégie de Coopération de l'OMS avec le Sénégal 2016-2018

2. Findings

23. The findings of the evaluation are presented following the three main evaluation questions and sub-questions identified in the TOR (see Annex 1 for the full list).

2.1 Relevance of WHO's strategic choices

Are the CCS and other relevant strategic instruments based on a comprehensive health diagnostic of the entire population and on Senegal's health needs?

24. The CCS 2016-2018 was grounded in the CCS 2009-2013, and its development involved an updated diagnostic of the major health issues of Senegal based on latest available evidence through an abridged review and consultative process. It is worth noting that this process was conducted by external consultants with relatively limited internal feedback, which allegedly restrained its appropriation and applicability. The CCS 2016-2018 retained the four strategic axes of the former CCS 2009-2013 and updated the next level of prioritization, which were the fourteen priority action domains indicated in Box 1. The updated CCS underscored the need for strengthening health systems through actions around governance, accountability and financing of the health system and UHC. It also highlighted the limited attention given to NCDs and the social determinants of health, and the limited results thus far obtained in maternal, newborn and child health. Challenges related to compliance with the International Health Regulations (IHR) were also highlighted.

25. Within the 14 priority action domains, the CCS identified another layer of recommended activities, which were called "strategic approaches," a list of some 77 areas of work (e.g. support to: the health financing strategy, the fight against genital cancer, the multisectoral strategy on ageing) which outlined more precisely the focus of WHO's contribution (See Annex 4 for details). These areas of work varied in scope and complexity, and possibly in their strategic potential towards the achievement of the broader CCS strategic objectives and the MOH's needs. The CCS, as per its design during the period covered in the evaluation, did not offer guidance, nor did it furnish a logical framework to assist in the prioritization of those activities, raising concerns about its usefulness to WCO's planning.

26. WHO and MOH leadership considered the high-level axes of the CCS (as seen in Box 1) to have responded to major health needs of Senegal and to be relevant. In particular, stakeholders emphasized that health system financing and universal sickness coverage ("Couverture Maladie Universelle") as well as maternal and child health were among the top priorities of the health care system. However, most stakeholders, both at WHO and the MOH, suggested that the CCS needed to be updated, given evolution in the context and needs of Senegal. In general, stakeholders indicated that the CCS was used at most as a generic reference for their planning purposes, while the majority were unaware of its specific details.

Box 1. Strategic priorities and priority action domains of CCS 2016-2018

1. Health Systems Strengthening
 - Institutional strengthening in support of coordination, governance, financing, and health information systems
 - Universal Sickness Coverage
 - Quality services delivery
2. Reproductive Health and Maternal and Child Health
 - Reproductive health, maternal, newborn, child and adolescent health
 - Vaccine-preventable diseases including polio
3. Environmental Health
 - Integration of health in all policies
 - Promotion of water quality and sanitation
 - Promotion of food safety
4. Fight against Diseases
 - HIV, Hepatitis, Malaria, Tuberculosis
 - NTDs
 - Prevention of NCDs
 - Nutrition
 - IHR
 - Management of crisis and emergencies

Are the CCS and other relevant strategic instruments coherent with the national health strategy of Senegal (*Plan National de Développement Sanitaire*), other relevant national health strategies, and the SDG targets relevant to Senegal?

27. Through the aforementioned revisions, the CCS 2016-2018 sought a better alignment with, and was inspired by, the PNDS. Box 2 shows the sectoral objectives and 11 priority strategies identified by the PNDS. The major axes of the CCS demonstrated coherence with the national health strategies. It is worth noting, however, that the PNDS explicitly prioritized some domains, such as health promotion, disease surveillance, availability of medicines and development of human resources for health, among others, which were not as prominent in the CCS.

28. As discussed in the preceding section, the CCS was not generally used for planning purposes. The effective alignment between the WCO's contribution and the MOH's priorities was instead achieved through the elaboration of specific annual joint plans at programme level, based on the MOH's needs and requests and on the high-level policy and technical advice provided by WHO. There was a very high degree of agreement among interviewees that the MOH's needs and demands were strong levers to shape the WCO's contributions, and that WHO showed wide-ranging responsiveness to the MOH's requests. A strong culture of collaboration between the two institutions, grounded in the close relationships established between their respective leadership and senior management, favoured such joint planning. It was also noted that due to the *de-facto* absence of an active WHO strategy to frame its contribution more specifically, the reliance on MOH expectations and requests tended to expand the WCO's scope of work and, by extension, to risk diminishing its specificity and strategic focus.

Box 2 Sector wide objectives and strategic priority areas of the PNDS:

1. Reduce burden of infant and maternal morbidity and mortality
 - Accelerate fight against infant and maternal morbidity and mortality
2. Strengthen health sector performance in the fight against diseases
 - Improve health promotion
 - Strengthen attention to diseases
 - Strengthen integrated disease surveillance and response
3. Strengthen Health Systems
 - Development of Human Resources for Health
 - Strengthen infrastructure and availability and maintenance of equipment
 - Improve availability of medicines and devices
 - Strengthen health information systems and research
4. Improve governance of the health sector
 - Promote results-based management
 - Improve planning, management and financing capacities
 - Strengthen Universal Sickness Coverage for vulnerable populations

Is the CCS coherent with the UNDAF or other UN cooperation strategies in Senegal?

29. The Senegal UNDAF was originally designed to cover the period 2012-2016. It was also extended up to 2018 to align it with the timeframe of the PSE, keeping in mind that it would also align with the recently finalized 2030 Agenda and the Sustainable Development Goals (SDGs). The UNDAF outlined three areas of cooperation, with Axis 2 targeting the equitable access of populations to basic rights and social services, social protection and sustainable development. This axis included interventions to: 1) improve food and nutrition and the provision of a comprehensive quality health care package particularly for young mothers and vulnerable children; 2) strengthen health services; 3) facilitate access to preventive and therapeutic services for communicable diseases; 4) reinforce hygiene and sanitation; and 5) provide adequate social protection for vulnerable groups.²¹ The UNDAF social services and social protection priority areas were consistent with the CCS high-level strategies.

30. It was noted during interviews that implementation of the UNDAF was conditioned by individual agencies' adherence to their own strategic directions and resource mobilization targets.

²¹ PNUAD Sénégal Révisé 2012-2018. Système des Nations Unies au Sénégal.

Nevertheless, stakeholders also recognized WHO's leadership in convening and coordinating the UN agencies around the national health agenda and in facilitating the alignment of the UN system with the MOH programmes and priorities.

31. The UNDAF 2019-2023²² emphasizes social protection and access to integrated health services, nutrition, and WASH for the most vulnerable. This new UNDAF is also aligned with the PSE and the 2030 Agenda. Stakeholders acknowledged WHO's leadership and technical contribution to its development.

Is the CCSs coherent with the General Programme of Work and aligned with WHO's international commitments?

32. The WHO's GPW is the framework from which the CCS is developed and implemented. The principal priority areas of the CCS are consistent with the main thrust of SDG 3²³ and partially of SDGs 2²⁴ and 6.²⁵ The extension of the CCS to 2018 helps ensure that the new CCS to be developed in 2019 will be better adjusted to the timeframe of the GPW13, which also starts in 2019, and to the global development agenda.

Are the key partners clear about WHO's role in Senegal?

33. Virtually all partners interviewed recognized that WHO is the principal technical advisory partner of the Government of Senegal on health-related issues, including strategic planning, policy advice and governance, as well as on the provision of technical norms and standards. This role was seen as WHO's primary mission in the country.

34. WHO is also the lead coordinating agency ("*Chef de File*") of the technical and financial development partners in the health sector, including UN agencies and other non-State actors. In this capacity, WHO aims to ensure harmonization of partners' contributions. This role enables the WHO Representative (WR) and WHO senior staff to represent health partners collectively in interactions with the MOH and, conversely, to convey to partners the MOH's needs and priorities. WHO also participates in and often leads health-related thematic working groups. Partners voiced very strong support for WHO's performance in playing this important role, which many considered as WHO's added value in Senegal. Nevertheless, there were concerns with WHO's limited presence in some technical programmes and activities due in part to capacity constraints and lack of staff continuity.

35. Many stakeholders, particularly within the MOH, considered that WHO should play a more significant role in support of implementation, financing and resource mobilization, while many at the WCO felt such roles were beyond their mandate. By contrast, an increasing number of stakeholders suggested that, given the extent of technical competencies available in Senegal, WHO should focus on providing strategic advice rather than technical support. Furthermore, several stakeholders emphasized the increasing need for multisectoral action to address global health issues, especially with the advent of the SDGs, of which holistic, intersectoral approaches are a hallmark, and the opportunity for WHO to thus expand its leadership and convenor role beyond the traditional health sector and into the many areas with which the health sector intersects.

²² Plan-Cadre des Nations Unies pour l'assistance au développement du Sénégal 2019-2023. Dakar : Nations Unies Sénégal ; 2018. (<http://www.onusenegal.org/IMG/pdf/pnuad2019-2023.pdf>, accessed 27 June 2019).

²³ Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. In: United Nations Sustainable development Goals Knowledge Platform [website]. New York: United Nations; 2018 (<https://sustainabledevelopment.un.org/sdg3>, accessed 27 June 2019).

