Initial evaluation of the Framework of Engagement with Non-State Actors

Report and Annexes

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List of Abbreviations and Acronyms

ADG	Assistant Director General
AFRO	WHO Regional Office for Africa
AMRO	WHO Regional Office for the Americas (cf. PAHO)
CC	Collaborating Centre
CDS	Communicable Diseases
CO	Country Office
CRE	Compliance Risk Management and Ethics
DDG	Deputy Director General
DG	Director General
DTO	Designated Technical Officer
EB	Executive Board
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
EVL	Department for Evaluation and Organizational Learning
FENSA	Framework of Engagement with Non-State Actors
FFP	FENSA Focal Point
FNM	Department of Financial Management
FPRC	FENSA Proposal Review Committee
FWC	Family, Women, Children and Adolescents
GEM	Global Engagement Management system
GMG	Department of General Management
GPW	General Programme of Work
GPG	Global Policy Group
HACT	Harmonized Approach Cash Transfer
HMM	Health Metrics and Measurement
HQ	Headquarters
HRD	Human Resource Department
IEOAC	Independent Expert Oversight Advisory Committee
IOAC	Independent Oversight and Advisory Committee
IOS	Internal Oversight Services
IMT	Department of Information Management and Technology
IT	Information Technology
KII	Key Informant Interview
MH	Mental Health
MOPAN	Multilateral Organization Performance Assessment Network
MS	Member States
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NSA	Non-State Actor
OECD-DAC	The Organisation for Economic Co-operation and Development's Development Assistance Committee
PAHO	Pan-American Health Organization
PBAC	Programme, Budget and Administration Committee of the Executive Board
PM	Performance Management
PMNCH	Partnership for Maternal, Newborn & Child Health
PNA	Department of Partnerships and non-State actors
RC	Regional Committee
RD	Regional Director
RO	Regional Office
SDG	Sustainable Development Goals
SEARO	WHO Regional Office for South-East Asia

SOP	Standard Operating Procedure
TNA	Training Needs Analysis
UHC	Universal Health Coverage
UN	United Nations
UNITAID	International Drug Purchase Facility
UNEG	United National Evaluation Group
USD	United States Dollars
WHA	World Health Assembly
WHE	World Health Emergencies
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific
WR	WHO Representative

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Executive summary

Introduction

1. The Framework of Engagement with Non-State Actors (FENSA) was adopted by the Sixty-ninth World Health Assembly on 28 May 2016 (resolution WHA69.10). The FENSA aims to promote and enhance strong engagement with non-State actors while managing risk through strengthened protection of WHO from potential conflicts of interest and undue influence. As the first comprehensive framework developed by an agency within the United Nations system that covers all types of interaction with four categories of non-State actors, FENSA is precedent setting.

2. When the FENSA was adopted, Member States agreed that an initial evaluation of its implementation would be conducted following the two-year timeframe set for full operationalization. This evaluation was commissioned in July 2019 as one of the corporate evaluations included in the 2018–2019 biennial evaluation workplan.

3. The objective of this initial evaluation was to assess the status of implementation of the FENSA and its impact on the work of the Organization. The evaluation:

- documents key achievements, best practices, challenges, gaps and areas for improvement in the implementation of the FENSA since its adoption in May 2016; and

- makes recommendations on the way forward to enable the full, coherent and consistent implementation of the FENSA.

4. In recognition of the complexity of the intergovernmental negotiations required to agree on the FENSA, the intrinsic sensitivity of the topic at hand, the number and diversity of engagements involved, and the time, effort and resources invested to develop and maintain these relationships, the evaluation did *not* assess the FENSA as a framework in itself but rather the *implementation* of the FENSA.[1]

5. The evaluation was undertaken in a participatory, utility-focused and rigorous manner: it provides robust evidence from multiple data sources, identifies learning opportunities and frames practicable recommendations for course correction. In this vein, it is important to underscore the formative nature of the evaluation: although it is too early to fully assess the impact of the implementation of the FENSA, the evaluation does come at a juncture when conditions for impact can be considered. Its findings can help to inform and strengthen application by WHO as it moves towards full implementation of both the FENSA and the associated operating procedures. *In this sense, the gaps and challenges identified in the report are intended to be viewed constructively as an early opportunity for the Organization as a whole to learn and improve its approach to implementation moving forward.*

6. In order to ensure a clear shared understanding of the evaluation topic and thus guide and structure the evaluation, a theory of change was retrospectively constructed during the inception phase in collaboration with staff from the specialized unit responsible for performing standard due diligence and risk assessment, as well as the WHO Evaluation Office. [2]

[1] This aspect of the scope was set forth in the evaluation terms of reference and was subsequently confirmed at the procurement and commissioning stage with the WHO Evaluation Office and documented in the evaluation inception report.
[2] The theory of change graphic can be found within the Methodology section of the full report.

7. The evaluation applied a mixed-methods approach, combining several sources of qualitative and quantitative evidence, including: (i) a review of over 120 key documents; (ii) face-to-face and virtual interviews and focus groups with 150 key stakeholders (WHO senior management; those staff most closely associated with the implementation of the FENSA and other relevant technical staff within WHO across the three levels of the Organization, such as designated focal points for the FENSA and designated technical officers); (iii) focus groups with 56 FENSA focal points in Geneva-based missions; (iv) a global survey of all Member States; (v) a survey of non-State actors in official relations with WHO (entities serving as Collaborating Centres were also surveyed in relation to the FENSA, as part of a wider concurrent evaluation of Collaboration Centres, and a limited sample of non-State actors not yet eligible in their bid for official relations with WHO was also consulted); and (vi) a survey of WHO representatives. The survey response rates were as follows: 17.5% of Member States; 26.1% of non-State actors in official relations with WHO; and 18.1% of WHO representatives.

8. In line with the standards of the United Nations Evaluation Group, the evaluation report contains further details on the evaluation methodology, including a summary of methodological limitations.

Evaluation findings

9. The evaluation identified the following findings, organized according to the United Nations Evaluation Group evaluation criteria, highlighting both implementation achievements and gaps in the implementation of the FENSA to date.

Relevance

10. The FENSA constitutes a coherent and integrated framework compared to previously separated and discrete engagement policies for different non-State actors.[3] It is the first comprehensive framework within the United Nations system that covers interaction with four categories of non-State actors, including nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, along with specific policies for each category. In this respect, the existence of the FENSA is a significant accomplishment in its own right and a precedent for the wider United Nations system.

11. That said, there is an absence of a comprehensive, actionable strategy and associated implementation plan to achieve the overall aims of the FENSA at all three levels of WHO. In response to requests by the Independent Expert Oversight Advisory Committee, an implementation plan was approved on 21 December 2017. The use and value of this document has been limited, however, and it not a sufficiently actionable plan to guide coherent and systematic implementation of the FENSA due to the 18-month lag time from the resolution's adoption to the approval of the draft plan, coupled with the limited communication and use of the plan as an instrument for implementation. The timeframe for WHO to fully implement the FENSA and operating procedures appears to have been overly optimistic in light of WHO's capacity and capability to institute change effectively – a challenge exacerbated by the fact that a phased approach to implementation had not been included in the adopted resolution despite a recommendation to this effect having previously been identified in an external audit of the implications of the FENSA's implementation conducted in 2016 (i.e. just prior to the resolution's adoption).

12. This lack of an overarching engagement strategy – one that is comprised of specific, concrete actions to be undertaken to situate and calibrate the FENSA as a framework and

[3] The Framework of Engagement with Non-State Actors replaced the "Principles governing relations between the World Health Organization and nongovernmental organizations" (adopted in resolution WHA40.25) and the "Guidelines on interaction with commercial enterprises to achieve health outcomes" (document EB107/20, Annex).

translate its broad goals into a concrete, actionable and well-phased plan to guide the Organization's engagement with non-State actors – represents a significant gap. As a result of this gap, downstream actions to implement the FENSA have been fragmented and not supported by a coherent communication and information dissemination strategy. The absence of effective communication and information dissemination plans to support the implementation of the FENSA among audiences internal and external to WHO has compromised roll-out. Staff and partner needs have mainly been addressed in a responsive and reactive manner rather than proactively. Where communications activity has taken place, this activity has not kept pace with changing staff and partner needs in the dynamic FENSA implementing context.

Efficiency

13. Given the absence of a comprehensive FENSA implementation strategy or plan, activities and outputs were clustered into the following tiers for the purposes of this evaluation to enable systematic and structured assessment, as well as an exploration of the interconnectedness between activities and outputs:

- Tier 1: Strengthening understanding, ownership and management of the risks and benefits of engagement;
- Tier 2: Specializing and applying nuanced application (technical and contextual);
- Tier 3: Expert technical advice and institutional memory for standardized procedures. Escalation point for exceptional cases. Oversight.

14. Despite the lack of an overarching strategy that would establish guideposts for maximally efficient and effective implementation of the FENSA, the evaluation team notes that, as a testament to the considerable efforts of staff, WHO has succeeded in initiating (if not completing) implementation on all aspects required by resolution WHA69.10. Within each of the three tiers, a number of key outputs were delivered within the two-year implementation timeframe. This significant achievement forms a solid foundation for the FENSA's further implementation. Nonetheless, these actions have been undertaken in an ad hoc, fragmented and unsystematic manner across the Organization and implementation was not sufficiently resourced.

15. However, more limited progress has been made in other important areas, such as full functionality of the Register of non-State actors through the inclusion of all non-State actors; coordinated staff training across all three levels of the Organization; the development of electronic workflows on the now-paused Global Engagement Management system and the active convening of the FENSA Proposal Review Committee, which appears to have convened infrequently. A number of significant delays were observed between the immediacy of implementation requested in the resolution and actual delivery timescales. Furthermore, the evaluation team noted evidence of a greater weighting of the risk management goals of the FENSA in the implementation of its activities rather than in its promoting and engagement-enhancing goals. While this progress to date offers WHO a solid platform on which to build, moving forward there is a need to ensure that the dual objectives of the FENSA are equally emphasized.

16. Furthermore, owing to the dynamic organizational context in WHO, some activities and outputs completed to date are now in need of further iteration or development or require supporting actions. Examples include (i) review of the FENSA guides and guidance to include updates regarding the Register of non-State actors, electronic workflows and the composition of the FENSA Proposal Review Committee; (ii) strengthening and delivery of training materials to include lessons learned and practical examples; and (iii) ongoing maintenance of the FENSA focal point network.

17. Recognizing the achievement of the short-term results of implementation activities and outputs, sequencing and delivery delays have nonetheless impacted on the achievement of the coherent and consistent implementation of the FENSA across all three levels of the Organization,[4] which would lead to the comprehensive achievement of identified outcomes.[5]

18. The overall implementation status of FENSA outputs and activities is summarized in Figure 1. As illustrated in this figure, eight key activities and deliverables have been fully completed or are near completion; six are ongoing with continued effort required; and three are in need of immediate attention to either initiate or accelerate.

Figure 1: Summary output-level achievements associated with FENSA implementation

19. It is not possible to accurately quantify the cost of implementation, as there is no evidence of effective budget tracking or financial monitoring available to the evaluation beyond the costing of resolution WHA69.10 and estimates provided in the implementation plan (approved in

[4] See resolution WHA69.10, paragraph 3 (2).

[5] (i) Increased clarity on how to work with non-State actors at country, regional and global levels; (ii) enhanced transparency both internally and externally through the Register of non-State actors; (iii) enabling more strategic engagements with non-State actors; (iv) protecting WHO from affiliations that could jeopardize the credibility of its work; (v) ensuring coherence and consistency in WHO's engagements with non-State actors; and (vi) allowing learning, information-sharing and improvement on how to structure engagements. These are taken from the WHO Guide for staff on engagement with non-State actors and are what we understand to be the intended outcomes of FENSA.

December 2017). Insufficient resources appear to have been allocated to FENSA implementation, a gap that was felt acutely during implementation. A lack of resources was cited as being a significant constraint to implementation across the Organization. In addition, no financial monitoring of the explicit or hidden costs of implementation has taken place.

Effectiveness

20. A significant majority of stakeholders, both internal and external to WHO, are of the opinion that the FENSA has at least to some extent been successful in achieving its immediate objectives. The FENSA has generally brought greater clarity for both WHO and non-State actors around the requirements and standards for engagement. That said, translating policy into practice for different kinds of engagement appears less clear, especially among WHO staff and Member States. The delegation of accountability for managed risk is not well understood.

21. Stakeholders likewise believe that the FENSA has more generally brought greater coherence and consistency in WHO's engagement with non-State actors. However, implementation planning and roll-out has been insufficiently coordinated or integrated across the Organization, resulting in inconsistent application of the FENSA.

22. While the FENSA has contributed to demystifying the principles of WHO's engagement with non-State actors, the inconsistent implementation of the FENSA and the shortcomings of the Register of non-State actors have affected the perceived transparency of the process.

23. The FENSA has to some extent encouraged WHO staff and non-State actors to think more strategically about their engagement, especially when entering into official relations. It is less evident for other types of engagement, while *risk aversion* (as opposed to *risk awareness* and *risk management*) might be leading to missed opportunities for positive engagement.

24. It is likely that the FENSA has, by design, protected WHO from engaging with non-State actors that could jeopardize the credibility of its work. At the same time, there is a sense among some stakeholders that the FENSA has amplified organizational risk-averseness, with the result that it may inadvertently be preventing otherwise positive engagements from occurring. Limited systematic training, information-sharing and knowledge management to support the implementation of the FENSA have taken place. Information-sharing on the FENSA within WHO remains largely informal and ad hoc. As a key FENSA stakeholder group, Member States report that they are not sufficiently informed about implementation and the difference it is making – despite routine updates to Member States by WHO – as this reporting is primarily geared towards an account of activities and outputs.

25. Given data paucity challenges, including the lack of an effective monitoring and evaluation mechanism as recommended in 2016[6] to ascertain whether intended benefits and results have been achieved as set out, it is challenging to reliably assess sustainability or impact at this early stage of FENSA's implementation. Nonetheless, based on the assessment of relevance, efficiency and effectiveness, the evaluation team concludes that *enabling conditions* for sustainability and impact[7] are increasingly present.

26. Implementation has already resulted in positive change, and while it has perhaps not yet reached the level planned or intended, there is considerable potential for further benefits if the

[6] Report of the External Auditor on the implications for WHO of the implementation of the framework of engagement with non-State actors, March 2016 (document A/FENSA/OEIGM/4).
[7] Promoting and engaging strong engagement with non-State actors; and managing risk through strengthened protection of WHO from conflicts of interest and undue influence.

full package is well implemented. Longer-term impacts will not be visible until full implementation has taken root.

Conditions for impact and sustainability

27. Notwithstanding the gaps and areas for improvement cited in the evaluation report, the conditions for future impact and sustainability otherwise appear to be in place. These include increasing levels of commitment to the FENSA from WHO's senior management and Member States; a recognition that increasing resources are needed to fully implement the FENSA; and a gradual, steady and explicit shift toward greater tolerance for risk, particularly at senior management levels, resulting in increased risk management. It is additionally noted that the FENSA yields mutual benefit for stakeholders; that it is easier to engage under the FENSA; and that clarity has improved on how to work with non-State actors at country, regional and global levels. At the same time, the burden of FENSA implementation is being significantly felt within WHO, posing potential risks to its impact and sustainability moving forward.