²⁴ Sustainable Development Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture. In: United Nations Sustainable development Goals Knowledge Platform [website]. New York: United Nations; 2018 (<https://sustainabledevelopment.un.org/sdg2>, accessed 28 June 2019).

²⁵ Sustainable Development Goal 6: Ensure availability and sustainable management of water and sanitation for all. In: United Nations Sustainable development Goals Knowledge Platform [website]. New York: United Nations; 2018 (<https://sustainabledevelopment.un.org/sdg6>, accessed 27 June 2019).

Does the CCS support good governance, gender equality and the empowerment of women?

36. WHO's work in Senegal aims to actively support the development of priority policies and strategies of the Government of Senegal with a view to achieving the SDGs. Within this context, WHO contributes to reducing inequalities and addressing issues surrounding vulnerable populations' inequitable access to care.

37. Improving governance in the health system is among the key Government objectives reflected in the PNDS. WHO actively supports good governance in the health sector in Senegal as part of its strategic agenda and in relation to the joint work within the UNDAF. Examples of WHO's support in this area show the alignment of WHO's work with this Government priority as is described later in this report. WHO has also supported accountability and monitoring mechanisms for various technical programmes.

38. In contrast to these areas of progress, women's empowerment was recognized as part of the CSS strategic approaches, but it was not explicitly prioritized during the period of evaluation, nor was it mainstreamed in other priority areas.

Has WHO learned from experience and changed its approach in view of evolving contexts during the course of the CCS?

39. As noted in paragraph 24, the review of the implementation of the CCS 2009–2013 informed the development of the CCS 2016–2018. During the period of this evaluation WHO continued adapting its work to the MOH's needs through continued collaboration between the two organizations. However, some of the gaps that had been identified during the 2009–2013 period, such as the need to prevent NCDs and address the social determinants of health, were not fully implemented within the timeframe covered in this evaluation. Above all, many stakeholders considered that the national context and priorities continued to evolve and advocated for a revitalized WHO strategic planning process marked by more dynamic cycles, incorporating systematic evaluations and increased flexibility to adjust to country needs in a more focused manner.

40. The 2017 Functional Review influenced the WCO workplan in several ways. It recommended a shift in focus to NCDs and social determinants, replacing some aspects of the strategic priority on environmental health. It also suggested that the WCO reinforce its work on emergency preparedness and response and adjust its staffing accordingly. As a consequence, activities in the area of environmental health were greatly reduced after the retirement of the officer in charge. Despite these recommendations, the present evaluation did not find evidence of increasing work in the areas of NCDs, social determinants or emergency preparedness. In addition, while the Functional Review recommendations were intended to more closely align the WCO workplan to the MOH priorities, they *de facto* misaligned with the priorities put forward by the Ministry of Water and Sanitation, which supported the environmental health priority, suggesting some ambiguity on the role of WHO with respect to SDG 6 and to a more cross-sectoral approach. Most recommended changes on staffing could not be fully implemented, although the WCO lost some professional staff as a consequence of the reorganization.²⁶

Is the CCS strategic in identification of WHO's comparative advantage and clear strategy to maximize it and make a difference?

41. The nature of WHO's strategic and technical support is considered in the CCS. The comparative advantage of WHO lies in the definition of, and provision of advice on, the main strategic and health policy orientations of the Government, as well as in the identification and coordination of synergies among stakeholders aiming to achieve more out of their collective interventions. These roles were performed by WCO senior officers through their continued interactions with partners. However, the

²⁶ As of the time of the evaluation, the WCO plans to fill up some of the standing vacancies in the near future

CCS did not include a specific analysis of WHO's comparative advantage in association to the suggested activities or areas of work. It also lacked any other criteria for prioritization.

Is the CCS strategic regarding capacity of WHO to position health priorities in the national agenda and in those of the national partners in the health sector?

42. Despite the aforementioned limitations of the CCS, all Government officials, MOH and otherwise, as well as public health and other health officers and non-State actors participating in the evaluation, saw WHO as a trusted and credible partner to advocate for relevant health priorities for the country. The WR and senior WCO staff share strong relationships and a culture of interaction and collaboration with the top leadership of the MOH and other development partners, which facilitates WHO playing such role, notwithstanding the caveats indicated earlier surrounding specific technical areas subject to capacity constraints.

43. WHO is currently involved in several cross-sectoral strategies, such as the *One Health* approach and the health financing for UHC. Stakeholders emphasized that there is a need for reinforced multisectoral action in order to address the major health issues in Senegal, for which the siloed efforts involving the health sector alone are insufficient, as embodied by the 2030 Agenda, and that WHO should develop strategic relationships with other sectors of government and become a leading interlocutor around broad national health priorities and SDG targets.

Is the CCS strategic regarding the partnership between WHO and the Government of Senegal in the specific context of “delivering as one”?

44. As the government's preferred interlocutor for health issues and the lead agency for technical and financial partners in the health sector, WHO used its convening power to unite partners around health initiatives. This role reinforces WHO's positioning as the leading organization on health matters. WHO possesses a strong “brand” as the lead technical and normative organization in health, which is highly recognized among partners.

Summary of key findings

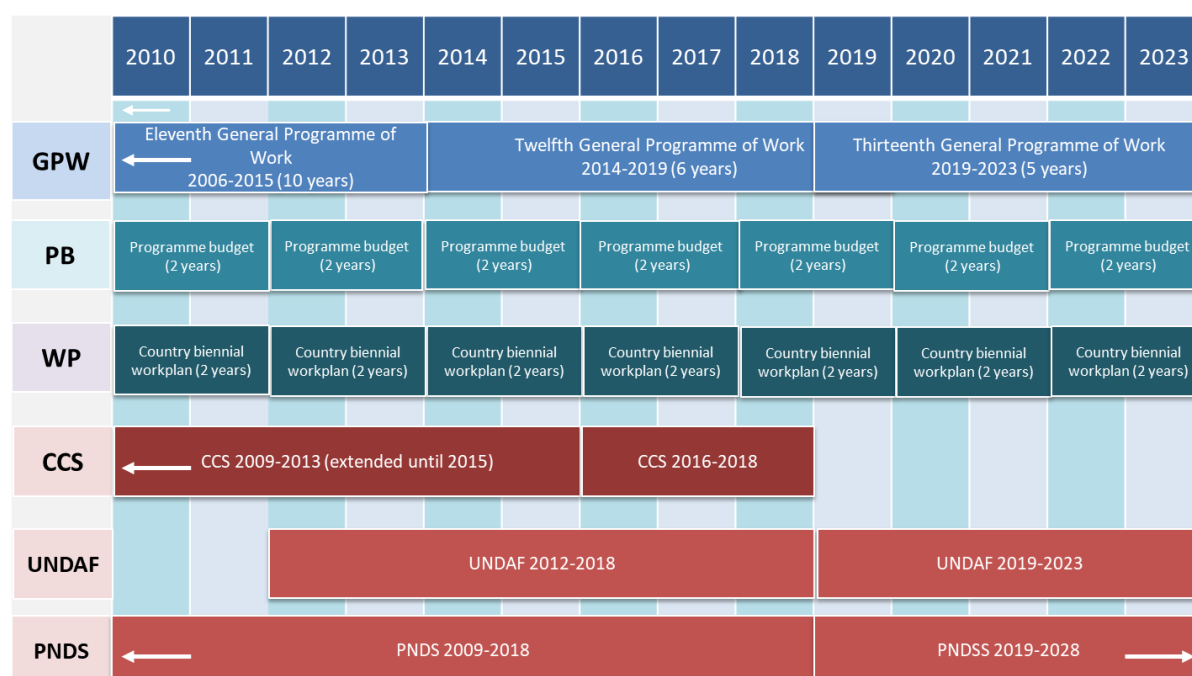
- The CCS 2016-2018, though demonstrating **general** alignment with the MOH priorities at a high level, was not used as a planning tool for the WCO work, given the low ownership by those in charge, the absence of specific criteria to help the WCO prioritize its work, and the lack of fit with the evolving context and national partners' requests.
- The alignment between WHO and MOH priorities was grounded on a culture of collaboration and strong relationships between the leadership and senior management of both organizations. WHO's responsiveness, coupled with the absence of a WHO strategic framework, exposed the specificity of WHO's work beyond its comparative advantage.
- The added value of WHO in Senegal lies in its roles as principal technical advisor of the Government of Senegal on health-related issues and as leading coordinating agency for health. WHO is the principal interlocutor with the MOH and coordinates technical and financial partners, including the UN agencies and non-State actors, in health matters. WHO is a trusted and credible partner to advocate for relevant health priorities in the country. Its visibility is weakened by capacity constraints, however.
- There are divergent views with respect to WHO's primary roles in the country, with some Government staff expressing the desire that WHO contribute more to implementation. Alternatively, a more strategic advisory role in line with WHO's comparative advantage is also preferred by many, including a role beyond the health sector in line with the new Sustainable Development Agenda and the GPW13. WHO's role with respect to cross-sectoral work in relation to SDGs 2 and 6 remained unclear, though there was clear demand for it.

2.2 WHO's contribution and added value (effectiveness and progress towards sustainability)

To what extent were the country biennial work plans based on the focus areas as defined in the CCS and other relevant strategic instruments or as amended during the course of implementation?

45. As illustrated in Figure 3, the timeframe of the CCS 2016-2018 is for the most part aligned with the WCO workplans for 2016-2017 and 2018-2019 and with the GPW12 and the UNDAF. Therefore, the renewal of the CCS is timely as it coincides with the beginning of the GPW13, the new UNDAF and the new national health plan (*Plan National de Développement Sanitaire et Social III or PNDSS*).²⁷ WCO staff therefore speculate that the new CCS will be strongly aligned with country priorities and the UNDAF and will form the basis for future planning by the WCO.

Figure 3: Timelines of WHO, MOH and UN system planning framework in Senegal



46. That said, and as noted in the preceding sections, the majority of WCO staff admitted being unfamiliar with the CCS 2016-2018 content and not using it as a basis for developing their workplans. Following WHO procedures, workplans were developed as part of WHO's Global Management System (GSM) in alignment with global outcomes and outputs as defined in the GPW12 and associated biennial corporate programme budgets. Differences between the structure of strategic priorities and wording of activities outlined in the GPW and the CCS may potentially challenge their alignment. This is a systemic issue that has also been identified in other COEs and is well known to WHO.

47. At the same time, the evaluation team identified, with only a few exceptions, a high degree of congruence between the priorities and activities identified in the CCS and those set out in the workplans. Indeed, few exceptions were noted, namely in the areas of mental health, disabilities and rehabilitation, as well as in ocular and auditory diseases, which were included in the workplan for 2016-2017 but not addressed by the CCS. This generally high level of congruence could be explained

²⁷ République du Sénégal. Plan National de Développement Sanitaire et Social PNDSS III 2019-2028. Dakar : Ministère de Santé et de l'Action Social ; 2019.

by the fact that strategic priority areas and priority action domains identified in the CCS are quite broad and can encompass a wide range of activities. The strategic approaches outlined in the CCS, which define areas of activities within the umbrella of the so-called priority action domains, are more explicit and their parallel with the activities reflected in the workplan is often less evident, given the different planning calendar and priority setting process of the latter.

48. It was noted that the WCO workplans active during the two biennial periods covered by the period of this evaluation addressed more than 40 global outputs spanning over 15 programme areas. Numerous partners also noted that the WCO has conducted several small activities in a rather dispersed range of thematic areas, thereby diluting the potential impact of WHO in Senegal.

What were the main results achieved?

49. The evaluation team found evidence of output and outcome achievements across all four strategic priorities established in the CCS. However, because the WCO does not possess a log frame with indicators, baselines and targets, it is not possible to measure the extent to which the expected results were achieved in these areas. As a result, most of the evidence on results achievement is perceptual in nature. Examples of achievements and areas for improvement per strategic priority are discussed in this section.

Strategic Priority 1: Health System Strengthening

50. Overall, respondents from all stakeholder groups believe that WHO contributed significantly to health system strengthening (HSS) in Senegal. Moreover, numerous stakeholders pointed to concrete achievements in this priority area.

51. In 2016, for example, the Government of Senegal launched a multi-sectoral coordination platform aimed at strengthening the health system. Through its active participation in this platform, the WCO played an instrumental role in convening technical and financial partners around HSS. In this capacity, it supported the creation of four national commissions mandated to work on key aspects of the health sector reform: 1) governance and financing; 2) health infrastructure and medicines; 3) human resources for health; and 4) health service delivery. WHO provided support for the activities of some of these committees.

52. Interviewees from all stakeholder groups overwhelmingly agreed that one of the WCO's most notable contributions in Senegal between 2016 and 2018 is linked to the country's reforms on health financing, leading to the National Health Financing Strategy in support of UHC,²⁸ spearheaded by the National Committee on Governance and Finance (see Box 3). As noted further below, WCO efforts in this

Box 3. Good Practice: Mobilizing Resources for Health

Through its active participation in the working sessions of the National Committee on Governance and Finance, the WCO provided support for the elaboration of the National Financing Strategy towards Achieving Universal Health Care, which was adopted in June 2017. The WCO also supported the development of an investment plan accompanying the National Health Financing Strategy and provided high level advocacy support at a national forum on resource mobilization for health financing, spearheaded by the Government. This support was positively acknowledged by all groups of stakeholders consulted. Government staff further noted that, since 2014, a multitude of new partners working on health has emerged, and that support provided by the WCO has been essential in determining how each partner would contribute to the implementation of the Health Financing Strategy. WCO staff also highlighted that the support they have provided on resource mobilization for health financing resulted in financial commitments from local authorities as well as non-traditional donors, such as the private sector. In a context where WHO is operating with dwindling resources, the support it has provided around resource mobilization constitutes a good practice.

²⁸ Stratégie Nationale de Financement de la Santé pour tendre vers la Couverture Sanitaire Universelle. Dakar : Ministère de Santé et de l'Action Social ; 2017.

area were complemented with technical support from AFRO and the IST. Data gathered by the present evaluation suggest that the WCO assumed a significant leadership role in this area. Government stakeholders also positively acknowledged the WCO's support for the elaboration of a monitoring and evaluation plan to track implementation of the National Health Financing Strategy. The WCO also supported the Government in the production of National Health Accounts.²⁹ WHO has been a reliable partner in the legislative and institutional development as well as strengthening of the Agency for Universal Sickness Coverage ("*Couverture Maladie Universelle*").

53. Through the active participation in the Commission on Health Infrastructure and Medicines of the multi-sectoral platform on HSS, MOH staff highlighted that WHO contributed to enhancing coordination and efficiencies in the pharmaceutical sector by supporting the consolidation of the drug supply chain. Stakeholders noted that this support was essential to advance UHC by overcoming otherwise frequent medicine shortages. Specifically, WHO provided support for the development of a financial and technical partners coordination plan and for a drug supply chain emergency plan, which resulted in the effective mobilization of resources. Additionally, WCO technical and financial support contributed to enhancing drug regulation in Senegal through the development of registration procedures for marketing authorizations, as well as through the adoption of WHO's Model System for computer-assisted medicines registration (SIAMED), an automated system used to monitor in real time the traceability of imported medicines.³⁰

54. Finally, the WCO supported the preparation of a guide on the mobility of human resources for health, aiming to retain health personnel in more remote and therefore less accessible areas. Furthermore, in 2018, the WCO provided support to strengthen the capacities of Social Development Committees (*Comités de Développement Sanitaire*), which were created by the government in an effort to facilitate the provision of primary health care services at the community level following Senegal's decentralization of care. Nevertheless, both MOH staff and UN partners noted that WHO support to improve human resources for health falls short of expectations and that WHO's visibility and support at the local level remains limited. Consulted stakeholders highlighted that more support in these areas is essential for making progress towards UHC, a key priority in the context of the Astana Declaration on Primary Health Care adopted in 2018.

Strategic Priority 2: Mother and Child Health, Reproductive Health

55. WHO contributed to improving mother and child health as well as reproductive health through the French Muskoka Fund, a joint initiative implemented by WHO, UNICEF, UNFPA and UN Women in close collaboration with the MOH. In doing so, the WCO has, jointly with UNICEF, provided technical and financial support for the elaboration of the Maternal, Newborn, Child and Adolescent Health Plan (2016-2020) in alignment with international norms and standards. The WCO also provided support for the elaboration of an investment plan submitted to the Global Financing Facility for Women, Children and Adolescents. Additionally, it contributed technically and financially to the implementation of a maternal mortality monitoring system and to strengthening the existing emergency obstetric and neonatal care network. MOH staff expressed strong appreciation for the WCO's support for the elaboration of a strategy for the delegation of tasks from doctors and nurses to community-based workers, which is expected to increase access to sexual, reproductive and health services for vulnerable women and girls. Despite these achievements, government and UN partners highlighted that more support is needed in the area of maternal and child health, noting that progress in maternal

²⁹ République du Sénégal. Comptes de la Santé 2013. Dakar : Ministère de la Santé et de l'Action Sociale ; 2017. In : WHO/Global Health Expenditure database /Senegal [website]. Geneva: World Health Organization; 2019. (<http://apps.who.int/nha/database/DocumentationCentre/index/en>, accessed 28 June 2019).

³⁰ Model system for computer-assisted medicines registration (SIAMED). In: WHO/Medicines/ Services [website]. Geneva: World Health Organization; 1998. (<https://www.who.int/medicines/services/SIAMEDManual1998.pdf?ua=1>, accessed 29 June 2019).

mortality has been limited and that infant and neonatal mortality has increased recently. Indeed, the latest annual report of the Muskoka Initiative in Senegal reveals that the former increased from 51 to 56 per 100,000 infants between 2016 and 2017, while the latter increased from 21 to 28 per 100,000 live births during the same timeframe.³¹

56. Between 2013 and 2017, the WCO participated in the joint UN programme *Integrated Programme for Health, Education and Nutrition (PISEN)*.³² The evaluation team was unable to collect specific information regarding WCO's achievements under this programme, which might be explained in part by the rotation of the WCO staff working on this area. However, the UNDAF 2012-2018 evaluation suggested that more coordination was needed among UN agencies to ensure the successful implementation of programmes associated with social protection, including PISEN.³³ The need for enhanced coordination was reiterated by UN stakeholders consulted by the evaluation team.