Coherence

28. Residual issues related to the coherence of FENSA's implementation remain, both from a policy coherence perspective – in particular related to the FENSA's implications for procurement– and in terms of coherence with key reform initiatives, notably the transformation agenda, where further coherence through integration and alignment is needed.

29. WHO's internal and external operating context has contributed to the challenges encountered during implementation. These factors associated with its operating context include the following:

- the realities of implementing change in a decentralized structure – and the nature of implementing change where there exists shared institutional responsibly across the levels of the Organization but no clear accountability;

- the need for organizational discipline to implement changes in behaviour, set against the risk of institutional non-compliance with administrative processes; and

- the nascent state of several enabling conditions, identified in the factors affecting implementation as set out below, which has limited the achievement of outcomes.

Factors affecting implementation

30. Despite considerable effort being exerted by WHO staff, who have worked hard to translate policy into practice, a number of key factors affecting implementation are identified in the evaluation. These include the following:

31. *The perception that senior management's endorsement and support was initially lacking, and that senior management had communicated mixed messages in the early implementation phase.* This perceived lack of high-level support limited the catalytic conditions necessary for change and muted mechanisms for buy-in across the Organization.

32. *The absence of an overarching Organization-wide actionable implementation strategy for engagement,* comprised of specific, concrete actions to be undertaken in a phased way for translating the broad goals of the FENSA into a concrete, actionable plan for the Organization's engagement with non-State actors; and for situating and calibrating the FENSA as a framework. This factor is, as noted above, a significant gap in the overall implementation of the FENSA. As such, it represents a critical linchpin affecting all other aspects of implementation and is thus

worth emphasizing as a significant factor affecting all subsequent aspects of implementation, namely in the following ways:

- A comprehensive overview of what implementation would entail (scope) at the "global/ enterprise level" was ill-defined and the roll-out of implementation actions was insufficiently aligned, coordinated or integrated across all three levels of the Organization;

- The timeframe for a full and complete implementation of both the FENSA and the operating procedures was overly optimistic about WHO's capacity and capability to institute change effectively;

- There was insufficient recognition of, and resourcing to meet, the challenges of enacting change within WHO's decentralized structure, nor was implementation geared to capitalize on this structure by having coordinated action universally and uniformly applied across the three levels of the Organization – recommendations from a 2016 external audit on the implications of implementation in this regard do not appear to have been fully enacted;

- Inter-dependencies between key mechanisms and tools to support implementation were underestimated, with implications for efficiency and cost-efficiency; limited progress in one area substantially affected progress in others (e.g. electronic workflow for the internal management of engagement using the Global Engagement Management system; or delays in delivery of guides, handbooks and training).

33. *The absence of an accompanying change management and communications strategy.* Only limited outreach activities have been undertaken, while a coordinated process of harvesting feedback and disseminating implementation success stories and lessons (i.e. what has worked in various settings and why or how) has been lacking. This absence has further reduced opportunities for sensitization, familiarization and staff buy-in into the FENSA and its implementation.

34. *Limited absorptive capacity in the Organization due to the ongoing transformation (change fatigue).* In addition to (and as a result of) the aforementioned factor of resource limitations limiting the capacity to implement, there has been no dedicated capacity for FENSA's implementation beyond the specialized unit responsible for performing standard due diligence and risk assessment, which constitutes only one facet of implementation. Moreover, the organizational structural changes as a result of the transformation agenda have affected the roles and responsibilities of those designed to implement the FENSA (e.g. the composition of the FENSA Proposal Review Committee and Steering Committee; alongside FENSA focal points). Staff perception is that WHO is increasingly paralysed due to resolutions, rules, regulations and frameworks without prioritization and that the FENSA as a major organizational endeavour has been somewhat buried under a larger set of changes.

35. *Insufficient resources to support implementation.* While initial, indicative cost estimates were provided for implementation of the FENSA resolution, limited resources were ultimately made available for implementation. In addition, no financial monitoring of the explicit or hidden implementation costs is taking place. Resource constraints persist: resources are not proportionate to the significant tasks associated with implementation, and the limited resources that are available are targeted to "doing" rather than strengthening organizational capacity "to do".

36. *Focus on reporting requirements at output and activity level, rather than on the effects of implementation.* While progress reporting on implementation status has been provided through regular reporting requirements, this reporting has predominantly been at the level of output and activity rather than on the intended effects of the FENSA. The absence of an overall monitoring and evaluation mechanism to ascertain whether intended benefits and results are achieved has been a limiting factor. As a result, there has been little systematic discussion or space for learning, or of adaptation and fine-tuning of implementation approaches. Accordingly, conclusions and findings in the present evaluation represent the first such reflective juncture on the extent to which intended results of the FENSA have been achieved at this early stage of implementation.

37. *The availability of instruments and information in all official languages of the Organization has been a constraint for staff and non-State actors alike where English is not a first language.*

Lessons

38. Alongside the aforementioned findings, the evaluation generated several lessons to help guide future implementation. These lessons relate to:

- ensuring that a coordinated implementation strategy and plan are established early in the process and within the overall timeframe for delivery;

- ensuring that the implementation strategy is signed off and "sponsored" at a sufficiently senior level to secure endorsement and buy-in across the three levels of the Organization;

- ensuring the implementation strategy is clearly and widely communicated (e.g. through roadshows, townhall meetings, brown bag lunches or lunch-and-learn sessions, outreach and familiarization events);

- setting realistic timeframes for delivery of the implementation plan based on available resources, ensuring full analysis of underlying assumptions and possible follow-on effects of interlinked activities and outputs;

- bringing strong project management and change management knowledge, skills and experience to bear on implementation, as these are technical, professional disciplines in and of themselves that are complementary to the professional disciplines for which WHO is respected;

- putting in place a strong oversight mechanism and team that are able to generate buy-in across the Organization (bearing in mind that proper oversight by WHO management and governance structures rests on a clear implementation plan and a results framework);

- regularly monitoring – and adjusting as necessary – administrative procedures and processes in order to ensure that the balance between competing priorities and characteristics is weighted proportionately. With the FENSA, setting up due diligence and risk assessment procedures requires a balance of competing priorities: a system that is quick and easy, requiring minimal resources, will likely not assure safeguards for the interests of WHO to the levels required; on the other hand, a system that is slow and rigid might offer increased protection of the reputation and integrity of the Organization but would require significant time and resources to perfect and institutionalize the system through tried and tested operational procedures. Likewise, if the balance is struck disproportionately, WHO will have to carefully manage the risk of unintended consequences, whereby engagements are either not assessed with sufficient scrutiny or the burden and time taken for completion encourages workarounds in the interest of

merely authorizing engagements swiftly – or, more seriously and consequentially, it encourages the outright bypassing of administrative procedures. While the evaluation finds that no compelling evidence of this risk has materialized to date, continued vigilance in this matter is advised to avoid possible adverse behaviours.

39. Recognizing the complexity of the intergovernmental negotiations required to agree on the FENSA and the considerable effort exerted by WHO staff to implement the FENSA in the spirit of, and in alignment with, the principles it embodies, which forms a solid foundation moving forward, the FENSA's continued implementation should take account of the following recommendations.

Recommendations

40. In summary, at this early stage of the FENSA's implementation, WHO has striven to implement the FENSA and has made considerable strides in most key mandated areas to this end, despite a number of factors affecting its ability to do so fully. Although the enabling conditions for future impact and sustainability otherwise appear to be in place, action to address key gaps will help to maximize the likelihood that implementation will be as successful moving forward.

41. Informed by the analysis, assessment and findings set out in this report, the evaluation makes six recommendations that are focused on improving and increasing communication; strengthening capacity; establishing better monitoring, evaluation and learning mechanisms; and developing an engagement strategy with non-State actors.

Recommendation 1: Enhance communication on the FENSA.

42. There is a clear, expressed and urgent need to substantially increase communication both internally and externally. Communication should be coordinated and multi-channel to ensure coverage with consistent messaging in order to demystify the FENSA and reduce or remove persistent "myths", supported by effective signposting to existing materials and sources of further information. In order to raise awareness of the FENSA and sensitize staff to the practicalities of its implementation, with the aim of improving buy-in and preparing the groundwork for consistent application, WHO should:

- develop a light-touch plan to enhance communication of the FENSA;
- ensure that communication is tailored and adopted to key audiences, for example, technical officers;
- conduct a coordinated series of outreach activities, such as roadshows; townhall meetings; brown bag lunches or lunch-and-learn sessions; and familiarization with the FENSA as part of the new-staff induction process.

Recommendation 2: Strengthen understanding, ownership and management of risks and benefits of engagement.

43. There is a clear, expressed and urgent need to support capacity-building to strengthen the consistent application of the FENSA rules and procedures. Actioning the following points will help further mainstream and "stabilize" the application of the FENSA:

- A fully-costed training plan and delivery schedule should be developed, with human and financial resources made available to support preparation and delivery. Training should be informed by analysis of training needs and the identification of a hierarchy of priority recipients, in order to ensure that sufficient numbers of staff across the Organization have

a shared understanding and common interpretation (critical mass). Training should be coordinated, with effective mechanisms for monitoring quality. In this vein, it will be necessary to ensure that training evolves iteratively, based on feedback and experience from participants. A training-of-trainers approach should also be considered and workshops for heads of WHO country offices and training materials for e-learning should be included.

- Updates of guides, guidances and handbooks should be undertaken to ensure that meaningful and up-to-date guidance is provided. Periodic reviews and updates should then be established and undertaken to ensure ongoing relevance and applicability. Guides and handbooks should be available in all the official languages of WHO. Feedback on guides and handbooks should periodically be sought to ensure that assets remain fit-for-purpose and are improved based on user experience (for example, enhancing the clarity of criteria to route engagements through the simplified or standardized procedural track).

- Clarity on simplified procedures should be made more widely available to ensure a common understanding of what may be classified as simplified and what may not.

- Electronic workflows and the full establishment of the Register of non-State actors, in line with paragraph 38 of the FENSA, should be expedited to allow effective documentation and coordination of engagements with all non-State actors and facilitate knowledge management by supporting the retrieval of reference material for staff. Mechanisms for maintaining the Register of non-State actors need to be established. Electronic workflows are needed to support effective implementation of the FENSA, aligning the FENSA and its systems with the transformation agenda. Data provided by non-State actors on the Register should be routinely reviewed and updated.[8] Procedures for granting accreditation should be universally established.

Recommendation 3: Enhance access to specialized knowledge and apply expert technical advice.

44. There are several existing mechanisms that need further strengthening or revitalizing, including:

- Active and routine engagement with FENSA focal points in regions and technical units is needed. The management, coordination and support of this important network and community of practice will ensure that a critical mass of FENSA focal points is maintained, mitigating turnover and rotation challenges. Developing this network will provide enhanced understanding of FENSA's application to be accessed closer to the point of need (region, country or technical unit) and allow the dissemination and sharing of good practices and innovative approaches to FENSA's application across the three levels of the Organization.

- Reactivation is warranted of the FENSA Steering Committee, including overall senior management sponsorship for continued implementation as an oversight body to continue to monitor progress, as well as reactivation of the FENSA Proposal Review Committee. These bodies have been underutilized to date and offer a useful support mechanism to the specialized unit.

[8] Ensuring that paragraphs 39–41 of the FENSA are enacted and that self-reported data is monitored.

- A redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment is needed to protect it from routine due diligence and risk assessment, which lead to systemic overload. The focus should be redirected, inter alia, to:

    - the conduct of in-depth due diligence and risk assessment on high-risk and complicated engagements that may give rise to conflict of interest or acceptance of significant resources from non-State actors;

    - the provision of increasingly specialized knowledge for exceptional cases ("navigating the grey areas"), based on extensive institutional memory;

    - the proactive support and maintenance of guides, handbooks, guidances, training, the FENSA focal point network and the Register of non-State actors.

Recommendation 4: Strengthen the data environment by establishing a systematic monitoring and tracking mechanism.

45. There is a need to establish an effective monitoring mechanism, at different levels of implementation, in order to ensure both accountability and ongoing learning and improvement. This includes the following:

- Systematic documentation and tracking of all engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this. This would include consistent tracking of the due diligence and risk assessments undertaken.

- Routine spot checks to ensure consistency of application (quality assurance).

- Establishment of a monitoring and evaluation mechanism to capture lesson-learning and ascertain whether intended benefits and results are achieved.

- Continued annual reporting to the Executive Board on engagement with non-State actors, including tracking of secondees. Routine reporting to Regional Committees is also advised.

Recommendation 5: Enhance learning.

46. The lack of lesson-learning and knowledge exchange was identified through the evaluation. Based on an improved data environment and linked to enhanced communication activity, enhancing learning could include:

- Learning exchange, facilitated by the FENSA focal points network to support the replication of good practice and exploit opportunities for learning by harvesting pockets of good practices and innovation to break silos. Currently learning exchange is based on institutional memory rather than systematic capture and dissemination, which leaves learning processes vulnerable to the impact of turnover and rotation. A learning mechanism/platform is needed to share exemplars.

- Identification, capture and dissemination of unique/innovative applications of the FENSA, on a precedent/case study basis (using the FENSA Proposal Review Committee).

- Annual synthesis circulated to all staff (as part of communication strategy) to show the learning from, and benefits of, the FENSA: sharing successes of engagement while protecting WHO and supporting global public health.

Recommendation 6: Develop, finalize and implement an engagement strategy with non-State actors.

47. Recognizing the increasing prominence of partnerships, which is explicit in the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, there is a need to clearly articulate an overall engagement strategy that sets out the objectives for WHO's engagement with non-State actors and specific, concrete actions and associated resourcing and communication plans to be undertaken in a phased way. This would ensure that the FENSA is appropriately situated and calibrated as a framework within the wider approach of the Organization to engagement. Furthermore, the strategy should:

- allow senior management to amplify the Organization's maturing position on engagements between WHO and non-State actors;

- sharpen congruence between what is espoused and what is enacted; and ensure that staff have an equally constructive yet risk-aware approach towards engagement by encouraging them to seek engagements with non-State actors while preserving WHO's reputation and mandate;

- be relevant and applicable across the three levels of the Organization, with such relevance and applicability being defined through participation and consultation;

- include the designation of a senior-level steward to oversee implementation of the FENSA, who will ensure the application of rigorous project management principles and practices.

Introduction

Background

1. WHO, in line with its Constitutional mandate, has a priority role in directing and coordinating global health, a role which has become more pertinent as the number of players in global health arena has increased, and as the global health landscape has become more complex. This normative role is predicated on WHO's reputation and integrity. The Constitution further mandates the Health Assembly or the Executive Board, and the Director-General, to enter into specific engagements with other organizations[9] for the benefit and interest of global public health. WHO must therefore, in relation to non-State actors, act in conformity with its Constitution and resolutions and decisions of the Health Assembly[10]. WHO engages extensively with non-State actors in view of their significant role in global health for the advancement and promotion of public health and to encourage non-State actors (NSAs) to use their own activities to protect and promote public health.
2. WHO's engagement with non-State actors supports the implementation of the Organization's policies and recommendations as decided by the governing bodies, as well as the application of WHO's technical norms and standards. Such engagement with non-State actors at global, regional and country levels, calls for due diligence, risk management and transparency measures applicable to non-State actors. In order to be able to strengthen its engagement with non-State actors, WHO needed simultaneously to strengthen its management of the associated potential risks. This required a robust framework that enabled engagement and also served as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate. This is particularly important given WHO's normative role.
3. The sixty-ninth World Health Assembly, in resolution WHA69.10 (2016), adopted the Framework of Engagement with Non-State Actors (FENSA). The Framework endeavors to strengthen WHO engagement with non-State actors (NGOs, private sector entities, philanthropic foundations, and academic institutions) while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence. This framework replaces the Principles Governing Relations between the World Health Organization and Nongovernmental Organizations[11] and the Guidelines on interaction with commercial enterprises to achieve health outcomes (noted by the Executive Board[12]). In adopting FENSA, the resolution made nine specific requests to the Director General, which are examined in this evaluation. The pathway to resolution adoption began some years earlier.
4. After a series of consultation and issue papers in 2013 and 2014 to agree on the approach to be adopted for policy revision, first, second, and subsequent drafts of FENSA were iteratively developed (April 214; May 2014; and January 2015). An intergovernmental working group on FENSA was established in preparation for the 2015 Health Assembly; and subsequently a further open-ended intergovernmental group was established. The open-ended intergovernmental group met twice formally (July and December 2015) as well as for informal consultations on request. The Secretariat provided a non-paper on the implications of FENSA to one such informal consultation in October. Differing views emerged during these discussions. At the January 2016 meeting of the Programme Budget and Administration Committee of the Executive Board plans were made to submit a consensus text of the draft

[9] WHO Constitution, Articles 18, 33, 41 and 71.
[10] And bearing in mind those of the United Nations General Assembly or the Economic and Social Council of the United Nations, if applicable
[11] Basic documents, 48th ed. Geneva: World Health Organization; 2014: pp.97–102
[12] See document EB107/2001/REC/2, summary record of the twelfth meeting

framework and a draft resolution to the Sixty-ninth World Health Assembly in May 2016 through the Programme, Budget and Administration Committee. An accompanying report on the implications for WHO of the implementation of the framework, including cost estimates, was also developed. The purpose of the report was to provide an overview of the possible implications of the implementation of FENSA, describing its impact and effects from a policy, financial and human resource perspective at all levels of WHO[13]. The report presented a series of review highlights; notable concerns to be considered before and during adoption; and overall conclusions.

5. At adoption of the resolution, FENSA constituted a precedent. It is the first comprehensive framework within the United Nations system that covers all types of interaction with non-State actors, including nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions. There is therefore global interest in both whether FENSA can serve as a blueprint for future frameworks of other UN agencies and programs in their engagement with non-State actors; as well as understanding the difference such a framework can make.
6. It was anticipated that the adoption and implementation of FENSA would modify the way WHO manages its engagement with non-State actors, with certain expected policy effects, such as:
   - FENSA would cover all engagements with all non-State actors, while previous policies covered engagements with private sector entities and NGOs in official relations only.
   - Transparency would be increased through the register of non-State actors (including information on objectives, governance and funding of non-State actors and description of engagements).
   - FENSA would require consistent implementation at all three levels of the Organization, in all regions and with all hosted partnerships through an electronic workflow, due diligence by the central unit, a guide for staff and a clear decision-making process.
   - FENSA would increase accountability towards Member States through strengthened oversight by the Executive Board.
   - The Director-General would report annually on engagements with non-State actors.

Evaluation context

7. The implementation of FENSA occurred during a significant period of change for WHO, including: the election of a new Director-General in July 2017; a transitionary period where a new senior leadership team was appointed; extensive strategic work on the 13th General Programme of Work (GPW13); and continued organisational transformation. Implementation also occurs during a period of significant geopolitical shifts.
8. Accompanying these changes has been an explicit shift in appetite and tolerance for risk, resulting in a higher level of risk management.
9. There are significant drivers for WHO to strengthen its strategic engagement with non-State actors, externally the most important of which are the ambitions encompassed in the SDGs and internally the progression from GPW 12 (specifically outcome 6; output 6.1.2.) to triple billion targets cascading out of GPW 13. The concept of partnership in development has continued to evolve following the Paris Declaration on Aid Effectiveness and the Busan Declaration. Partnerships have evolved from these early conceptions based on increasing effectiveness to be at the heart of global development agenda. This is reflected in the inclusion of 'Global Partnerships' as SDG 17. The 2030 Agenda for Sustainable Development also states that that diverse development 'partners' are urged to work together for a *"revitalized Global Partnership … bringing together Governments, civil society, the private sector, the United*

[13] A/FENSA/OEIGM/4, External audit report on the implications for the World Health Organization of the implementation of the framework of engagement with Non-State actors (FENSA), March 2016

Nations system and other actors and mobilizing all available resources" in order to achieve sustainable development for all (UN 2015a: 28/§60).[14]

10. The evaluation also takes into consideration the use of an inter-governmental agreement as the modality for establishing the framework, as distinct to an administrative instruction. While the benefits of intergovernmental agreements may be obvious and easy to gauge, translating intern-governmental policy into administrative practice presents a number of implementation considerations and challenges which can limit the level of flexibility and control an organization has; recognizing the provisions in the framework for necessary flex (WHA69.10, para 73).
11. The realities of implementing change in WHO's decentralised structure are well documented[15] and the nature of implementing change where there exists shared institutional responsibly across the levels particularly amplify those challenges. The centralized and decentralized implementation of FENSA has created inconsistencies which are explored below as the independence and interdependence across the levels of WHO play out. These inconsistencies have been exacerbated by a lack of dedicated steering committee for implementation starting early in the implementation timeframe. The Global Policy Group (GPG) could have played a more central role in this regard to offer more visible, senior support and established chains of command and control reaching across the organization and leveraging this body to mobilize and guide implementation.
12. The evaluation takes into account of the need for organizational discipline to implement changes in behaviour at an organizational level; and a need to make strategically important administrative processes mandatory. There remains a perception that institutional tolerances for non-compliance with administrative processes exists in WHO; albeit recognizing corrective frameworks in place to strengthen compliance.
13. For any policy and framework implementation, necessary conditions for change need to be in place. The evaluation team notes these enabling conditions were not fully present for this framework to be implemented in its entirety. These are explored more fully below in the *Factors affecting implementation* section.

Scope

14. This evaluation of the *Implementation of FENSA framework* covers the time period from May 2016 to May 2019 and covers the implementation of the Framework across all levels of the WHO in interactions with the various groups of non-State actors covered by the Framework.
15. The main objectives of the evaluation are to:

    - Assess the status of implementation of the Framework of Engagement with Non-State Actors;
    - Assess its impact on the work of the Organization;
    - Identify enabling and constraining factors affecting results achieved;
    - To make recommendations, as appropriate, on the way forward to enable the full, coherent and consistent implementation of the Framework.

16. The evaluation will be of use and interest to stakeholders within WHO, as well as Member states and non-state actors. Our intent for the evaluation is to provide robust and balanced evidence, identify learning, and frame recommendations that will be of use to WHO. Given the complexity of the inter-governmental negotiations required to agree the framework, the intrinsic sensitivity of the topic at hand, the number and diversity of engagements involved,

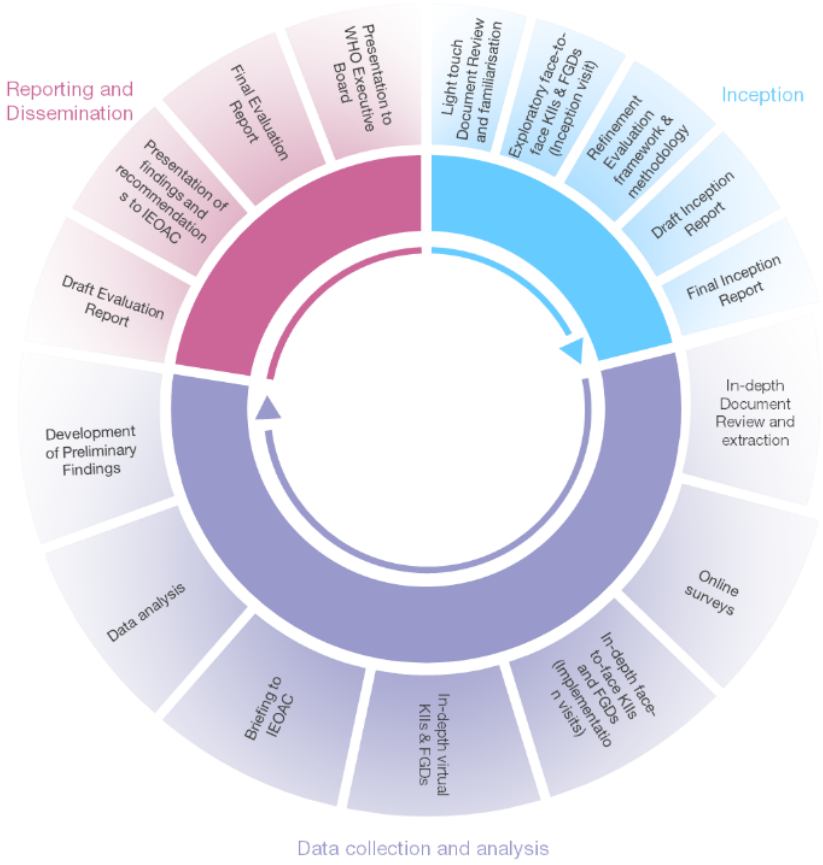
[14] https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf
[15] World Health Organization (WHO), 2017-18 MOPAN Performance Assessment; Evaluation of WHO Reform (2011-2017), third stage, April 2017

and the time, effort and resources invested to develop and maintain these relationships, our team acknowledges that the evaluation must be undertaken in a sensitive manner. Accordingly, it is important to underscore from the outset that the evaluation did *not* assess FENSA as a framework itself, but rather the implementation of FENSA[16].

Methodology

17. The overall approach is a utilization-focused, formative evaluation. It is theory-based. A Theory of Change was retrospectively constructed based on a review of documentation, talking to stakeholders, and examining data (this is explored further in the Theory of Change, below).
18. The evaluation applied a mixed-methods approach, combining several sources of qualitative and quantitative evidence. Figure 1, below, illustrates the evaluation approach cycle as conducted.

Figure 1: Evaluation approach cycle

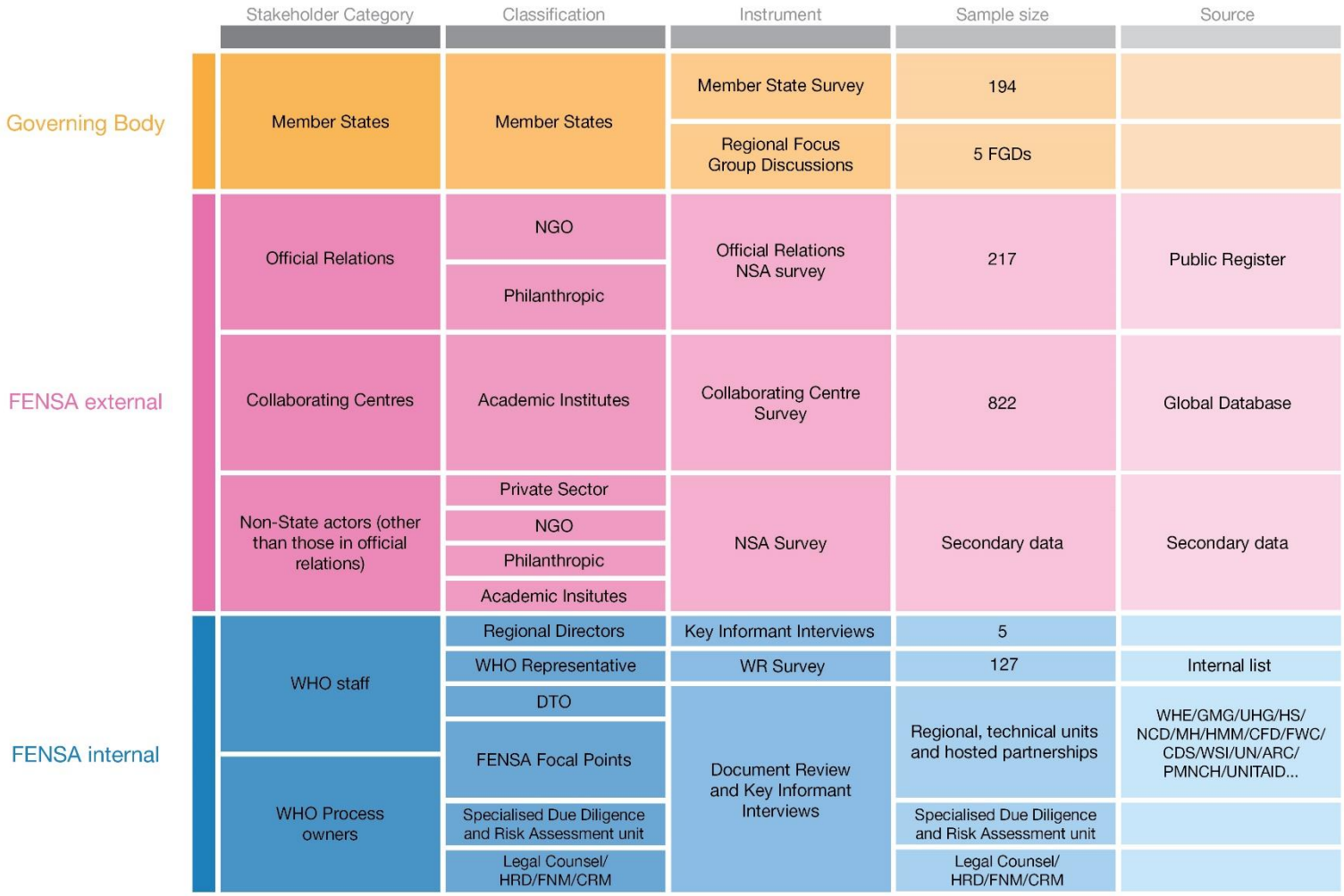


19. Data sources include: i) a document review of key documents relevant to FENSA; ii) face-to-face and virtual interviews and focus groups were conducted with key stakeholders (WHO senior management, the specialized unit responsible for performing standard due diligence and risk assessment, the Office of the Legal Counsel, and other relevant technical staff within WHO across the 3 levels of the Organization, such as designated focal points for FENSA (FFPs)

[16] As set out in the ToR; confirmed at the procurement and commissioning stage with the Office of Evaluation; and documented in the approved Inception Report.

and WHO's Designated Technical Officers for Official Relations (DTOs); iii) Focus group discussions (FGDs) with Geneva mission focal points; iv) an online survey instrument solicited the informed opinion of all Member States in the six official languages of the Organization, managed through a secure password-protected WHO electronic platform alongside non-State actors in official relations. A limited sample of NSAs not yet eligible to engage with WHO were also sampled. Entities serving as Collaborating Centres were also surveyed in relation to FENSA, as part of a wider concurrent internal evaluation of WHO Collaboration Centres; a separate survey instrument for WRs, was also deployed. Figure 2, below, illustrates the map of evidence used.

Figure 2: Evidence Map



20. Findings, learning, conclusions and recommendations are derived from this robust evidence. These complementary data sets support data analysis, triangulation and validation. They include:
    - a review of over 120 documents;
    - key informant interviews (KIIs) were conducted during an inception visit in late-September and subsequent main data collection visit to HQ in mid-October, including over 150 key informant interviews covering a wide range of staff within WHO;

- and an online survey conducted among partners with the following survey population and response rates: 34 Member States, from a population of 194 (17.5% response rate); 61 non-State actors from a population of 217 non-State actors in official relations (28.1%); 26 WRs from an included population of 127 (20.5% response rate); and 309 Collaborating Centres from a population of 822 (37.6%).