57. Consulted Government and UN partners highlighted that the WCO contributes to ensuring that nutritional policies, strategies and guidance are aligned with international norms and standards and that the WCO is the leading agency in terms of acute malnutrition. Additionally, between 2016 and 2018 the WCO supported the strengthening of health workers capacity to address acute malnutrition in five at-risk regions of Senegal, although this area needs additional support. The extent of achievements in the area of nutrition seem limited in relation to the relevance accorded by the Government (both, in the PSE and PNDS), and the extent of malnutrition among children and pregnant women.³⁴

58. The WCO works in strong partnership with Gavi to support vaccination-related activities. WCO support was instrumental in mobilizing Gavi funds for a national vaccination plan. The MOH interviews also underlined the WCO's support for the immunization coverage survey, the vaccine cold chain, the introduction of a new vaccine against Human Papilloma Virus, the considerable support to vaccination campaigns and the continued fight to eradicate polio.

59. Finally, the WCO provided support for the elaboration of a national policy on ageing and health. This policy acted as an overarching framework under which the government has subsequently developed its National Strategic Plan for Health and Ageing (2018-2022). Even though WHO's GPW12 addresses the issue of ageing and health through a separate programme area, the WCO has reported on this as part of the strategic priority of Mother and Child Health. Overall, the WCO's contribution to ageing and health has been relatively small in comparison to other areas, although MOH staff recognize that this area increasingly constitutes a priority for the Government of Senegal.

Strategic Priority 3: Health and the Environment

60. Consulted MOH staff noted that the WCO has successfully administered the WHO/FAO CODEX Trust Fund since its inception in 2016 and played a leadership role in Senegal's National CODEX Committee. The CODEX Trust Fund currently benefits 14 countries,³⁵ including Senegal, and aims to increase the participation of developing countries in activities of the *CODEX Alimentarius Commission*, which is responsible for setting international norms and standards on food safety. It does so by

³¹ FFM Senegal (2018). Annual Report : p.2.

³² <https://www.undp.org/content/dam/senegal/docs/undp-sn-PROGRAMME%20CONJOINT%20PISEN.pdf>

³³ Mikayoulou D, Manga Badji AN. Plan cadre des Nations Unies pour l'aide au développement du Sénégal 2012-2018. Rapport d'évaluation finale. Dakar : 2018.

(http://onusenegal.org/documents/Senegal_Rapport_de_l_evaluation_finale_du_PNUAD-2012-2018-version_6.pdf, accessed 29 June 2019).

³⁴ Nutrition Landscape Information System Country Profile : Senegal. In: WHO/ Nutrition/ NLI/ Global Nutrition Monitoring Framework [website]. Geneva: World Health Organization; 2019.

(<http://apps.who.int/nutrition/landscape/report.aspx?iso=sen>, accessed 4 July 2019).

³⁵ Senegal, Ghana, Kyrgyzstan and Madagascar were the first countries to received support from the Trust Fund in 2016, for a three-year duration. Source: https://www.who.int/foodsafety/areas_work/food-standard/codextrustfund/en/.

supporting the creation of National CODEX Committees that are responsible for representing the interests of participating countries in international venues of the CODEX. Additionally, MOH staff expressed a high level of satisfaction with the technical support provided by WHO in the elaboration of the National Strategy on Food Safety in Senegal (2018-2035), which was essential in ensuring that the strategy adheres to international norms and standards. Also noted was the support that the WCO has provided to the MOH jointly with FAO to develop a contingency plan in case of food intoxication.

61. Senegal has been involved in the last four biennial cycles of the *UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS)* initiative. Spearheaded by WHO HQ on behalf of UN-Water, this initiative seeks to gather a wide range of data from more than 100 countries globally through biennial surveys, with a view to increasing evidence-based decision-making on sanitation and drinking water.³⁶ More recently, the WCO has provided support to the Ministry of Water and Sanitation (*Programme d'eau potable et d'assainissement du millénaire*) for the production of water, sanitation and hygiene (WASH) accounts through the *Tracking Financing to WASH* (TrackFin) approach, which was introduced globally by WHO in 2012 to identify and track financing in the sector at the national and sub-national levels. Additionally, following a request for technical assistance by the Ministry of Water and Sanitation, WHO HQ and the WCO provided support for a situation analysis used by the Government for the elaboration of its sectoral programme towards achieving SDG 6 on water and sanitation. Notwithstanding these achievements, the priority area of environmental health was, as mentioned in paragraph 40, questioned by the 2017 Functional Review, resulting in a reduction in WCO capacity to address this area. WHO is co-custodian of five out of 11 indicators related to SDG 6, although environmental health is a cross-sectoral area in line with the Global Agenda. Interviewees noted that one of the main challenges going forward lies in ensuring strong linkages between health determinants and the water sector and an intersectoral approach will be essential. Given the traditional privileged relationship of WHO with the MOH, its relationships with other sectors may entail additional efforts.

Strategic Priority 4: Fight against Diseases

62. One of the most frequently cited contributions of WHO in Senegal relates to the implementation of the *One Health* approach, which links human and animal health and seeks multisectoral action to combat zoonotic and food-borne diseases as well as antimicrobial resistance. Consulted stakeholders highlighted that WCO's technical advice was essential for the Government of Senegal to raise the *One Health* approach as a Government priority to the Prime Minister's Office (*Primature*) in order to ensure the required multisectoral action.

63. Stakeholders showed appreciation for the WCO's contribution to strengthening the Government's capacity to implement the IHR, including the support to conducting the Joint

Box 4 Good Practice: Strengthening IHR through the Joint External Evaluation

In December 2016, the WCO with support from the WHO Emergency Hub in Dakar, facilitated a mission composed of international experts (from WHO, FAO, OIE, CDC, and other organizations) who travelled to Senegal to assess the country's capacity to prevent, detect and respond to public health risks, based on international benchmarks. Senegal was the first Francophone country in Africa to complete such an assessment, the recommendations of which were used by the Government to develop a plan to strengthen the country's capacity to implement IHR. However, it was noted that, in order to implement such recommendations, coordination with the *One Health* approach within the *Primature* needs to be strengthened.

³⁶ UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLASS). In: UN Water/publications [website]. Geneva:2019 (http://www.unwater.org/publication_categories/glaas/, accessed 29 June 2019)

External Evaluation (JEE) mission reports, which was seen by many to be a good practice (see Box 4).

64. Government and other partners alike highlighted the WCO's important contribution in setting up early warning systems of disease outbreaks across borders. The WCO provided support for establishing community-based surveillance systems and trained new partners working on surveillance issues. Additionally, the WCO facilitated the establishment of an events-based surveillance system. However, while stakeholders valued WHO's work on surveillance for many diseases such as polio, measles and yellow fever, they also identified the need for increased surveillance around emerging diseases such as dengue. Overall, participating stakeholders also highlighted a capacity gap in the WCO to address emergencies, and particularly emergency preparedness.

65. The WCO also provided some support on NTDs, especially through mass drug administration campaigns. Moreover, WHO mobilized partners to finance the National Plan towards the Eradication of NTDs, adopted by the Government in 2016. The WCO also conducted epidemiological studies on certain NTDs, most notably Onchocerciasis. However, the funds allocated to NTDs decreased by almost 80% within the two biennia under evaluation. Consulted stakeholders confirmed that the support received in this area has diminished significantly.

66. Partners spoke highly of the leadership and coordination role played by the WCO within the Global Fund's Country Coordinating Mechanism (CCM). In this capacity, the WCO supported the development of concept notes for the Global Fund, resulting in the allocation of funding to address HIV, tuberculosis and malaria in Senegal, advised on the planning of funded interventions, and contributed to periodic monitoring activities. The WCO also provided technical support for the elaboration of national strategies for the major communicable diseases such as HIV, tuberculosis, malaria and hepatitis, as well as some guidelines (e.g. elimination of mother to child transmission). However, some partners highlighted that WHO's support has been somewhat limited due to limited capacity in the WCO.

67. In 2015, WHO supported the implementation of Senegal's first STEPS survey, a tool developed by WHO to collect and analyse data on NCDs. Data collected through the STEPS survey revealed NCD issues in Senegal and was later used by the MOH, with WHO's support, to develop the country's Strategic Plan to Fight Noncommunicable Diseases. Additionally, in 2017, WHO provided technical support to conduct a socio-anthropological study to define community-based strategies in the fight against NCDs. Despite these achievements, MOH staff highlighted that NCDs have increased at an alarming rate and that the Government needed more support in this area. Both Government staff and development partners highlighted that, since 2014, several new partners are focussing their work on communicable diseases but few address NCDs. These respondents therefore feel that there is room for WHO to fill this gap by increasing its support and visibility in this area.