21. Survey responses by region

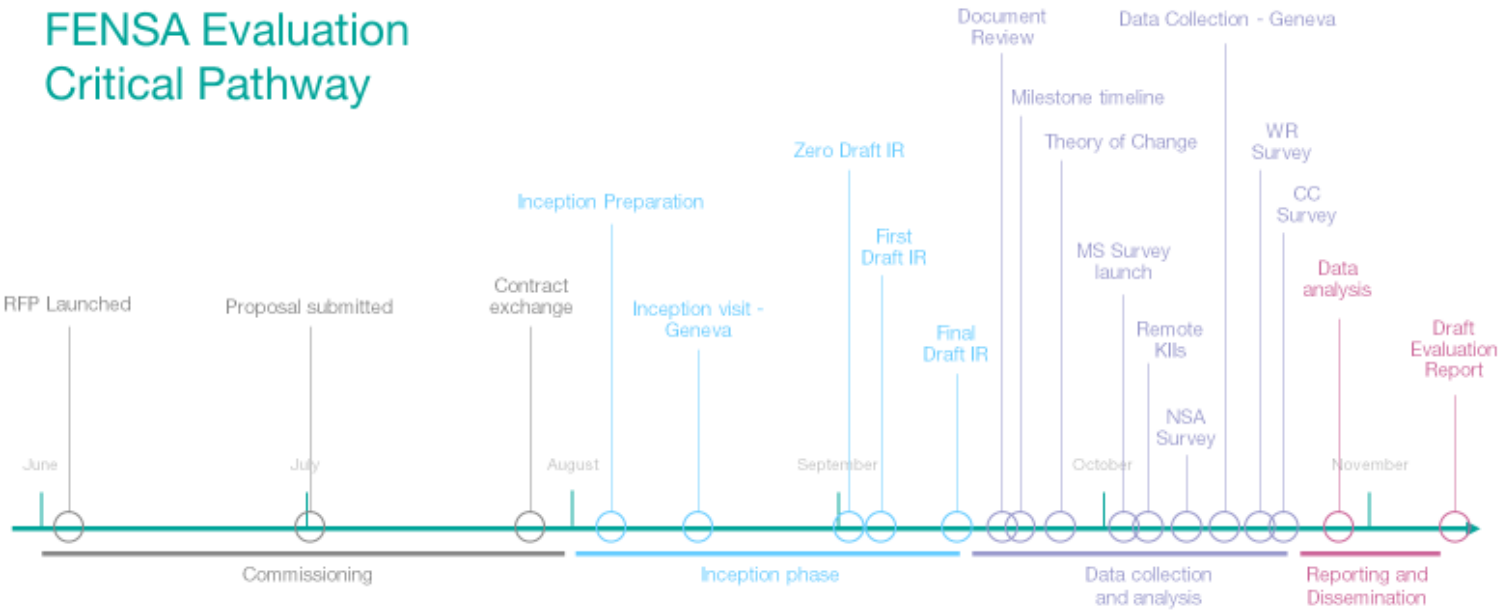
	MS	WR	CC
AFRO	5	9	11
AMRO	7	-	64
EMRO	1	4	11
EURO	12	5	120
WPRO	5	3	71
SEARO	4	5	32

NSA survey responses by type

Nongovernmental organization	55
Other	3
Philanthropic foundation	2
International business association	1

22. The main evaluation tool is the evaluation analytical framework/ matrix (see annex 7) which is structured in the normal way around the standard evaluation criteria of relevance, efficiency effectiveness, impact and sustainability. It blends OECD-DAC evaluation criteria with criteria adapted specifically to WHO/ FENSA-requirements, focusing on the key areas of interest to the WHA and other senior stakeholders as outlined in the evaluation ToR (see annex 1).
23. The evaluation approach, methodology and methods reflect the timeline for this evaluation, the scope and resourcing of the evaluation and a consideration of both feasibility and the opportunity cost associated with inclusion of other criteria; or alternate methods. Annex 2 summarizes the criteria selected and how they have been applied for this evaluation. Given the relatively recent implementation of FENSA the lines of inquiry relating to relevance, effectiveness, efficiency and coherence will be more backward-looking in focus; while when considering sustainability and impact the evaluation will be more forward looking. Figure 3, below, illustrates the critical pathway for the August to November timeframe.

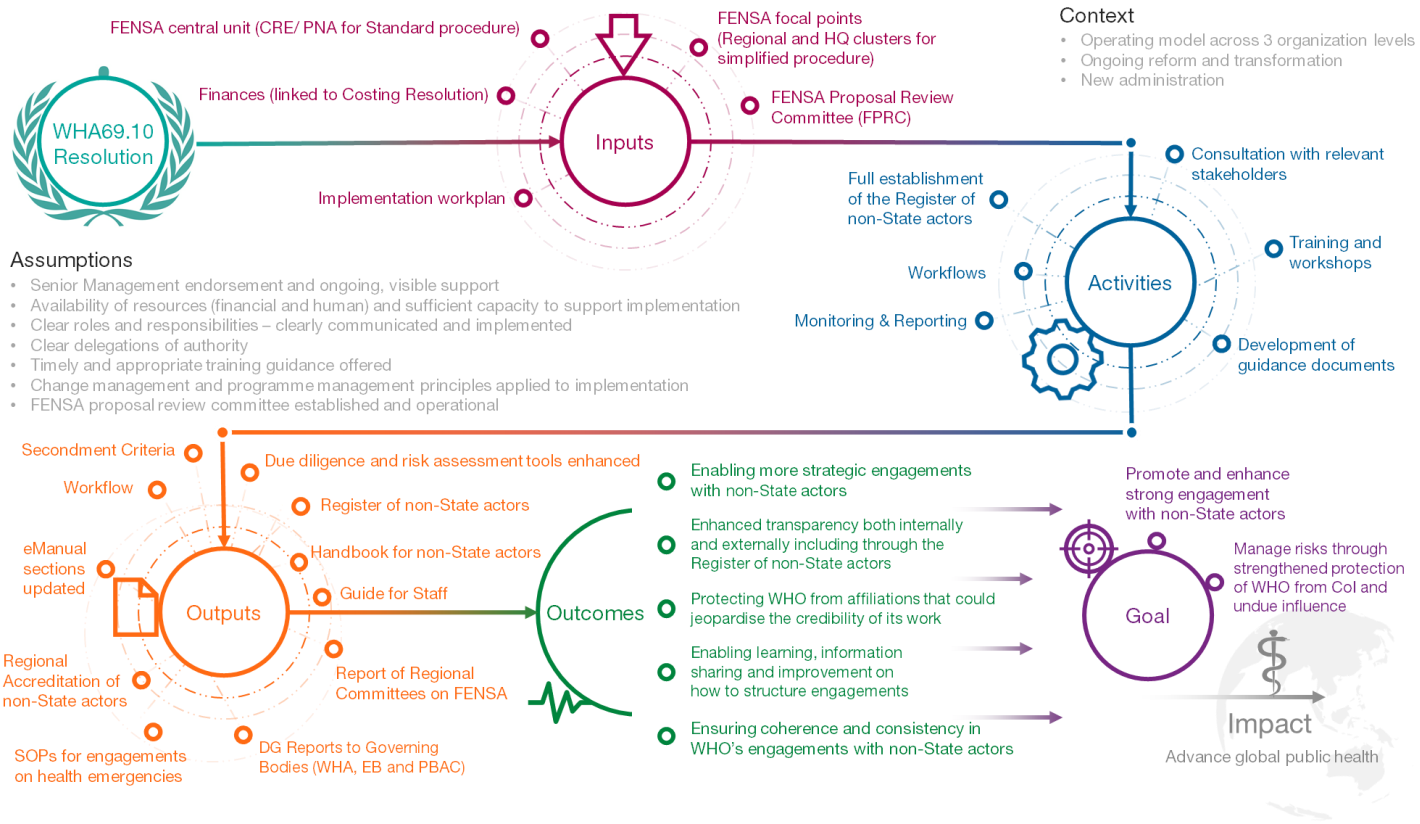
Figure 3: FENSA evaluation critical pathway



Theory of Change

24. In order to ensure a clear shared understanding of the evaluation topic and thus guide and structure the evaluation, a theory of change was retrospectively constructed during the inception phase in collaboration with staff from the specialized unit responsible for performing standard due diligence and risk assessment, as well as the WHO Evaluation Office. The agreed theory of change is illustrated in Figure 4. The benefit of retrospectively constructing the theory of change was that it enabled us to engage with a wide group of stakeholders, correlating this against other forms of data, thus ensuring that the theory of change was not simply a theoretical construct, but also represented the reality of implementing FENSA to date – therefore meeting the needs of this utilization focused evaluation. The reconstruction started with the resolution; inputs and activities; through outputs and outcomes intended to meet the overarching goal. At each stage, key elements were identified collaboratively with WHO staff which were particularly pertinent – be that specific activities or key outputs delivered on the pathway towards the overarching goal. These elements are highlighted in the fugue below and examined within the evaluation around the standard evaluation criteria of relevance, efficiency effectiveness, impact and sustainability noted above. Additionally, constructing the theory of change collaboratively during the evaluation inception period meant that a greater critical challenge was brought to bear in identifying and testing the underlying assumptions, bringing an additional layer of robustness to the theory of change. This collaborative and reflective approach to building a theory of change model works well in theory-based evaluations which are also designed to meet real world challenges and complexities, as well as those which are emerging/ formative in nature.

Figure 4: FENSA Theory of Change



Data Analysis

25. The evaluation framework (annex 7) was used to analyze the data from the complimentary data sources, with triangulation methods including cross reference of different data sources (interviews, focus group discussions, surveys, stakeholder workshops and documentation) as well as triangulation within the evaluation team and individual and team post-data collection processes, including a team analysis day. The triangulation efforts tested for consistency of results, noting that inconsistencies do not necessarily weaken the credibility of results, but reflect the sensitivity of different types of data collection methods and the diverse contexts in which WHO works. These processes have ensured the balance and validity of the data, as well as enabling identification of any weaknesses, allowed us to establish common threads and trends, as well as identify divergent views. Close engagement with the evaluation manager and central unit for FENSA throughout the evaluation ensured opportunities for feedback on initial findings and continuation of collaborative working processes.

Limitations

26. Whilst available information has been shared, the evaluation notes the paucity of specific data sets, which limit efficacy. The evaluation notes the following limitations:
    (1) Data paucity – the evaluation team encountered a deficiency of data to accurately monitor, track or evaluate all elements of the results chain; from basic activity tracking through to results (see recommendation 5). Specifically:
        1.1. Data recording and archiving is non-systematic, non-standardized and often analogue (e.g. email system based).
        1.2. Limited availability of accessible, structured data on outcomes/ results of due diligence and risk assessments. This has been compounded by data confidentiality issues, which has limited access to data in some instances. This has posed ongoing challenges to the evaluation.

1.3. Limited data on impact and sustainability; though this is not surprising, given duration of FENSA implementation and formative nature of the evaluation, this has limited the evaluability of these criteria.

To mitigate, the evaluation exerted considerable effort to retrospectively construct data sets where comparable and reliable data points were available.

(2) There is an unknown population of non-State actors (excluding those in official relations) being formally engaged at all three levels; these are not being universally and systematically recorded /monitored. The incompleteness of the full Register as initially considered serves to highlight this point. Despite several attempts to draw a representative sample of this non-State actor population, from different data points, it has not been possible for the purposes of deploying a survey instrument. For example, an attempt was made to identify a sampling population based on non-State actors' clearance processes at RO level, but these were not sufficiently complete, consistent or comprehensive to serve as a sampling frame. Where data allowed, primarily via an analysis of clearances at Office of DG and ROs, some analytical work have been undertaken. Data on non-State actors not in official relations with WHO are therefore limited to secondary information obtained from WHO staff.

(3) The evaluation primarily relies on secondary information from the AMRO/ PAHO region; including from the comprehensive FENSA implementation status reports routinely submitted to PAHO governing bodies. This, though, could not be triangulated with primary data.

(4) Survey completion rates were generally low. Survey data was therefore tested and triangulated against other data points for validity.

(5) The timeframe for the evaluation was August – November. Given this timeframe, the evaluation approach provided an experienced team, who understand WHO, and were capable of engaging in multiple work streams concurrently. The approach and methodology for data collection and analysis was likewise tailored.

(6) The rubric to assess progress with implementation across various FENSA tiers was developed post hoc. It is based on quantifying information that was qualitatively collected.

(7) Interpretation of survey data given the inevitable bias in the perceptive based data provided.

(8) Knowledgeability about FENSA from identified stakeholders: evidence gathered from various primary data sources demonstrates varying and, in some instance, limited knowledge of FENSA and its implementation. The evaluation framework used to analyze the data pulled from the three different data sources and was used to organize and tabulate data in relation to the evaluation high level questions. The evaluation identifies thematic findings from the analysis which identify system wide factors which are relevant to the effectiveness and conditions for impact of FENSA implementation. Three types of triangulation methods are applied: cross reference of different data sources (interviews, focus group discussions, survey, stakeholder workshops and documentation); triangulation within the team; and the evaluation team members' own process of verification of findings and information post-data collection. As a part of team verification and validation, the evaluation held a team analysis day where data was systematically reviewed to verify and identify main findings as a group. This was quality assured by an external member of the team, Nick York. Triangulation efforts tested for consistency of results, noting that inconsistencies do not necessarily weaken the credibility of results, but reflect the sensitivity of different types of data collection methods and the diverse contexts in which WHO works. These processes ensured validity, established common threads and trends, and identified divergent views. There was a further opportunity for validation of the data and preliminary findings through feedback from the Evaluation

Manager and colleagues from the specialized unit responsible for performing standard due diligence and risk assessment (CRE/ PNA) on the findings.

Reporting

27. As noted above, preliminary findings were shared with the evaluation manager and the specialized unit responsible for performing standard due diligence and risk assessment, followed by a draft report representing key findings, conclusions and recommendations for comment and review. This final report is based on WHO feedback. The opportunity to present reaction is available in the standardized management response process.

Quality Assurance

28. Our quality assurance processes have been brought to bear in ensuring that we have had regular progress reviews with the evaluation manager, meet agreed UNEG reporting and quality assurance standards, have our own internal quality checks and processes as well a transparent and systematic approach to WHO feedback throughout the evaluation, including a document tracker for the commenting process. As well as seeking ongoing feedback from WHO throughout the evaluation, we would also welcome the opportunity for a post project feedback to improve our own ways of working and the cycle of evaluation and learning.

Ethical considerations

29. IOD PARC has an ethical code of conduct which all team members sign and adhere to. This describes the minimum ethical principles that frame our work and outlines expectations around behavioural conduct during the evaluation process. A copy is available on request. We have not encountered any unexpected ethical considerations during this evaluation, and we gained verbal consent from participants prior to commencing KIIs and FGDs and where appropriate assure them of confidentiality and anonymity.

Key Findings

30. The evaluation identified the following findings, organized according to the United Nations Evaluation Group evaluation criteria, highlighting both implementation achievements and gaps in the implementation of the FENSA to date.

Relevance

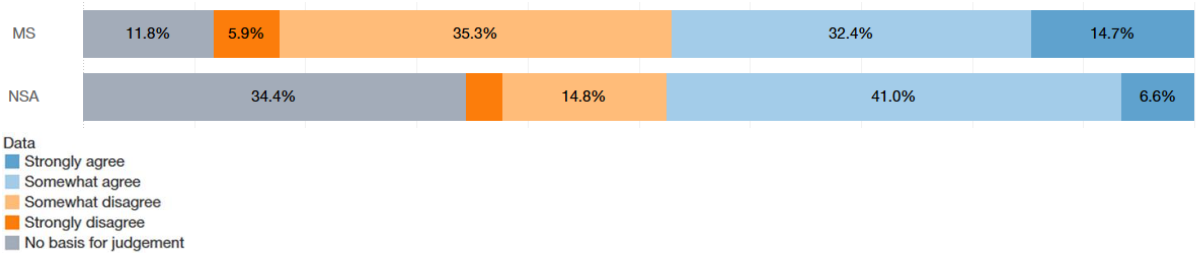
31. The evaluation of relevance considers the extent to which specific plans and actions are aligned to the objectives and ambitions of FENSA and to the identified needs of staff and partners. It considers the extent to which implementation has met the requirements set forth in resolution WHA69.10 and how the framework's design has informed, helped or hindered implementation.

32. This section addresses two key evaluation questions: (1) To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA (i.e. its dual aim to promote and enhance strong engagement with non-State actors, and manage risk through strengthened protection of WHO from conflicts of interest and undue influence; and (2) To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners.

1.1 To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?

33. **FENSA constitutes a coherent and integrated framework compared to previously separated and discrete engagement policies for different non-State actors[17]. It is the first comprehensive framework within the United Nations system that covers interaction with four categories of non-State actors, including nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, along with specific policies for each category. Some enabling actions were undertaken upon resolution adoption, although a number of enabling actions were not, or not fully, implemented. This affected the extent to which implementing actions were designed with a clear line of sight to FENSA's dual aim.**
34. Upon adoption, the WHA requested that implementation of the framework should start immediately and that the Director General should:*"...take all necessary measures, working with Regional Directors, to fully implement the Framework of Engagement with Non-State Actors in a coherent and consistent manner across all three levels of the Organization, with a view to achieving full operationalization* ***within a two-year timeframe****".*[18] The WHA requested the Independent Expert Oversight Advisory Committee (IEOAC) to maintain oversight of progress with FENSA's implementation.
35. **The WHO Secretariat is perceived as having been poorly prepared to implement FENSA following the adoption of the resolution. A drive for full and complete implementation of the framework and operating procedures appears to have been adopted.** Key informants interviewed consistently commented on how the process for negotiating FENSA was long and complex, and reported that WHO appears to have been insufficiently prepared to translate the policy into practice given the immediacy of the resolution coming into force. As illustrated in Figure 5, 47.1% of Member State respondents believed WHO was well prepared to implement FENSA. Although 47.6% of non-State actor respondents believed WHO was well prepared, 34.4% had no basis to comment on this.

Figure 5: Stakeholder views whether WHO was well prepared to adopt and implementation the FENSA resolution (WHA69.10) at the time of its passage.



36. **There is no overarching engagement strategy for the Organization's engagement with non-State actors, that is comprised of specific, concrete actions to be undertaken to**

[17] The Framework of Engagement with Non-State Actors replaced the "Principles governing relations between the World Health Organization and nongovernmental organizations" (adopted in resolution WHA40.25) and the "Guidelines on interaction with commercial enterprises to achieve health outcomes" (document EB107/20, Annex).

[18] WHA 69.10; Framework of engagement with non-State actors; 28th May 2016

situate and calibrate the FENSA as a framework and translate its broad goals into a concrete, actionable and well-phased plan to guide the Organization's engagement with non-State actors. While FENSA provides the necessary basis for balanced and proactive engagement with non-State actors, an overall strategy which sets out the objectives for WHO's engagement with non-State actors could serve as *'…an engine to foster a more proactive role for WHO and increase its collaborating opportunities vis-à-vis non-State actors*[19].' This lack of an overarching engagement strategy represents a significant gap: as this could provide orientation to WHO and its technical units to take a more proactive approach to engaging with non-State actors in the implementation of its mandate and ensure consideration of strategic engagement with non-State actors is part of any planning process of technical units. While all technical units and offices of WHO engage with non-State actors, WHO does not, at the corporate level, set priorities and objectives for its engagement and coordinate engagement for those non-State actors where multiple parts of the organization engage with. The absence of such a strategy was noted by Member States respondents to the survey.[20] The evaluation team have been informed that the initial drafting of an engagement strategy is underway.

37. **There is an absence of a comprehensive, actionable strategy and associated implementation plan to achieve the overall aims of the FENSA at all three levels of WHO. Although a retrospective implementation plan for the period 28th May 2016 to 31st December 2018 was internally approved on 21st December 2017, its use and value have been limited.** The plan is not sufficiently actionable to guide coherent and systematic implementation of the FENSA; particularly due to the apparent 18-month lag time from the resolution's adoption to the approval of the draft plan, coupled with the limited communication and use of the plan as an instrument for implementation.
38. An external audit on the implications of the implementation of FENSA conducted in March 2016 prior to the adoption of the Framework identified the need for WHO "*to have an implementation strategy across the Organization, particularly in the regional and country offices, where engagements with [non-State actors] are more evident".*[21]
39. At its first meeting after the adoption of FENSA, as reported on 19th December 2016, the IEOAC noted that it was *"…[looking] forward to reviewing the detailed plan for implementation of the Framework, including operational controls to ensure consistency throughout the Organization in the application of due diligence, risk assessment and decision-making[22]".*
40. **During the 18-month period following the adoption of the FENSA framework, the IEOAC noted consistently the absence of a global implementation plan and provided advice and requests in this regard to the Executive Board PBAC.** During its meeting on 15th May 2017**,** almost one year since the adoption of FENSA, the IEOAC emphasized "*an immediate need for the Global Policy Group to approve the detailed implementation plan of the Framework, which identifies specific deliverables and implementation dates[23]"*. On 8th December 2017, the IEOAC noted that "*…in the absence of a structured, cohesive, project management plan for implementation of the Framework of Engagement, with a clear definition of the plan's scope, concrete deliverables, key milestones, timelines, approved budget and progress reports, it is not in a position to provide reassurance to Member States, as it is unable to assess whether the Organization is on track to implement the Framework of Engagement by May 2018. It will continue to monitor progress in this area."* [24]
41. In response to requests by the Independent Expert Oversight Advisory Committee, an implementation plan was approved on 21 December 2017. **The plan appears retrospective in nature and somewhat incomplete for purposes of planning and managing FENSA's**

[19] FENSA implementation PM Framework
[20] Survey data; Member State representative
[21] External Audit Report on the implications for WHO of the implementation of the framework of engagement with Non-State actors (FENSA); March 2016
[22] EBPBAC25/2: Report of the Independent External Oversight Advisory Committee; 19th December 2016
[23] EBPBAC26/2: Report of the Independent External Oversight Advisory Committee: Annual Report; 15th May 2017
[24] EBPBAC27/2: Report of the Independent External Oversight Advisory Committee: 8th December 2017

organization-wide implementation. The Project Charter for the 'FENSA Implementation Project' was created on 13th December 2017**,** three working days following the IEOAC's report. It was internally approved a further six working days later, stating the 'FENSA Implementation Project' start and finish dates as 28th May 2016 and 31st December 2018 respectively.

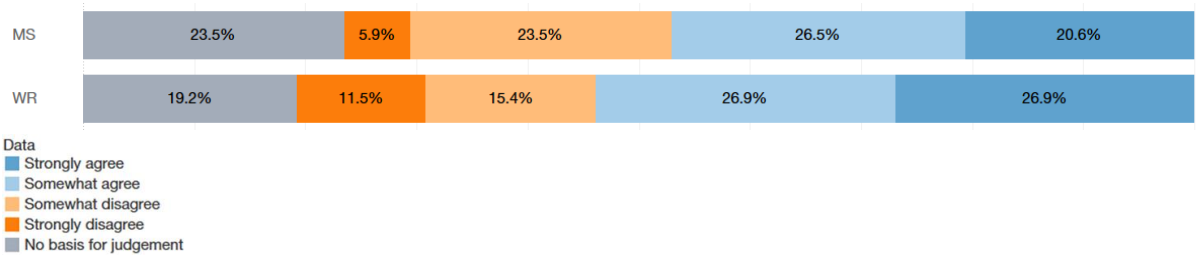
42. Table 1 provides a synopsis of the completeness of the plan's components. Importantly, the plan identifies the development of a 'comprehensive FENSA implementation project plan & budget' as a first priority within the *Planned Activities (Next Period)* section. No evidence of this having been completed was presented to the evaluation team.

Table 1: Components of the 'FENSA Implementation Project' approved in December 2017.

Component	Completion status/comments
0 Project Request ID card	The Project Request date is stated as 24th November 2017. This is 18 months after the FENSA resolution was adopted.
1.1 Project Charter	Deliverables are listed, but no total project cost is provided, and no project manager or acting project manager is nominated.
2.1 Detailed Project Plan	An attachment shows a draft project plan.
2.2 Budget	Areas of expenditure are identified, but there is no breakdown of these costs, just spend to date for some items. It appears that about USD 2,3 million out of a total budget of USD 12.8 million had been spent at the time the plan was approved, leaving a balance of approximately USD10.5 million.
2.3 Resources	Human resources are identified. The names and title/role of individuals from the specialized unit are listed, but other personnel within the organization such as FENSA Focal Points and the IT GEM FENSA team are not.
2.4 Governance	Steering Committee members (names and positions) are identified. ToRs for the Steering Committee were drafted in January 2018.
3.1 Risk Issues and Management	Risks are identified and actions proposed to mitigate them. These were last updated in February 2018.
3.2 Action item log	No actions are listed.
3.3 Project Status	Four key milestones are identified: WHA 69.10 adopted; Register of non-State actors, Official Relations review fully in line with FENSA an Guide to Staff field tested. The first three of these are marked as 'complete'. Whilst relevant milestones they only span the first year of implementation (May 2016-August 2017).
4.1 Lessons Learnt Consolidated	No lessons are listed.
Project Checklist	Checklist shows outstanding activities for Phase 1 (Initiating), Phase 2 (Planning) and Phase 3 (Executing).
Optional Post Project Evaluation	No plans for the optional post project evaluation are included.

43. Following approval of the plan, a **Steering Committee to oversee its implementation was established. It met on 12th January** and **18th February 2018, but no evidence of any prior or subsequent meetings is available. T**here is no compelling evidence that the approved plan has been worked to, or monitored, in a meaningful way. Key informant interviews confirmed that most WHO staff were unaware of a FENSA implementation plan, and that they were not monitoring or reporting on its implementation. Some suggested that the practicalities of implementation were not sufficiently considered during the Framework's negotiation, and that principles of good project and change management were not employed to facilitate its implementation once adopted.
44. Responses from the survey instruments are somewhat mixed. Almost one-third (29.4%) of Member States respondents to the online survey were of the opinion that implementation plans were not established on the basis of sound project management principles, while 23.5% indicated they had no basis to comment (Figure 6). Some explicitly referred to concerns raised by the IEOAC in the 18 months following adoption of the resolution: *"…as of December 2017 the IEOAC in its reports to Governing Bodies was still registering concerns about the absence of a project management plan for implementation, which suggests that the plan was not ready until well into the implementation process"*.[25]
45. Likewise, whilst 26.9% of WHO Representatives believed that implementation plans were not established on the basis of sound project management principles, and the same proportion had no basis for comment; over half (53.8%) thought plans were based on sound project management principles. This could be reflective of plans made at regional levels though or based on the global plan discussed above that had been developed June 2016[26], just not approved until December 2017 (18 months after).

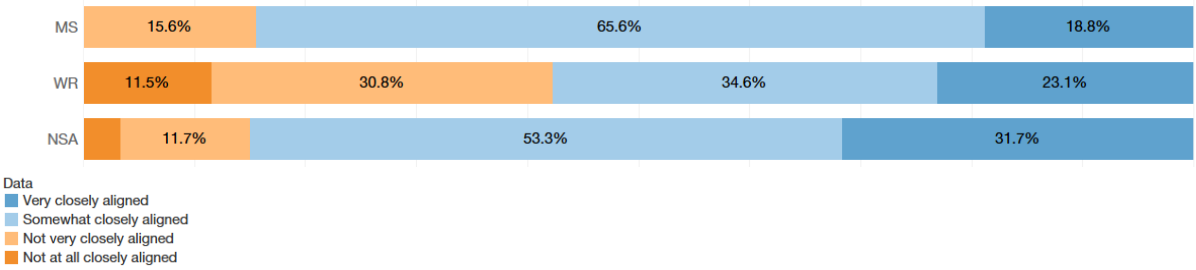
Figure 6: Stakeholder views whether implementation plans were established based on sound principles of project management.



46. **In the absence of an approved, coherent plan that enablers monitoring of FENSA's results, it is not possible to systematically assess the extent to which it is supporting the Framework's dual aim.** Member States (84.4%) and non-State actors that are currently in official relations with WHO (85%) are notably positive that plans and actions designed to implement FENSA are aligned with the overall aims of FENSA. However, WHO Representatives are substantially less positive, with just over 40% believing there is not close alignment (Figure 7).

[25] Survey data, Member State representative
[26] Steering Committee for the FENSA implementation project and FENSA Proposal Review Committee (FPRC) 11 January 2018: Summary report

Figure 7: Stakeholder views as to the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the overall aims of the FENSA.



47. **A range of actions to implement FENSA have been undertaken, though these were more focused on risk management than enabling engagements; at least initially.** This has been felt by both staff and Member States. Mixed views were expressed by staff, ranging from less favorable perceptions that the Framework actually stops the strengthening of engagement as staff are afraid of the risks; to more positive perceptions that FENSA is not about stopping engagements but about managing them effectively. Many staff interviewed noted, for example, that FENSA gives a sensible and robust framework for supporting engagement and a framework in which to take decisions.
48. Staff recognize that under the DG's leadership the tone and focus of FENSA application is shifting, suggesting that although FENSA was initially perceived to be more about risk management, adjustments are being made where the message for increased engagement is allowing the application of FENSA to evolve alongside this vision.
49. Similarly, Member States noted that many WRs actions have been taken to implement FENSA and that the Framework has been an important and practical instrument to guide WHO's engagement with non-State actors.[27]
50. Survey responses from Member States and non-State actors noted that, for some respondents, FENSA was perceived not to be helping WHO move in an agile and dynamic fashion; with a perceived risk being that this could hinder WHO's comparative advantage in public health in the future. This perceived lack of agility and ability to maneuver rapidly to achieve significant health outcomes, was perceived to risk a dilution of WHO's position as a major influencer in global health. It was further suggested that the use FENSA to explain a reluctance to move forward on concrete collaboration was also experienced. This external perception was described as a culture of 'risk aversion, rather than risk management in terms of perceived conflict of interest', and it was suggested as pervasive throughout the Organization[28] [29]
51. This is balanced by other non-State actors who were more positive on their interaction with WHO since FENSA was adopted: noting that there is more strategic and meaningful interaction between their organizations and WHO and that having a robust regulatory structure for partnership strengthens the opportunity for engagement.[30]

1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?