68. The WCO provided technical support for the elaboration of the National Strategic Plan on Health Promotion (*Plan Stratégique Nationale pour la promotion de la santé*), the objectives of which are to foster healthy behaviours among individuals and strengthen intersectoral action around health determinants. MOH staff noted that the adoption of such a strategy is a notable achievement for the Government in light of the increase in NCDs, placing Senegal a step ahead in terms of health promotion as it is one of few countries in the Region to have adopted such a strategy. Notwithstanding this important achievement, MOH staff acknowledged that much remains to be done to address health determinants in the country and that the WCO's support in this area has not been commensurate with needs.

What has been the added value of regional and headquarters contributions to the achievement of results in country?

69. WHO's programme of work in Senegal received continued technical and financial contributions from the IST, the Emergency Hub in Dakar, AFRO and, to a lesser extent, HQ, in response to WCO requests. WCO staff noted that most of the needed expertise is readily available either in the

IST or at HQ. AFRO and HQ have also filled capacity gaps by providing direct funding for short-term consultants.

70. There is widespread agreement among consulted MOH staff that AFRO facilitated the exchange of experiences and the sharing of lessons learned among Senegal and other countries. MOH representatives participated in a study tour within the Region to learn about experiences in relation to UHC and the drug supply chain, some of which influenced Senegal's ongoing reforms in these areas. Similar exchanges occurred in the area of health promotion. Likewise, the IST shared with other countries Senegal's good practices in relation to the health financing strategy and Universal Sickness Coverage (*Couverture Maladie Universelle*) and the setting up of the *One Health* platform. However, both WCO and government staff felt that there is room for strengthening these activities.

71. Regional events organized by AFRO and HQ have also contributed to strengthening capacity and to sharing tools and guidance aiming to align countries practices and systems with international benchmarks. Nevertheless, several interviewees noted the importance of linking those regional events with an adequate follow-up plan at country level, pointing out to a need for strengthened coordination across WHO major offices in order to facilitate the achievement of tangible outcomes in countries. A recent inter-ministerial meeting, as part of the Muskoka initiative, resulted in the adoption of a sub-regional health workforce investment action plan by countries of the West African Economic and Monetary Union. However, implementation of the regional plan requires an intersectoral approach based on follow-up in countries by the WCO, which could have been anticipated.

72. Through the Partnership for Health, the IST is managing a programme which seeks to promote political dialogue on UHC in five countries, including Senegal. Through this programme, the IST through the WCO, has supported the MOH for the elaboration of the health financing strategy and the development of the new strategic national health plan (*Plan National de Développement Sanitaire et Social*, or PNDSS). This contribution was highly valued by interviewees. In the area of maternal and child health, the IST provided technical support for the elaboration of the Strategic Plan on Reproductive, Maternal and Newborn Health. HQ also provided technical support in the areas of WASH for the development of WASH accounts under TrackFin, as well as food safety.

73. The regional Emergency Hub based in Dakar provides support to 20 countries in the region, including the Government of Senegal. The hub provided support to the implementation of the JEE, as well as to the elaboration of a contingency and a response plan in the context of a Dengue outbreak that occurred in 2018. Interviewees also noted that the proximity of the Hub facilitated collaboration with the WCO.

What has been the contribution of WHO results to long-term changes in health status in Senegal?

74. Given the absence of a theory of change linking WHO outputs to expected outcomes, as well as the lack of a programme logical framework that allows assessment of outcomes and impact level results, it is difficult to conclusively attribute to WHO any of the changes in health status occurring in the Senegalese population. This constitutes a systemic challenge of WHO.

75. Even so, the evaluation team found evidence of WHO's contribution to several intermediate outcomes, which could plausibly lead to long-term changes in the health status of Senegalese. For example, it is expected that the health financing strategy will have significant impact on UHC, thereby increasing access to care for vulnerable populations currently left behind. The reform of the drug supply chain is also expected to result in better access to medicines for the sick. Finally, it is plausible to assume that large amounts of Gavi resources channeled through the WCO to carry out mass vaccination campaigns will lead to decreasing mortality and better health outcomes among infants and children. Satisfactory implementation of the various strategies to which WHO has contributed, such as on food safety, maternal and newborn health, and others, could very well lead to improved health outcomes under the proper operating conditions as well. Finally, the JEE set the grounds for

strengthening IHR and establishing the *One Health* approach, which is expected to contribute to increased health security, the reduction of outbreaks and improved health.

Is there national ownership of the results and capacities developed?

76. The evaluation team found that the WCO has supported Government-led processes resulting in strong buy-in from Government stakeholders (see example in Box 5). Government leadership is a strong indication of national ownership of the results achieved with WHO's support. A key contributing factor to this outcome is the strong relationship of trust and collaboration between the WCO and the MOH. Indeed, the Minister of Health and the WR meet on a weekly basis – as do, in turn, senior management of both institutions – to discuss national health priorities and plan jointly their collaboration and required support. MOH staff have consistently noted that the WCO is responsive to their requests for support, and that ownership among Government stakeholders is strong.

Box 5 Good Practice: Example of ownership of the health financing strategy

The health financing strategy is a great example of national ownership. There was a strong feeling among consulted Government staff that the strategy has been one of the greatest achievements of the Government of Senegal in pursuit of UHC. The fact that the Prime Minister's Office and local authorities have made formal declarations and have committed financial resources towards the implementation of the strategy are good indications of sustainability.

77. There are expectations that such close collaboration, which was described by many as being “*part of the same team*”, will continue. Most WCO senior staff had previously occupied senior positions at the MOH, favoring such institutional understanding and relationships. On the other hand, such closeness obscured the boundaries of the expected technical support, challenging the focus of WHO's work and its sustainability. Some WCO staff acknowledged this issue, highlighting the need for the WCO to move away from continued technical assistance and provide more strategic support.

78. One major limiting factor to the sustainability of the national ownership of results and capacities developed is related to the scarce financial resources for implementation by the national institutions. For example, the evaluation gathered many examples of strategies developed in collaboration with WHO, such as the strategies on health promotion, food safety and NCDs, which, according to interviewees, required external funding for implementation. The WCO has played a role in advocating for resource mobilization among technical and financial partners in some instances, although it was not able to provide it consistently.

Summary of key findings

- Despite the lack of a theory of change or logical framework for the period evaluated, the evaluation team found anecdotal evidence of significant WHO contributions in each of the four strategic priority areas of the CCS.
- In HSS, WHO strongly contributed to improving health financing and the drug supply chain, as well as the national health accounts and the institutional development of the Agency for Universal Sickness Coverage, all essential for achieving UHC. WHO's efforts in support of subnational policy development and in human resources for health were more modest. Stakeholders requested more support on medicines regulation.
- In the area of maternal and child health, the WCO provided support to the MOH through the Muskoka Initiative, ensuring that national strategies and guidelines are aligned with international norms and standards. Stakeholders appreciated WCO's support on the monitoring of maternal deaths, though they highlighted that more support to combat maternal, infant and juvenile mortality is needed.

- In terms of health and environment, the WCO provided valuable support in food safety through the administration of the WHO/FAO CODEX Trust Fund and to the Food Safety Strategy. Support on WASH was provided (e.g. for the production of water accounts), although additional efforts are needed to fully respond to Government requests.
- In the area of combating diseases, the WCO contributed to the implementation of the *One Health* approach and to strengthening country capacities to comply with IHR. The evaluation found several examples of results in the area of communicable diseases. Fewer results were noted in the area of NCDs.
- AFRO, through the IST and emergency hub, as well as HQ, have provided technical and financial support in response to WCO requests. AFRO also facilitates the sharing of lessons learned and good practices between Senegal and other countries of the Region. This function can be strengthened to meet partners' expectations, however.
- The sustainability of the results achieved is favored by the strong Government ownership, which in turn is fostered by a culture of collaboration and a relationship of trust between the WCO and the MOH. However, the limited Government resources to implement policies and strategies and the lack of an exit strategy for WHO support provided affects the sustainability of results.
- The CCS was not used to develop country workplans, though there was generally good alignment between the activities outlined in the workplan and the CCS strategic priorities and priority areas. The wide range of outputs and outcome areas included in the workplans diminishes the impact that WHO may have in each of these areas.

2.3 How did WHO achieve the results? (Elements of efficiency)

What were the key core functions³⁷ most used to achieve the results?

79. In interview questions relating to the work of the WCO, stakeholders frequently framed their answers with reference to the functions of leadership, coordination, technical advice or assistance and the capacity building that accompanies these functions. The leadership function is most salient because of WCO's leading role in health among the technical and financial partners. Seldom were explicit references made to other functions.

Strategic priority 1: Health Systems Strengthening

80. WCO staff indicated that, jointly with the IST, they provided technical support to the MOH which was instrumental in the drafting of the health financing strategy as well as the National Health Accounts. Assistance was also provided for the establishment, and associated capacity building, of the local health and social development committees. Other activities centred on advocacy, leadership and donor coordination for resource mobilization and invigoration of the political dialogue around health systems strengthening. Policy advice was also provided for the drafting of the medicines regulatory framework and the List of Essential Medicines.

81. Partners in the health sector in Senegal recognize and accept the leadership role of WCO in health matters. This leadership is associated with political and strategic influence and advocacy exercised primarily by the WR but also by other senior WCO staff. At the same time, some donors expect the WCO to play a more proactive role in fundraising and financial advocacy, as well as in leading multisectoral action, which is at the core of UHC. Many partners would like WHO to become involved in activity implementation and encourage the WCO in that direction, citing the risk of non-implementation of strategies otherwise.