[27] Survey data, Member State representatives
[28] Survey data, Member State representatives
[29] Survey data, Member State representatives
[30] Survey data, non-State actors

52. **Downstream actions to implement the FENSA have been fragmented and not supported by a coherent communication and information dissemination strategy. The absence of effective communication and information dissemination plans to support the implementation of the FENSA among audiences internal and external to WHO has compromised roll-out. Staff and partner needs have mainly been addressed in a responsive and reactive manner, rather than proactively. Where communications activity has taken place, this activity has not kept pace with changing staff and partner needs in the dynamic FENSA implementing context.**

53. WHO staff and Member States, as well as a range of non-State actors, were either involved in, or well aware of, the process through which FENSA was negotiated. Prior to adoption of the resolution, Regional Offices and Clusters at HQ were invited to provide inputs as a means of identifying some of the possible implications from policy, financial and human resourcing perspectives. This provided an opportunity for WHO to ensure the Secretariat was responsive and appropriate to identified needs of staff and partners. The majority of non-State actors (63.3%) indicating through the online survey that FENSA considered their needs and interests (Figure 8).

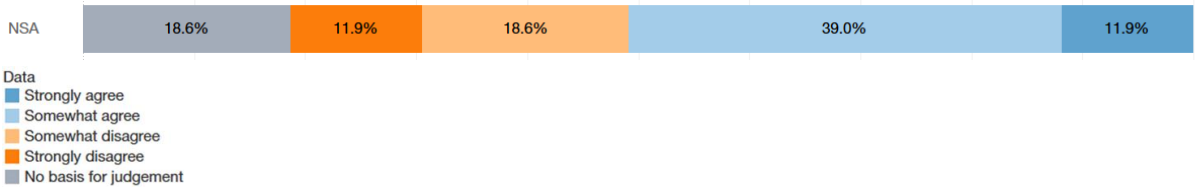
Figure 8: Non-State actor views whether the implementation of FENSA considered the needs and interests of their organization.

54. Some Country and Regional Offices recall receiving e-mails from HQ informing them that FENSA had been adopted and explaining how implementation would work, but it was noted that staff then had to reach out to their Regional Office or to HQ for further guidance and information as to its practical implementation. After the Framework was adopted, the specialized unit responsible for conducting due diligence and risk assessments initially conducted various briefing and information sessions with WHO staff groups and individuals including 'coffee mornings' although there lacked a clear plan or strategy to ensure sufficient coverage across the Organization. A workshop session conducted by the specialized unit upon invitation of one of the ROs was well received.

55. **The absence of effective communication and information dissemination plans to support the implementation of FENSA was noted amongst internal and external audiences.** FENSA introduced a different way of working in and with WHO. Responses from non-State actors is somewhat mixed, with 30.5% of non-State actors who did not feel that transition measures to FENSA were clearly communicated to them in addition to 18.6% of respondents who had no basis for judgement (Figure 9), whereas 50.9% were more positive. Qualitative evidence notes a perceived lack of timely information prior to the implementation of FENSA for non-State actors with some noting the transition into FENSA was not entirely clear.[31] Likewise, in discussions with key informants, the importance of giving attention to aspects of change management, communications and outreach activities was noted as essential for successful implementation.[32]

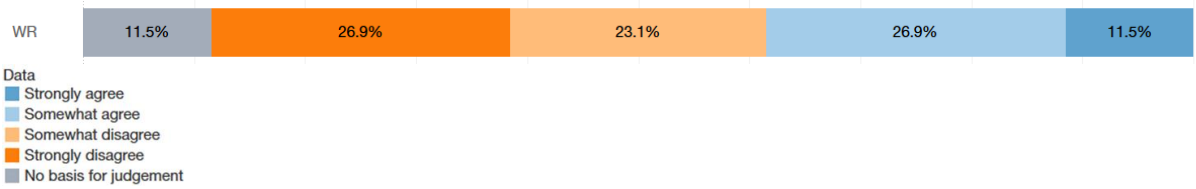
[31] Survey data, non-State actor
[32] Key Informant Interview

Figure 9: Non-State actor views whether transition measures to FENSA were clearly communicated and enacted.



56. Some key informants indicated they are still lacking clarity on FENSA's implementation. Many interviewees and participants in FGDs were of the view that clearer and more structured communications around FENSA implementation, both internally and externally, would have been beneficial for both WHO staff and partners.[33]
57. **Plans and actions to implement FENSA has been accompanied by limited training to date and has not been fully responsive to identified staff needs. There is a need for wider and more effective training across the organization to ensure sufficient coverage to institutionalize FENSA.**
58. A Training Needs Analysis for FENSA, conducted by the specialized unit responsible for performing standard due diligence and risk assessment, was undertaken in September 2018. The Training Needs Analysis identified gaps in knowledge and awareness about FENSA and its processes and also aimed to *"determine whether identified issues were best met with training, communication or other process-oriented solutions and which of these solutions was needed per a variety of target audiences[34]."*
59. Although training products were developed, the evaluation notes an absence of dedicated resources allocated for training. There is no targeted and enacted training plan meaning training has been of an 'ad hoc' nature and not systematically rolled out across the Organization, primarily focusing on FENSA Focal Points and WHO Designated Technical Officers (DTOs) to date.
60. The evaluation notes that 50% of WRs believe staff in their country office have not been sufficiently trained to implement FENSA effectively, with 26.9% of those strongly disagreeing (Figure 10). Nonetheless, 38.4% do perceive key staff have had sufficient trained, with 11.5% strongly agreeing.

Figure 10: WR perception on whether key staff in their country office have been sufficiently trained to implement FENSA effectively.



61. Training need remains high and urgent, with consistent interviews noting that at times staff have requested training but have not yet received it. The evaluation notes that further training has been planned for 2020, while the development of an online FENSA training module is also being developed. Some WHO staff noted that they, nor their teams, were not well informed about FENSA; reiterating the need to provide training and additional information. This was particularly noted at the department level to ensure that all areas of

[33] Key Informant Interview
[34] FENSA Needs Assessment Overview; September 2018

the Organization are able to engage effectively with NSAs in line with public health goals and in accordance with the parameters of FENSA.[35]

62. Staff also suggested that whilst the centralized unit provides a knowledgeable and respected service, described in the majority of key informant interviews as helpful and professional, further work on continuing to strengthen collaborative working is required as some staff expressed a perception that their knowledge and judgements of non-state actors, who we have been working with closely over long periods of time, was not fully taken account of.

63. **The needs of partners and staff have been factored in to plans and actions for operationalizing specific initiatives and tools for implementing FENSA such as the Register, the SOP for applying FENSA in emergencies and the Handbook and Guide for Staff; albeit to differing extents. It was intended that a Global Engagement Management system (GEM) would be a key tool for the implementation of FENSA** intended to help *"improve strategic decision making through the provision of necessary information and assessment in a structured manner, and coherent implementation of such decisions across the organisation"*[36]. A Business Case and Specifications for GEM was drafted in April 2018[37] and *"intense consultations were conducted with future users across the organization to define workflows and features*[38]*,* however the evaluation team notes that GEM is not currently operating as intended and is therefore not meeting the anticipated needs of staff and partners**.** The development of the GEM IT solution was managed as a separate project, defined as out of scope of FENSA implementation, with a separate project plan held by IMT. Some interviewees suggested that end-users of the platform were not engaged early enough in the pre-implementation. Delays and issues with GEM development were identified as a potential risk, with a Risk Criticality Rating of severe assigned.

64. **Having both a Standard and Simplified process for FENSA application has responded to staff needs. Likewise, a Standard Operating Procedure for applying FENSA in emergencies was also developed** in response to identified staff needs for a process that facilitates engagement with non-State actors during emergency situations whereby there is insufficient time to conduct the standard or simplified procedures. This was developed upon the request of the IOAC for the WHO Emergencies Programme following feedback relating to the challenges with FENSA application in emergencies. Clarity on simplified procedure appears mixed, with training and communication currently lacking to ensure a common understanding of what falls under the simplified process and what does not.

65. **The needs of staff and partners were considered through consultation and piloting processes conducted during development of the Handbook for non-State actors and Guide for Staff, however these now require updates, translation and wider dissemination.** Whilst most WHO staff are aware of the Guide for staff and find it useful, some non-State actors respondents suggested that not all target stakeholders are aware of them, with some suggesting that the 'time lag' and availability of such products caused a period of uncertainty for them. It was further noted that, whilst materials have been developed for FENSA implementation, there was a perception that this had not been fully absorbed by WHO staff in a manner which allows for constructive interaction, nor yet permitted staff to interpret FENSA flexibly.[39] [40]

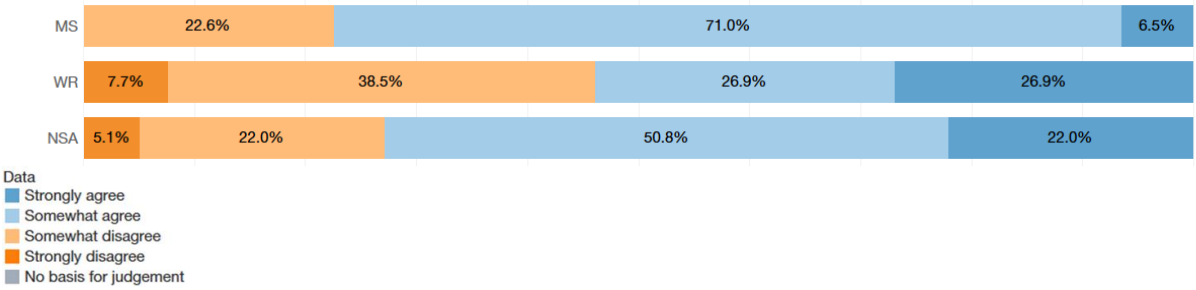
66. At the time of the evaluation, the Guide for Staff and Handbook are only publicly available in English which was identified as a limiting factor by staff and partners noting the six official

[35] Survey data; Member State representatives
[36] GEM Business Case and Specifications; 19.4.2019
[37] GEM Business Case and Specifications; 19.4.2019
[38] 17052016 GEM Presentation
[39] Survey data, non-State actors
[40] Survey data, non-State actors

languages of WHO. In-house translation of these documents in all six official languages of WHO is currently underway, with an expected launch date of the translated Handbook available in November 2019. The schedule for delivery is to be confirmed at the 2020 Executive Board meeting. This is was echoed by a number of Member States respondents, noting that the availability of instruments and information in all official languages of WHO may prevent or encourage, as the case may be, non-state actors who do not speak English establishing official relations.[41]

67. Overall the majority of Member State and non-State actor survey respondents (77.5% and 72.8%, respectively) felt that plans and actions designed to implement FENSA had been aligned with the identified needs of both WHO and partners, as did 53.8% of WHO Representatives (Figure 11).

Figure 11: Stakeholder views of the overall extent to which the plans and actions designed to implement FENSA to date have been aligned with the needs of both WHO and partners.

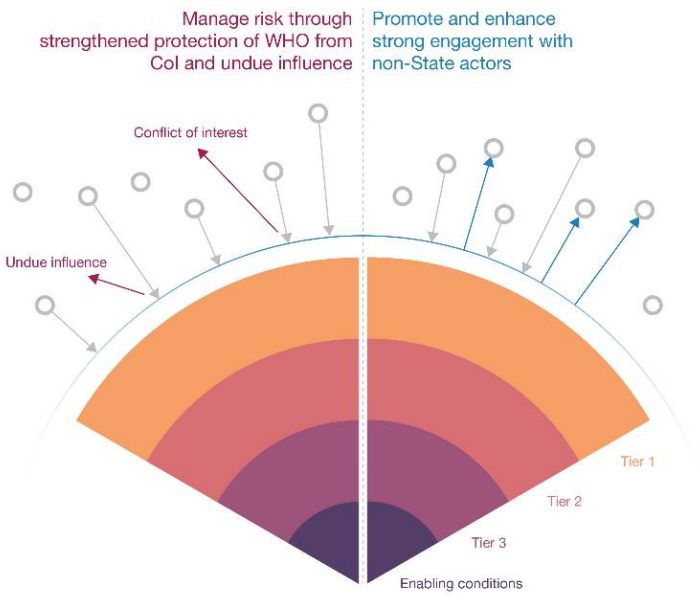


Efficiency

68. Assessing implementation efficiency considers whether activities were completed, and outputs have been delivered on time, within budget, as planned, to enable the achievement of FENSA's objectives (outcomes).
69. Implementation efficiency would normally be assessed against a programs' or interventions' intentions and plans. Assessing the implementation efficiency of FENSA is complicated due to the absence of a complete, comprehensive implementation strategy and plan, or a wider project management approach, or standardized and consistent progress reporting across the three levels of the Organization.
70. Given the absence of a comprehensive FENSA implementation strategy or plan, activities and outputs were clustered into the following tiers for the purposes of this evaluation to enable systematic and structured assessment, as well as an exploration of the interconnectedness between activities and outputs:

[41] Survey data , Member States

Figure 12: FENSA implementation Tiers



- Tier 1: Strengthening understanding, ownership and management of risks and benefits of engagement;
- Tier 2: Specializing and applying nuanced application (technical and contextual);
- Tier 3: Expert technical advice and institutional memory for standardized procedures. Escalation point for exceptional cases. Oversight.

71. For illustrative purposes, figure 12 seeks to visually presents these tiers as a series of layered activities and outputs which, combined, facilitate the management of risk through strengthened protection of WHO from conflicts of interest and undue influence whilst simultaneously promoting and enhancing strong engagements with non-State actors.

2.1 To what extent were intended short-term results (outputs) achieved as expected?

72. **Despite the lack of an overarching strategy that would establish guideposts for maximally efficient and effective implementation of the FENSA, the evaluation team notes that, as a testament to the considerable efforts of staff, WHO has succeeded in initiating (if not completing) implementation on all aspects required by resolution WHA69.10. Within each of the three tiers, a number of key outputs were delivered within the two-year implementation timeframe. This significant achievement forms a solid foundation for the FENSA's further implementation.** These include the e-Manual updates, Guide for Staff, the Handbook for non-State actors, the criteria and principles for secondments and SOPs for emergency settings amongst others.
73. **Nonetheless, these actions have been undertaken in an ad hoc, fragmented and unsystematic manner across the Organization and implementation was not sufficiently resourced.**
74. **More limited progress has been made in other important areas, such as full functionality of the Register of non-State actors through the inclusion of all non-State actors; coordinated staff training across all three levels of the Organization; the development of electronic workflows on the now-paused Global Engagement Management system and the active convening of the FENSA Proposal Review Committee, which appears to have convened infrequently.**
75. **The evaluation team noted evidence of a greater weighting of the risk management goals of FENSA in the implementation of its activities rather than in its promoting and engagement-enhancing goals. While this progress to date offers WHO a solid platform on which to build, as noted above, moving forward there is a need to ensure that the dual objectives of the FENSA are equally emphasized.** The extent to which intended short-

term results (outputs) were achieved is substantively affected by the presence (or otherwise) of enabling conditions. The impact of these conditions does not always appear sufficiently considered, or mechanisms and process in place to effectively address them, leading to lower than-anticipated results in some areas. These conditions are explored fully in section 3.2, *Enablers and Constraints to FENSA's effectiveness*.

76. The overall implementation status of FENSA outputs and activities is summarized in Figure 13. As illustrated in this figure, eight key activities and deliverables have been fully completed or are near completion; six are ongoing with continued effort required; and three are in need of immediate attention to either initiate or accelerate.
77. Table 2 summarizes activities and the status of key deliverables/outputs; including completion date; evaluative findings and proposed next steps which form the basis for recommendations.
78. Owing to the dynamic organizational context in WHO, some activities and outputs completed to date are now in need of further iteration or development or require supporting actions. Examples include (i) review of the FENSA guides and guidance to include updates regarding the Register of non-State actors, electronic workflows and the composition of the FENSA Proposal Review Committee; (ii) strengthening and delivery of training materials to include lessons learned and practical examples; and (iii) ongoing maintenance of the FENSA focal point network.
79. Recognizing the achievement of the short-term results of implementation activities and outputs, sequencing and delivery delays have nonetheless impacted on the achievement of the coherent and consistent implementation of the FENSA across all three levels of the Organization, which would lead to the comprehensive achievement of identified outcomes.

Figure 13: visual schematic summarizing of FENSA's achievement of its outputs

Table 2: Summary of activities and the status of key deliverables/outputs; including completion date evaluative findings and proposed next steps

FENSA key elements and tools	Progress towards full implementation across all three levels of the Organisation in coherent and consistent manner			
	↑ Implementation completed/ close to complete		↗ Implementation ongoing – continued effort required	→ Implementation not initiated/ no substantive progress made/ unanticipated obstacle encountered – immediate attention/ action required
Implementation Initiative	Status	Completion Date	Evaluative findings	Next steps
Tier 1: Strengthening understanding, ownership and management of risks and benefits of engagement				
1. E-Manual update	↑	April 2017	• Entries in the WHO E-Manual amended.	• Action to be considered – ensure routine update to align with current realities and requirements of WHO
2. Guide for staff (WHA 69.10, para43)	↑	January 2018	• Field tested in June 2017. Published January 2018. Well received by staff who use it; though awareness no universal. • Delays to Guide production and availability noted (18 months after resolution adopted).	• Action required – address lack of availability in WHO official languages (English only). Action required – pursue multi-channel communication and dissemination to ensure coverage • Action to be considered – document review/ update schedule unclear.
3. Handbook for non-State actors (NSAs)	↑	May 2018	• Published May 2018. Well received by NSAs who use it; though awareness no universal. • Delays to Handbook production and availability noted (24 months after resolution adopted).	• Action to be considered - document review/ update schedule unclear.
4. Staff Training Needs Analysis (TNA)	↑	September 2018	• TNA undertaken. Delay in completion noted (28 months after resolution adoption). • TNA Report (October 2018) highlights key staff training requirements, from which FENSA training materials developed.	• Action to be considered – review TNA to ensure analysis still meets need. Light touch TNA may be considered appropriate.
5. FENSA Staff training	→	January 2018 – ongoing	Limited systematic staff training undertaken to date:	• Action required - training need remains high, unfulfilled and urgent. Resource and

			• January 2018 - FENSA FPs • June 2018 – staff presentation • November – December 2018: HQ/ EURO/ EMRO FENSA FPs (Simplified Procedure) • May 2019 - Training on FENSA and Official Relations for WHO Designated Technical Officers. • No systematic and coordinated training schedule enacted; though training plan exists. Staff not systematically trained across the Organization. • Training roll-out has been ad hoc and unsystematic. FENSA staff training non-mandatory. Resourcing constraints to deliver prevail.	implement training plan; and routine, rolling • Action to be considered - ensure all types of WHO workers are included in training; for example, those on time bound/ temporary/ consultant contracts.
6. Criteria and principles for secondments	↑	May 2017	• Pursuant to Resolution WHA69.10, paragraph 3(8), in consultation with Member States, a set of criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions were completed. See EB140/47. • Adopted at 70th session of WHA (A70/53).	• Action to be considered – ensure continued staff sensitization to support understanding
7. Annual Reporting on secondments	↑	Nov 2017; Nov 2018	Pursuant to Resolution WHA69.10, paragraph 3(9), reporting on secondments set out in: • EB142/28, paragraph 6 • EB144/36, paragraph 11 • The HR department monitors effectively secondments and maintains an accurate record.	• Action required – continued maintenance of secondees records and reporting.

8. Register	↗	October 2016	• Register of non-State actors in Official Relations is implemented; required major effort and heavy workload. • No Organization-wide, systematic register of ALL non-State actors which WHO engages with. No centralized tool or elsewhere in the Organization. • Organization waiting for the global engagement management (GEM) system to capture and maintain a list of formal engagements with NSAs (other than those in official relations) • No consistent system or mechanism for tracking the clearance status of agreements/ proposals across technical units or regions, though areas of good practice exist (e.g. AFRO; SEARO). • Register noted as not user-friendly; difficult to navigate and challenging to distil meaningful information by those who use it. • Out of date data exists on the Register (e.g. finance information on profiles of non-State actors in Official Relations dates from 2016-2017)	• Action required – expedite the full establishment of the register of non-State actors in line with WHA 69.10, para 38, to allow effective documentation and co-ordination of engagements with non-State actors and facilitate retrieval of reference material for staff. • Action required – Data provided by non-State actors on the Register should be routinely reviewed and updated. ensuring paragraphs 39-41 of the FENSA are enacted, and that self-reported data is monitored. Action to be considered – review how self-reported data is monitored and on what basis.
9. Global Engagement Management (GEM) platform	→	On hold	• Delayed Organization-wide roll out of the entire features of GEM (for example, the resource mobilisation and workflow components are not presently enabled on the platform) • IT-enabled solutions have not rolled-out as initially designed or planned • Some FENSA-related modules on GEM paused; lack of electronic workflows and complete register of all NSAs	• Action required – electronic workflows needed to support effective implementation of Framework; aligning the framework and its systems with the Transformation Project.

			creates lack of reference point/ repository of useful information for staff • Work underway to include in overall organizational changes aligned with transformation agenda (i.e. simplify internal FENSA business processes and develop SOPs)	
2nd tier: Specializing and applying nuanced application (technical and contextual)				
10. Network of FENSA FPs (regional, clusters/ technical units and hosted entities)	↗	April 2015 – ongoing (not active)	• FENSA Focal points network list of members amended and reactivated • Periodic update of FFP list • Establishment of 'community of practice' creates knowledgeable cohort to ensure consistency of message, creation of common understanding and interpretation. • Some FFPs lack clarity of role and responsibility – particularly exacerbated recently through Transformation/ restructure created destabilizing effect.	• Action required – reactivate FFP network, including sharing of good practice and dissemination of innovative approaches to FENSA usage • Action required - management and coordination of network to ensure critical mass of FFPs maintained as a result of turnover/ replenishment challenges and Transformation effect.
11. SOPs governing WHO's engagement in emergency settings under FENSA	↑	July 2018	• Established	• Action to be considered – wider dissemination of SOP application across the 3 levels of the Organization to share good practice
12. Simplified procedure for low risk engagements established	↗	Nov 2018	• Simplified procedures are in place though not yet implemented in a manner to reduce the burden on the central unit. • Lack of clarity persists on when simplified procures can be applied; and by whom.	• Action required – ensure FFP (other relevant staff) are appropriately trained and guided • Action required - Define and finalize respective areas and responsibilities for simplified procedures • Action to be considered – undertake routine spot check to review consistency of application

			• Concerns of consistency across application remain (no evidence of quality check)	
13. Establishment of procedures for granting accreditation to Regional Committees to international, regional and national non-State actors not in official relations	↗	September 2018 (EURO)	• In relation to WHA69.10, para 57, EURO region establishes and accredits 19 regional non-State actors for a period of three years	• Action to be considered – Procedures for granting accreditation should be universally established.
3rd tier: Expert technical advice and institutional memory for standardized procedures. Escalation point for exceptional cases. Oversight.				
14. The specialized unit (responsible for performing standard due diligence and risk assessment)	↗	Ongoing	1. Small (5) central team heavily involved in the conduct of due diligence and risk assessment; (WHA 69.10, para 34) 2. Limited capacity to establish, support and maintain 1st and 2nd tiers proactively. 3. Risk of overload persists (e.g. in 2019, the Unit notes the conduct of over 1500 standard due diligence and risk assessment reviews). 4.	• Action required – redefine/ clarify role and responsibilities regarding standard vs. simplified procedures • Action required – establish systematic tracking of engagements reviewed/ assessed including those of FENSA Focal Points • Action required – target resources to support and maintain 1st and 2nd tiers proactively.
15. FENSA proposal review committee	→	2018 - Inactive	5. Though FENSA proposal review committee was established in 2018, committee has not been actively deployed. 6. Transformation project/ restructure has affected original composition (Committee ToR set out in Guide for Staff, but do not reflect current Organizational structure).	• Action required – Committee to be re-established and engaged actively
16. Independent Expert Oversight Advisory Committee	↑	December 2016 - 2018	IEOAC monitored progress of the implementation of the Framework by providing oversight of the application of rules and procedures to assess if they were applied in a uniform and effective manner	• N/A – mandate fulfilled • Action to be considered – an oversight mechanism to continue to monitor implementation progress is warranted. This may not necessarily be the IEOAC

			across the three levels of the Organization. Reporting to the Executive Board included: • EBPBAC25/2 (19 December 2016) • EBPBAC26/2 (15 May 2017) • EBPBAC27/2 (8 December 2017) • EBPBAC28/2 (7 May 2018) • EBPBAC29/2 (24 December 2018)	
17. Report to Regional Committees/ Executive Committee on FENSA	↗	June 2016 – ongoing	Mixed levels of reporting across the regions noted, from comprehensive reporting on implementation in AMRO/ PAHO to less detailed/ lower profile in other regions **AMRO/ PAHO** • CE159 notes change of Programme Policy Matter and Committee Matters from Non-Governmental Organisations in Official Relations with PAHO to Report on Implementation of FENSA • CE160/6 – dedicated report • CE162/6; and 7 – dedicated reports • CE164/6; and 7 – dedicated reports **AFRO** • AFR/RC69/12 – Not reported • AFR/RC68/7 - Not reported • AFR/RC67/18 – Not reported • AFR/RC66/19 – Yes; FENSA introduced **WPRO** • WPR/RC70/2 - Not reported • WPR/RC69/2 - Not reported • WPR/RC68/14 - Not reported • WPR/RC67/13 – Yes; FENSA introduced	• Action to be considered – more consistent, routine reporting to Regional Committees

			EMRO • EM/RC65/15 – Yes; reporting of FENSA in relation to Framework for action on effective engagement with the private health sector to expand service coverage for universal health coverage • EM/RC64/10 – Not reported • EM/RC63/9-E – Not reported **EURO** • **EUR/RC68/** - Yes: i) in relation to advocating for, engaging and mobilizing resources for the implementation of the regional action plan, including working with and through partnerships with relevant stakeholders, civil society and community organizations, in line with FENSA; ii) While working with the private sector, appropriate governance mechanisms need to be enforced that affirm the primacy of public over private interests, which are within the principles of FENSA; iii) Accreditation of 19 NSAs for the first time, on the basis of reviews and recommendations by the SCRC. This procedure is fully in line with FENSA • **EUR/RC67/REP/R7**. Partnerships in the WHO European Region in accordance with paragraph 57 of the Framework of Engagement with Non-State Actors to establish a procedure to grant accreditation to international, regional and national non-State actors not in official relations with WHO to	

			participate in meetings of the Regional Committee; • **EUR/RC66/REP** – acknowledges passing of res. WHA 69.10. Introduction of FENSA **SEARO** • RC/72/2 – yes: Working with non-State actor within the Framework of engagement with non-State actors (FENSA), notes continued engagement with CSOs especially for advocacy or reaching the vulnerable. Migrant health and right to health are some of the key issues being addressed through such partnerships. • RC71/22 – no • RC/ 70/ 24 – yes, introduction of FENSA and citation on involvement in GEM development	

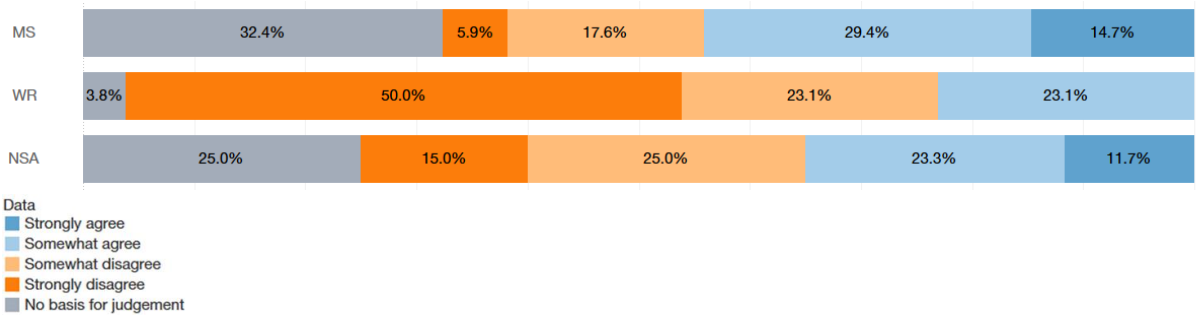
2.2 Was FENSA implemented as planned and budgeted?

80. As noted above, assessing whether FENSA was implemented as planned and budgeted is compromised due to the absence of a complete, comprehensive implementation strategy and plan, or a wider project management approach, or standardized and consistent progress reporting across the three levels of the Organization. The evaluation team finds evidence of considerable lag-time between expressed intent and implementation with fragmented rather than integrated implementation. It is not possible to accurately quantify the cost of implementation as there is no evidence of effective budget tracking or financial monitoring available to the evaluation, beyond the costing resolution and estimates provided in the implementation plan (approved internally December 2017). Nonetheless, a lack of resources was cited as being as a significant constraint to implementation across the Organization; with perceptions of insufficient resources having been allocated to FENSA implementation consistently evidenced.
81. **A number of significant variations are observable between the immediacy of implementation requested in the resolution and actual delivery timescales.** There are well evidenced and highlighted by the IEOAC (as noted in the Relevance section). The evaluation acknowledges, however, that WHO documentation will not capture all the nuance and detail of internal discussions and mitigation measures in this regard.
82. **Given the interplay between activities and outputs, delivery timelines appeared to have been overoptimistic against WHO's capacity and capability to institute change effectively**. Available information from WHO documentation, triangulated through other evidence streams, including interviews and surveys conducted during the evaluation, indicates that implementation has been uneven, with specific initiatives taking significantly more time/ effort to accomplish and thus impacting on sequencing of concurrent activities and subsequent achievement.
83. **A series of activity workstreams have taken place to progress implementation since May 2016 with a clear line of sight to the overall aims of FENSA. The evaluation finds evidence of a greater weighting towards risk management than promoting and enhancing engagement.** Within the parameters of available inputs (financial and human resources), and the internal operating context of WHO, many key elements (outputs) to support implementation of the framework have been delivered as detailed in figure 13 and table 2 above; which offer WHO a solid platform from which to build.
84. **These have not, though, been undertaken in a sufficiently aligned, integrated, coordinated and systematic manner across the Organization; nor did it have sufficient resourcing.** Following the IEOAC advice regarding the lack of implementation plan for FENSA and absence of an overall project management approach to implementation of FENSA, the WHO Performance Management (PM) Centre of Excellence was engaged to bring FENSA into the newly released WHO PM Framework. The implementation plan was approved on the 21st December 2017. A steering committee was established and met for the first time 12th January 2018; and subsequently on 19th February 2018. It was proposed in the ToR that the Steering Committee meets on demand, though no further evidence on status or activity was available to the evaluation beyond that point. It's status and activity from February 2018 is therefore unclear.
85. **Organization-wide implementation continued in a fragmented rather than integrated manner,** and despite efforts to address the shortcoming identified by the IEOAC, the plan for implementation remained somewhat incomplete for the purposes of planning and managing and review. Thus, while implementation activities have taken place, these were undertaken in an ad hoc manner and at neither the speed, nor the depth, asserted in the resolution. A lack of consistent implementation across WHO's decentralised structure has resulted in

implementation moving at varying pace across the 3 levels of the Organization. **Actions undertaken to implement FENSA are aligned with the overall aims of the Framework but have been conducted in an ad hoc and unsystematic way in the absence of an implementation plan.** The evaluation notes that a key challenge for staff within the specialized unit was the need for them to be engaging in the 'dual role' of performing standard due diligence and risk assessment whilst simultaneously supporting FENSA implementation through developing the necessary tools, training and guidance. Key informant interviews noted that having a clear pathway and timeline would have been helpful in the implementation of FENSA. With this in mind, the evaluation team note that the phased implementation approach suggested in the external audit would have been useful to minimize implications that the audit report warned about: "*If all aspects of FENSA had to be rolled-out at once, the system would likely collapse or create major bottlenecks and delays in decision making, which may lead to major operational, financial and reputational ramifications for the Organization.*"[42]

86. Regarding the proposed two-year implementation period for FENSA implementation, interviewees suggested this appeared ambitious given the lack of human resourcing, a sentiment echoed strongly by WHO Representatives with regards resourcing in general (financial and human). As per Figure 14, 73.1% of WHO Representatives either disagreed or strongly disagreed that adequate resources were available, with the majority (50%) strongly disagreeing. There is compelling evidence that the lack of human resourcing combined with the absence of an implementation plan have been significant constraints.