Strategic Priority 2: Mother and Child Health, Reproductive Health

82. WCO's comparative advantage in this area was primarily seen in terms of providing technical advice and inputs to the drafting of norms and standards, in addition to some policy advice, and capacity building for the adoption of medical and nursing practices. WCO's advocacy and leadership was perceived by external stakeholders as less prominent, although there are expectations for a stronger WHO role in relation to these functions in the future.

83. WHO works closely with UNFPA and UNICEF on this priority area. Its technical assistance role for the drafting of strategy and policy guidelines is well recognized. The Guide to Maternal Health introduced by UNFPA was the product of a partnership with WHO. Technical support and partnership engagement were also applied in the drafting of the strategic plan for the MOH, along with assistance in drafting funding requests to the Global Fund and the French Muskoka Trust Fund. Vaccination campaigns were assisted both financially and technically with support from Gavi. Here, the communication as well as advocacy roles were prominent.

Strategic Priority 3: Health and the Environment

84. In this priority-area, the primary focus of the WCO was on the provision of policy advice and technical inputs for the drafting of norms and standards, together with associated training and capacity building for the areas of food safety and quality of water and sanitation. Relevant

³⁷ The six core functions of WHO are: (i) providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (ii) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (iii) setting norms and standards and promoting and monitoring their implementation; (iv) articulating ethical and evidence-based policy options; (v) providing technical support, catalysing change, and building sustainable institutional capacity; and (vi) monitoring the health situation and assessing health trends.

stakeholders have expectations that WHO will also assist financially in the enforcement of such standards. Furthermore, the trust fund of CODEX is managed by the WCO.

85. WHO also supported the Ministry of Water and Sanitation through the monitoring and assessment of the health situation by updating the sanitary map and analysing related sanitary risks. The provision of this technical assistance was limited due to changing emphasis over time across the different levels of WHO on the relevance of this area.

86. Partners value the WCO policy advice and technical assistance in these areas.

Strategic Priority 4: Fight against Diseases

87. WHO provides technical support to the MOH through policy advice for the development of strategies and plans, associated training and provision of guidelines mostly in the fight against communicable diseases and for the enforcement of the IHR. WHO has a comparative advantage in the monitoring and surveillance of outbreaks, and its role in these areas, including technical assistance, advocacy, leadership and communication as well as in donor coordination, is well recognized and appreciated.

88. In the area of NCDs, WHO's contributions were in terms of providing policy advice and technical support, advocacy and awareness raising. WHO's role in the NCDs area has been limited due to limited capacity and the complexity of interventions requiring of intersectoral and whole-of-Government approaches. Many external partners would like WHO to adopt a reinforced leadership role at the intersectoral level and with the higher echelons of Government to enable the country to address the most challenging global health issues, such as zoonotic diseases targeted by the *One Health* approach and NCDs.

How did the strategic partnerships contribute to the results achieved?

89. Not much can be accomplished in the health sector without partnership or collaborative arrangements among partners. In Senegal, WHO operates within a context of multiple umbrella partnerships and regional and global initiatives, such as those listed below. Bilateral organizations and donors collaborate with WHO in all priority areas. Some of the key partnership are the following:

- (a) WHO participates in the UNDAF and joint UN programmes.
- (b) The platform for HSS coordinates development partners' interventions with the MOH and national partners and stimulates reflection on UHC. The Health Thematic Group supports the MOH, and WHO is the lead development partner for the health sector. The IHP+ partnership supports decentralization of health programs and activities to local level.
- (c) With regard to the area of maternal, newborn, child and adolescent health, WHO works in close collaboration with UNICEF, UNFPA and the French MUSKOKA Fund. The UN PISEN programme involved coordination between agencies of the UN system.
- (d) A UNEP/WHO five-year partnership at the regional on chemical waste management was recently launched. It creates an observatory at the country level. As the implementing agency, WCO's role is to validate the work plan, manage funds, and recruit consultants. UNICEF is the leading agency on WASH, while WHO provides norms and standards and is the leading technical support agency. There is a joint WHO/UNICEF programme for water quality monitoring affiliated with UN-Water.
- (e) Gavi and the Global Fund form solid partnerships with WHO in the fight against major communicable diseases. On community-based disease surveillance, an informal partnership with the United States Centers for Disease Control facilitates the development of protocols and training. The *One Health* approach is a tripartite programme led by WHO, FAO and the OIE. FAO and WHO also work jointly on the CODEX Alimentarius.
- (f) The mass distribution of medicines to fight NTDs was also the result of a partnership involving the pharmaceutical industry.

90. Maintaining these important partnerships in all the strategic priority areas of WHO, and ensuring their relevance depends on the continuous leadership and advocacy of the WR and WCO senior staff and the technical contributions of the WCO.

91. The leadership of WHO has been recognized by most partners. However, challenges remain. It has been noted that WHO's work is less visible in some programmes and that its action is dispersed across many activities, losing specificity. The evolving expectations of donors for greater accountability and value for money and the arrival of new partners pose additional challenges to WHO, which needs to find its niche in the new more demanding landscape. The evaluation noted some untapped opportunities for reinforcing collaboration with Senegal-based institutions, such as the Institut Pasteur of Dakar, with regard to health-related scientific research, communication, capacity building and surveillance.

92. The evaluation of the UNDAF 2012-2018³⁸ noted that participating UN agencies favoured seeking agency-based funding rather than strengthening inter-agency coordination, shared leadership and joint funding around UNDAF programmes. These alternative approaches are more aligned with the direction of the UN reform and the new UNDAF, which calls for more integrated leadership and funding around SDGs targets and indicators.

How did the funding levels and their timeliness affect the results achieved?

93. Budget data for the period 2016-2018 are summarized in Table 3. Data indicate an overall underspend of 23% against funding available during the evaluation period. The underspend against planned budget is close to 33%. This has been attributed in part to capacity gaps in the WCO and some delays in the reception of funds.

³⁸ Plan cadre des Nations Unies pour l'aide au développement du Sénégal 2012-2018 : Rapport d'évaluation finale. Dakar : Bureau de Coordination des Nations Unies ; 2018. In : UNDP/Evaluation [website]. (<https://erc.undp.org/evaluation/evaluations/detail/9600>, accessed 3 July 2019).

Table 3: Planned cost, available funds and expenditure by strategic priority of the CCS (2016-2018)

		Planned cost (US\$)	Funds available (US\$)	Expenditure (US\$)	Expenditure as % of planned cost	Expenditure as % of funds available	Expenditure as % of total expenditure
CCS priorities							
1	Health system strengthening	1 348 967	1 444 439	1 144 942	84%	79%	14%
2	Communicable and noncommunicable diseases	4 408 133	3 321 817	2 321 950	52%	70%	28%
3	Reduction of maternal, newborn and child morbidity and mortality	1 360 007	1 462 486	1 092 860	80%	74%	13%
4	Social determinants of health, [...] nutrition and food safety	Included in health system					
5	Disaster risk management, [...] International Health Regulations	969 000	561 703	409 339	42%	72%	5%
Other activity areas							
	Poliomyelitis eradication	1 617 601	1 372 921	1 286 503	79%	93%	15%
Other expenses							
	Corporate services / enabling functions	2 825 892	2 794 476	2 170 350	76%	78%	26%
Total		12,529,600	10,957,842	8,425,944	67,24%	76,89%	101%*

Source: WHO Global Management System data, expenditure mapping by evaluation team

*=total exceeds 100% due to rounding

94. Earmarking funding for polio (close to 20% of the projected WCO budget for the evaluation period) is not proportional to the priority attributed to this disease. The running expenses of the regional Emergency Hub, hosted by the WCO, are shared between the Regional Office and the WCO.

95. The availability of funding for operations is further constrained by the unpredictability of donor contributions to assorted priority areas and activities. According to WCO staff, these circumstances cause numerous difficulties for the timely programming and budgeting of activities by MOH and other Government beneficiary entities.

96. Another element that drains WCO resources and creates opportunity costs relates to the administrative, technical, human resource and representation costs of the frequent WHO regional events and conferences held in Dakar, as a result of the fact that Dakar is a regional hub for numerous organizations working in Africa. The cost of such activities do not seem to be budgeted by, nor reimbursed to, the WCO in general.

97. The majority of stakeholders interviewed shared the view that the WCO was not sufficiently funded at a level commensurate with its mission. Most recognized that WHO's added value does not depend on its funding levels and financing capacity, but nevertheless felt that WHO is often disadvantaged as result of its limited funding. A main result of such limitation is the reduced staffing levels which in turn affected WHO's presence and its results. Many stakeholders considered that the WCO did not have the critical mass to achieve the desired impact and, hence, accomplish WHO's mission. Most WCO staff shared similar views, especially as compared with other organizations that are better equipped with funding for activities and staff. It was considered that this may diminish

WHO's leadership role, prestige and the relevance of its interventions in certain areas. An exception is when WCO receives funding from donors, such as the French Muskoka Trust Fund for maternal, newborn and child health, and the funds provided by Gavi and Global Fund for immunization programmes and work related to HIV/AIDS, TB and malaria respectively. These entities provide important funding for activities and, in some cases, also finance staff in the WCO.

98. Delays in funding disbursement, caused by complex administrative procedures which disrupted project activities, were also mentioned in several occasions.

Was the staffing adequate in view of the objectives to be achieved?

99. At the time of the Functional Review in 2017, the WCO had 22 staff including 9 National Professional Officers (NPOs) and 12 administrative staff, in addition to the WR. The Review considered it a small complement for the country, and recommended the recruitment of additional staff, including international professional officers, and a revised organizational structure.

100. Following the Review, the position of pharmaceutical officer (in charge of medicines) was abolished. In addition, the responsible officer for environmental functions retired, and other key staff, such as the responsible officer for maternal, newborn, child and adolescent health and the health promotion officer, left WHO, thereby leaving these posts vacant for several months during the evaluation period. While there are plans for additional recruitments in other areas, the Review's recommendations have largely gone unimplemented given the considerable cost implications. It is also noteworthy that the proposed organizational changes recommended by the Functional Review requiring the creation of technical units, which would facilitate programme management and release the WR from significant supervisory and administrative functions, could not be implemented because this would engender additional recruitment for which there was no available funding.

101. At the time of this evaluation, the WCO had 6 NPOs and 1 International Officer (the WR). There were several vacant positions and corresponding recruitment plans in key strategic priority areas, notably in reproductive, maternal, newborn, child and adolescent health; health promotion (to also include environmental health functions); communications/knowledge dissemination; and resource mobilization. Some of these vacant posts had been filled temporarily with short-term consultants contracted with funds scraped from different sources. Other areas not covered by designated staff were NCDs and social determinants of health, and surveillance and emergency preparedness. Most NPOs compensated the vacancies assuming large portfolios involving the various uncovered thematic areas, which in some cases were beyond the NPO's areas of technical expertise.

102. Stakeholders participating in this evaluation overwhelmingly agreed that one of the major challenges of the WCO was the understaffing. They considered the staffing levels incommensurate with the mission of the office, limiting the presence and visibility of WHO across several areas with the risk of undermining the support to some of the key priorities and programmes of the MOH and partners. WCO staff tends to agree with such views.

103. Stakeholders were in general appreciative of the competencies of the staff, most of whom are ex- MOH staff; an experience which endows them with inside knowledge and familiarity of the MOH structure and culture, but may be challenging when negotiating with the Ministry. However, Government officials signalled the fact that some of the WCO technical areas lacked the required expertise thus constraining the support provided by WHO.

104. AFRO and HQ have compensated for certain capacity gaps by providing direct funding for short-term consultants and by mobilizing their own staff to provide punctual support to the country. However, many stakeholders considered that such technical support cannot substitute the leadership and continued support provided by WCO staff.

What were the monitoring mechanisms to inform CCS implementation and progress towards targets?

105. The work plan and budget of the WCO follow the guidelines and structure set by the WHO GPW and associated programme budgets, which define the outcomes and output categories that correspond to the WCO budget centre. This explains in part the discrepancy in alignment with the structure of the CCS, and determines the monitoring approach, which is dictated by the corporate procedures and systems in the form of programme budget performance assessments and mid-term reviews of budget implementation. However, as indicated earlier, these assessments are not driven by a specific logical framework. The evaluation team did not gather evidence of how the monitoring reports are being used by the WCO and the MOH, nor whether any corrective measures could be introduced to the implementation of activities on the basis of such reports.

106. That said, as budgeted funds for activities are transferred to the MOH for implementation, WHO reports on these activities based on information provided by the spending authorities. These reports then become the major source of information for activity monitoring and achievement of goals and targets on the basis of the WHO's approved budget instead of the CCS, as per WHO's planning and budget procedures. While this is not a major issue as these programme structures tend to converge there are a few discrepancies that may require attention. It is intended that the new work plans will be better aligned with the new CCS, the PNDSS, the recently completed UNDAF, and the 2020-2021 WHO Programme Budget.

To what extent has the CCS been used to inform WHO country workplans, budget allocations and staffing?

107. As indicated earlier, the CCS by and large was not taken into consideration for either programme budgeting or work plans. These, as explained earlier, were based primarily on the GPW and programme budgets. The reason and circumstances leading to this gap are explained in earlier sections of this report. Because of the actual discrepancies are not of great significance, this did not seem to be a major issue.

108. Nonetheless, the CCS strategic priorities and principal areas of activity served to a large extent to emphasize the major areas of activity of the WCO as well as its technical expertise requirements. However, the fact that the Functional Review questioned some of the main strategic priorities, with resultant staffing implications, challenged that assumption.

Summary of key findings

- The key functions performed by WHO in Senegal are in terms of leadership including partner coordination, technical advice on policy actions, setting norms and standards, and associated capacity building.
- Work in partnership and collaborative arrangements is essential to accomplish WHO's goals and targets. WHO works through partnerships across all CCS priority areas. These partnerships rely on the continuous leadership of WHO to keep them active and renewed when necessary. The partner landscape has evolved, and the need to show value for money has increased.
- Most partners consider that the WCO's limited resource base affects its capacity to deliver its work plan. Budgets are further constrained by the unpredictability of funding for different priority areas and activities.
- Overwhelmingly, partners consider that the WCO is understaffed and that its resources are not commensurate with its mission. There is agreement in that the limited staffing, related work overload, sometimes beyond their areas of competence, and job insecurity are issues

affecting the productivity and visibility of WCO staff. It was also considered that WCO staff performs at their best despite the previously mentioned limitations.

- Resource limitations hampered the implementation of the Functional Review recommendations, including recruitment of additional personnel. Observed discrepancies between the Functional Review, the CCS strategic priorities and country's need for support impacted on the delivery of specific priority areas and on staff capacity.
- Monitoring is dictated by the programme budget and corporate management systems in the form of programme budget performance assessments and mid-term reviews of budget implementation. The evaluation did not find evidence as to the extent to which these monitoring reports are actually used for corrective measures.
- Work plans are not driven by logical frameworks stipulating targets/goals and indicators/metrics on how to measure and monitor them.

3. Conclusions

109. Based on the findings presented in the previous section, the following conclusions are articulated around the three main EQs, all of which inform the recommendations presented in Section 4.

Relevance of the strategic choices

110. There is ample evidence supporting the relevance, appropriateness and responsiveness of WHO's contribution to the health needs of Senegal, as reflected in the strategic choices WHO made during the period of the evaluation. These were widely regarded as highly relevant and as having responded to major strategies of the Ministry of Health. However, WHO's work was only partially guided by its own strategic framework, the CCS. Many decisions reflected the outcomes of continuous collaboration with Ministry of Health representatives, a relationship which helped foster the relevance and national ownership of outcomes, but which also stretched WHO's efforts thinly, potentially to the detriment of a strategically focused programme. The process for the development of the CCS was conducted by external consultants through a sub-optimal consultation process. This resulted in low ownership of the CCS by the WCO and senior managers at the Ministry of Health and affected its dissemination and use. Still, despite the CCS being only slowly adapted to the changing public health contexts and being known to few, it did inform most of the relevant strategic choices. The development of the new CCS, synchronized with the major national and international strategic frameworks, offers an opportunity to redress some of its current weaknesses by engaging in a participatory process with Ministry officials, relevant non-State actors and WHO staff.

111. Despite WHO's high responsiveness to requests from the Ministry of Health, there were some discrepancies in focus. This was the case of the prevention of noncommunicable diseases and the social determinants of health, where WHO's contribution was reduced, and in areas such as human resources for health, medicines regulation, subnational health policy and community health. With regard to the Sustainable Development Goals, there was more limited focus on the health aspects beyond Goal 3 -- e.g. nutrition and water, sanitation and hygiene, where WHO's role seemed to be less clear, thus curtailing the WCO's ability to meaningfully contribute to these other Sustainable Development Goals. Within the context of a growing burden of noncommunicable diseases, WHO's role as leader in ending malnutrition in its many forms is paramount. Likewise, the role of WHO in addressing several indicators of Sustainable Development Goal 6 is well established globally.

112. WHO's relevance and effectiveness were also affected by the broad-based extent of its support across many areas owing to ongoing requests from the Government. As WHO cannot effectively address all the pressing health issues of Senegal, it needs a well-defined strategic framework or CCS that is well tailored to (and helps manage) this context, marked by wide-ranging and ongoing requests for its support, while at the same time enhancing transparency and steering away from providing substitute technical assistance in order to focus on strategic support.

113. WHO enjoys substantial credibility as the global authority in health matters and as the leading technical partner in this area. Stakeholders' expectations for WHO's contribution are very high, not only in relation to the provision of technical advice but also the fulfilment of additional roles beyond its mandate, particularly in terms of supporting implementation and providing financial assistance. There is a need for WHO to clarify with Government partners what are the most strategic roles it can and should play moving forward, considering its comparative advantage and the evolving context with regard to the 2030 Agenda. In this vein, there are increasing requests for WHO to: play a leading role in support of broad health issues following a cross-sectoral and Government-wide perspective;

coordinate partners; and advocate for resource mobilization and support to ensure the adequate implementation of the country's health policies and strategies.

WHO's contribution and main achievements

114. WHO contributed to significant achievements in all key strategic priority areas. These include health systems strengthening, supporting the development of the health financing strategy, the consolidation of the drug supply chain, the legislative and institutional development of the Senegal Agency for Health Care Coverage, and the production of national health accounts. All of these were essential steps towards advancing and sustaining universal health coverage. Other important contributions were noted in maternal and child health, notably through supporting the joint initiative of the French Muskoka Fund, to ensure the alignment of national strategies and guidelines with international norms and standards. Likewise, support for the food safety strategy and WHO's contribution to tracking finance in the water, sanitation and hygiene sector, coupled with support to its monitoring, were regarded as essential contributions. WHO's work in facilitating the establishment of the "One Health" approach in Senegal, and the conduct of joint external evaluations, was considered instrumental in the fight against diseases.

115. During the period of the Twelfth General Programme of Work WHO did not have a theory of change or logical framework, with relevant indicators, baselines and targets, thus hampering the accurate understanding of the extent of achievement of WHO's contribution to the expected results and long-term outcomes. As WHO develops the new CCS, it is essential that it anticipates those missing elements, while at the same time focusing strategically on a set of outputs and outcomes where it can ensure full effectiveness and clarifying with partners their expectations and priorities for WHO support.

116. Notwithstanding the WCO's significant achievements, additional needs were identified in all priority areas which were considered to require further efforts by WHO. The most notable of these were in the areas of maternal, newborn, child and adolescent health, emergency preparedness and integrated disease surveillance. Outputs and outcomes related to environmental health were limited by divergent perceptions of priorities in this area. Support for cross-sectoral policy strategies, such as in environmental health, nutrition, "One Health", universal health coverage and the fight against noncommunicable diseases, are all key priorities of the Government of Senegal, which will benefit from the strategic leadership and strengthened technical support of WHO. These areas also represent an opportunity for strengthening WHO's position as the lead agency in health at higher levels of the Government.

117. WHO's achievements are the result of the integrated support provided by the three levels of WHO and coordinated through the WCO, particularly in terms of the provision of technical support and capacity-building opportunities to the Ministry of Health and other national partners. This is an area where the Regional Office for Africa could play a stronger role in bringing countries together to facilitate exchange, capacity building and regional cooperation through additional opportunities such as online platforms in which national counterparts can exchange lessons and best practices so as to learn from each other's experiences. This area is highly appreciated by stakeholders, allowing Senegal not only to benefit from the experiences of other countries but also to share its own lessons learned and best practices.

118. The sustainability of the results achieved through WHO's support relies largely on the close collaboration between WHO and the Ministry of Health, which facilitates ownership by the Ministry. However, the lack of Government resources to implement some of the policies and strategies jointly developed poses a risk to the sustainability of results achieved. Hence, WHO's strategic planning needs

to anticipate alternative sources for resource mobilization and the support of partners for the implementation and uptake of these important results of its joint work with Government and other partners.

Ways of working and programme management challenges

119. WHO has been able to produce a considerable number of highly relevant and valuable outputs in Senegal, and with limited human and financial resources. Nevertheless, there is broad recognition that this limited resource base affects its capacity to deliver effectively and to maintain its leadership position. This is compounded by a vast workplan which is largely based on ongoing support requests from the Ministry of Health, some of which are undertaken even where WHO's comparative advantage is unclear and its physical or technical capacity is insufficient, thus leading to unequal assistance to different health areas and to a gap between the expectations of the Ministry of Health and WHO's capacity to respond accordingly.

120. WHO's comparative advantage lies in its key functions of leadership, including partner coordination, provision of technical advice for policy actions, setting norms and standards, and associated capacity building. It is therefore essential that the WCO have the financial and human resources required to provide the essential functions. While WHO's leadership in the WCO is well recognized, capacity constraints in certain technical areas can negatively affect the performance and credibility of the WCO.

121. Partnerships and collaborative arrangements are also essential to achieve WHO's targets. WHO works through partnerships across all CCS priority areas. These partnerships rely on the continuous leadership of WHO to keep them active and to renew them when necessary. Nevertheless, the partner landscape has evolved, and the need to show value for money is increasing in a wider cross-sectoral context in which WHO needs to identify its niche based on its comparative advantage and position itself as a global health leader.

122. The WCO's human resource capacity does not appear to be commensurate with its mission. Understaffing and related work overload and job insecurity, due to the unpredictability of funding and priority changes, are critical issues affecting the performance of the WCO. In addition, almost all NPOs are former senior professionals from the Ministry of Health, a circumstance which has significant benefits in terms of relationship-building with Ministry staff – but which conversely can be challenging in negotiations with the Ministry.

123. Despite the pervasive view that the WCO is underfunded, during the evaluation period there was under-spending in specific areas of activity. This may be explained in part by staffing gaps as well as delays and unpredictability in receiving funds. Budgets are also characterized by the unpredictability of donor funding for several priority areas and activities, thus hampering programme planning.

124. The WCO lacks guidance to determine the relative importance of the different priorities expressed by partners (Ministry of Health and other governmental bodies) and by WHO policy and planning frameworks (CCS, General Programme of Work and programme budgets and Functional Review). This favours the provision of technical support without a clear time horizon, including the lack of an exit strategy once intended goals are achieved. There are concerns that WHO's support might end up being direct assistance (substitutive) rather than building institutional capacity, thus threatening the sustainability of WHO's work.

125. The evaluation has shown a sufficient degree of technical complementarity and coordination at the three levels of the Organization in terms of providing technical support and capacity building to

the Ministry of Health and national partners. Nonetheless, there have been some discrepancies in defining priorities as well as limitations in adopting shared objectives across the Organization, creating gaps in continuity and in meeting expectations. Furthermore, the fact that Dakar is the home of many regional offices of United Nations agencies and the venue for an increasing number of regional meetings, creates additional burden on an already-overstretched office.

4. Recommendations

1. In order to address the more systemic and long-term needs of Senegal, the WHO Country Office in Senegal should ensure the alignment of the new Country Cooperation Strategy with the priorities set forth by the Government of Senegal, the Thirteenth General Programme of Work, the 2030 Agenda and the reform of the United Nations, concentrating on areas in which WHO has a comparative advantage. It is recommended that such an instrument:

- I. focus on a set of well-defined strategic issues that respond to: (i) unmet health sector priorities of Senegal, e.g. health systems strengthening with a view to universal health coverage (including governance, financing, legislation and community health); (ii) broad health issues identified in the health-related Sustainable Development Goals (not only Goal 3, but also goals 2 (nutrition) and 6 (water, sanitation and hygiene)); (iii) Government priorities related to noncommunicable diseases and the social determinants of health, including consideration of the role of gender, equity and human rights;
- II. support strategic multisectoral collaboration among relevant Government and non-State actors in order to achieve the health-related Sustainable Development Goals;
- III. include the perspectives of the Government of Senegal, other relevant non-State actors and WHO staff, in order to ensure full ownership of the strategy; and
- IV. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets with indicators for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner, allowing the monitoring of performance and target achievement.

2. WHO should strengthen at all levels of the Organization those core functions that would help deliver its mandate more effectively in Senegal. It is recommended that:

- I. the WHO Country Office strengthen its leadership, its health diplomacy role and its convening power, in sustaining commitments linked to the Country Cooperation Strategy, through effective relations with relevant national authorities within and beyond the health sector, with United Nations agencies, and with other non-State actors and through mobilization of resources among partners;
- II. the WHO Country Office clarify its strategic role and reduce to a minimum those activities for which it offers less comparative advantage;
- III. the Regional Office for Africa and its Inter-country Support Team for West Africa continue to provide technical support to Senegal and foster the exchange of best practices and sharing of experiences across countries in the Region; and
- IV. WHO strengthen the alignment of its functional responsibilities at all levels of the Organization and ensure the involvement of the Country Office staff and national partners in regional activities that are relevant for Senegal, in order to optimize follow-up by the Country Office.

3. The WHO Secretariat should ensure that the WHO Country Office in Senegal has the necessary human and financial resources to provide critical support to Senegal as it implements the Country Cooperation Strategy. It is recommended that:

- I. the WHO Secretariat review its resource allocations to Senegal at both Country Office and Regional Office levels, based on the country's needs, to ensure the full implementation of the Strategy, and the funding of a critical mass of staff, managing finances in a realistic and predictable manner;
- II. the WHO Country Office structure the funded activities on the basis of a logical framework, defining goals and targets with indicators and metrics, including building up exit strategies as

- needed in order to manage its support more effectively, and ensuring appropriate monitoring and performance assessment;
- III. the WHO Country Office review its human resource capacity to ensure the adequate skill-mix required for the successful delivery of the Strategy; within financing constraints, there should be a balance between international and local staff as well as sufficient administrative support staff;
 - IV. the WHO Country Office implement the outstanding recommendations of the Functional Review that are relevant to the implementation of the Strategy, including establishing a streamlined structure to relieve the WHO Representative from certain staff and project management supervisory roles in order to focus on the more strategic and leadership roles associated with the position; and
 - V. the Regional Office for Africa adequately fund regional activities performed by the WHO Country Office on its behalf.