Figure 14: Stakeholder views whether adequate resources were made available within WHO to ensure operationalization of FENSA.

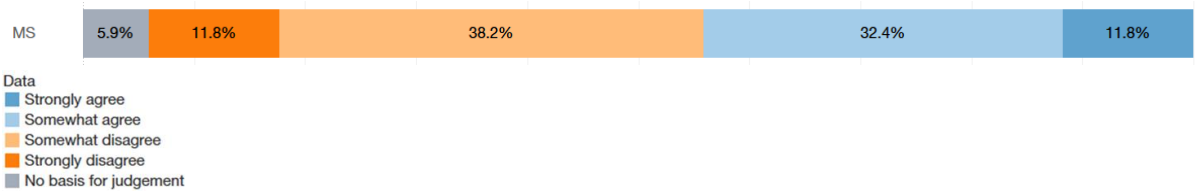


87. **Progress reporting on implementation status of FENSA has occurred regularly, for example in annual reports by the DG to the Executive Board and Reports of Regional Committees and Executive Committees.** These are predominantly at the output or activity level; with evidence noting a lack of detail or general statements of intent. 50% of Member States do not feel that reports and updates on the implementation status of FENSA have been sufficiently clear to them (Figure 15), and 5.9% did not know. The evaluation notes that reporting on actions have been predominantly for the purposes of accountability rather than for learning. Some Members State respondents noted that reports and updates on the status of FENSA implementation presented at the meetings of the WHO governing bodies were not

[42] Implication of Implementing the Framework of engagement with non-State actors: Non-paper by the WHO Secretariat for consideration by the informal meeting of Member States on 19-23 October

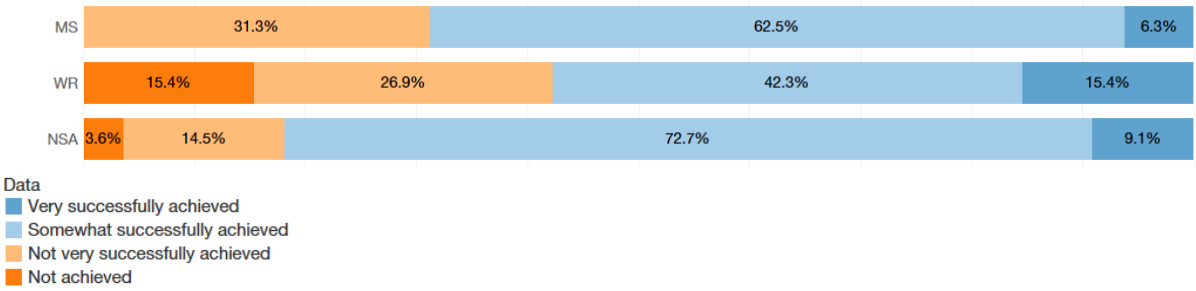
sufficiently comprehensive to fully understand the status of implementation of the Framework.[43]

Figure 15: Stakeholder views on whether reports and updates on the implementation status have been sufficiently clear to Member States to track the status.



88. **Nonetheless, and testament to the considerable efforts of staff, 57.7% of WRs perceived short term results (activities and outputs) prescribed in FENSA have been achieved as expected and implemented as planned and budgeted, with 15.4% perceiving activities and outputs to have been very successfully achieved.** 42.3% did not agree, with 26.9% perceiving activities and outputs were not very successfully achieved and 15.4% perceiving activities and outputs not achieved at all. The view from Member States and non-State actors is more positive still, with 68.8% of Member states and 81.8% responding positively. Figure 16 notes perceptions on the overall extent to which intended short-term results (outputs and activities) prescribed in the FENSA have been achieved as expected and implemented as planned and budgeted.

Figure 16: Stakeholder views on the overall extent to which intended short-term results (outputs and activities) prescribed in the FENSA have been achieved as expected and implemented as planned and budgeted.

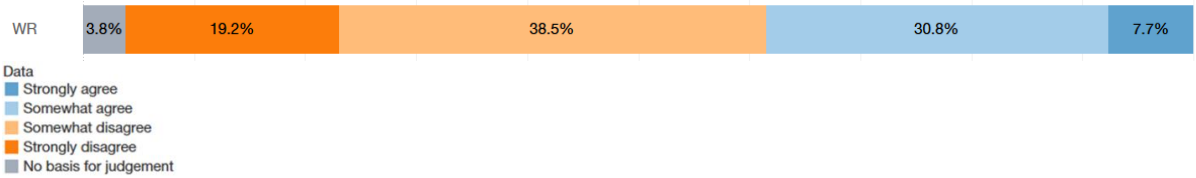


89. **Recognizing the achievement of short terms results of implementation activities and outputs, sequencing and delivery delays have nonetheless impacted on the achievement of *'coherent and consistent implementation of the framework across all three levels of the Organization"***[44] which would lead to the comprehensive achievement of identified outcomes[45] (see Effectiveness assessment, below). Sequencing of activities and outputs that are interlinked is a key issue, and there is evidence that lack of timely synchronization and sequencing has led to reduced implementation efficiency.

[43] Survey data, Member State representatives
[44] WHA69.10, paragraph 3 (2)
[45] i) Increased clarity on how to work with non-state actors at country, regional and global levels; ii) Enhanced transparency both internally and externally through the Register of Non-State Actors; iii) Enabling more strategic engagements with Non-State Actors; iv) Protecting WHO from affiliations that could jeopardise the credibility of its work; v) Ensuring coherence and consistency in WHO's engagements with Non- State Actors; vi) Allowing learning, information sharing and improvement on how to structure engagements. These are taken from the WHO Guide for Staff on engagement with Non-State Actors and are what we understand to be the intended outcomes of the FENSA framework.

90. 57.7% of WHO Representatives perceived the guide for staff was not shared in a sufficiently timely manner, with 19.2% strongly disagreeing and 38.5% disagreeing. 38.5% perceived delivery of the guide as timely.

Figure 17: WR perceptions on whether the guide for staff was shared in a sufficiently timely manner.



91. Nonetheless, when available, 60% of WRs perceived the guide as useful to inform engagement, with 20% strongly agreeing on usefulness. 36% did not perceived the guide to be useful, with 20% strongly disagreeing. The survey results suggest there is continued room for improvement of the guides to increase utility.

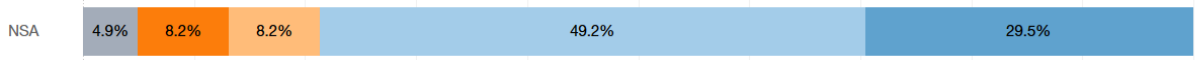
Figure 18: WR perceptions on whether the guide for staff provides useful guidance to inform engagement.

92. 58.4% of non-State actors perceived the handbook for non-State actors on engagement with WHO was shared in a sufficiently timely manner, with 21.7% strongly agreeing and 36.7% agreeing. 35% perceived delivery of the handbook as not timely.

Figure 19: non-State actors' perceptions on whether the handbook for non-State actors on engagement with WHO was shared in a sufficiently timely manner.

93. Furthermore, 78.7% perceived the handbook as useful to inform engagement with WHO, with 29.5% strongly agreeing on usefulness. Only 16.4% did not perceived the handbook to be useful, with 8.2% strongly disagreeing. These survey results are reassuring on utility from this key audience.

Figure 20: non-State actor perceptions on where the handbook for non-State actors on engagement with WHO provides useful guidance to inform engagement.



94. 47.27% of non-state actors responded that they had no basis for judgement on whether the criteria and principles for secondments were clear, with a further 18.9% perceived the criteria and principles to be unclear. 34.5% had a more positive perception. The high no basis for judgement response may indicate the need for these to be more effectively circulated.

Figure 21: non-State actor perceptions criteria and principles for secondments were clear.

95. **19. It is not possible to accurately quantify the cost of implementation, as there is no evidence of effective budget tracking or financial monitoring available to the evaluation beyond the costing of resolution WHA69.10 and estimates provided in the implementation plan (approved in December 2017).** There is basic information of long-term staff costs and unspecified contractual services alongside some general operational services highlighted in the plan, but this is not accurately maintained for the remainder of the implementation timeframe. Whilst the need to monitor financial and human resources as FENSA gets progressively implemented was highlighted as part of the implications for implementation of FENSA exercise, the evaluation has found no evidence of a centrally/ decentralised comprehensive budget tracking or financial monitoring. Given the lack of financial monitoring, it is not surprising that the majority of Member States that responded to the online survey (55.9%) indicated they had no information from which to assert whether outputs and activities had been achieved within budget.

Figure 22: Member States perception on whether outputs and activities had been achieved within budget

96. **The resourcing gap was felt acutely during implementation**. Evidence from triangulated data sources noted a lack of financial and human resourcing at all levels of the Organization, a perception amplified strongly by the WR's response to the survey. 73.1% of WRs perceived there to be a lack of adequate financial and human resources made available within WHO to ensure operationalization of FENSA; with 23.1% disagreeing and 50% strongly disagreeing that adequate resources were made available.

Figure 23: WR perception on whether adequate resources were made available within WHO to ensure operationalization of FENSA.

97. **Insufficient resources appear to have been allocated to FENSA implementation.** Whilst initial cost estimates were developed as part of the implications for implementation of FENSA exercise, and an associated costing resolution prepared alongside WHA69.10, significant financing gaps remained. The costing resolution[46] notes US$7.5 million financed within the current biennium (Programme Budget 2016-17), with a gap of US$6.7 million. From the total of US$14.2 million, US$12.6 million (circa 89%) was allocated to staff costs in that biennium as noted in the costing resolution. The gap was proposed to be funded through coordinated resource mobilisation efforts for possible financing by voluntary contributions. A financing

[46] Sixty-ninth WHA, FENSA cost resolution, Annex 15, pg. 463-464 (in: http://apps.who.int/gb/ebwha/pdf_files/WHA69-REC1/A69_2016_REC1-en.pdf#page=1).

gap of US$12.6 million was identified for the next biennium, with the gap proposed to be fulfilled the cost of implementation will be included in the programme Budget 2018-2019 and financed from the flexible funds allocated to Category 6. The evaluation team found no evidence of this having happened. The cost of developing the GEM systems appears to be in the region of $850,000 spend, though it has not been possible to verify this figure from other evidence streams. The opportunity cost of developing the GEM system, for it to not be fully operational is not quantified.

98. **A lack of resources was cited as being as a significant constraint to implementation across the Organization**. For example, this impact was noted in relation to constraints on outreach and training activities, and more generally a perception that resources were (and are) not commensurate with the dual mandate role of conducting standardized due diligence and risk assessments alongside supporting and delivering implementation activities.

99. **KIIs across all levels of the organisation consistently noted that no specific financial allocation was made to cover the cost of a significant increase in workload**; this has been challenging particularly as it needs to be performed by professional officers across the Organization as part of their daily work.

100. **As implementation of the framework has continued to gear up towards full implementation, the workload of focal points has increased with an estimation that it takes between a third to a half of full-time professional officer's post per region and technical unit**. FENSA focal points in particular noted the challenge of implementation in addition to other functions and responsibilities. Presently, these financial and human resource implications are absorbed into existing the administrative budget.

Effectiveness

101. The evaluation of effectiveness considers the extent to which FENSA's implementation has achieved the Framework's intended 'added value'. Added value was defined from the WHO Guide for Staff on engagement with Non-State Actors. Based on this, FENSA's added value is understood to be that it constitutes a single framework aimed at providing clarity, consistency and transparency around WHO's engagement with NGO's, academic institutions, philanthropic foundations and private sector entities, while simultaneously protecting WHO from affiliations that could jeopardize the credibility of its work. As it introduced a different way of working in WHO, learning, information sharing and improvement on structuring engagements with non-state actors at all three levels of WHO is also an integral objective of FENSA. For purposes of this evaluation, these are considered to be the "immediate objectives", or outcome-level results of FENSA (see Theory of Change, figure 4.)

102. Given the absence of FENSA outcome-level monitoring and reporting, the assessment of effectiveness for purposes of this evaluation draws on the results of document reviews, electronic surveys conducted among Member States, WHO Representatives and non-State actors who are currently in official relations with WHO, as well as KIIs with a range of WHO staff at HQ, the WHO Office at the UN and selected Regional and Country Offices.

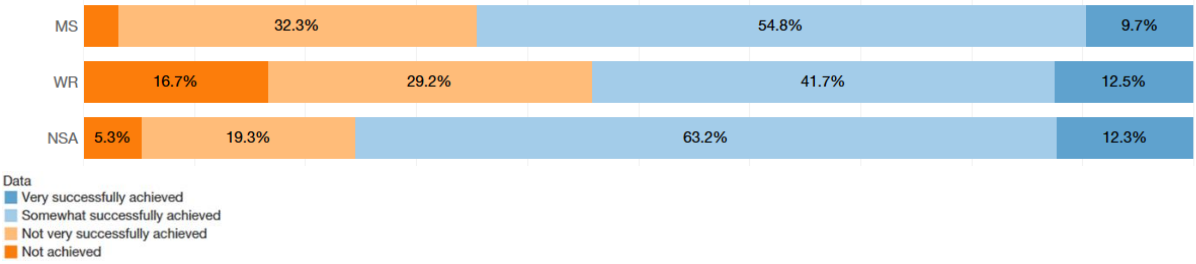
3.1 To what extent has implementation achieved FENSA's immediate objectives?

103. **A significant majority of stakeholders, both internal and external to WHO, are of the opinion that the FENSA has at least to some extent been successful in achieving its immediate objectives.** 63.2% of non-State actors that are currently in official relations with WHO hold the view that FENSA is generally achieving its immediate objectives and that it has facilitated their engagement with WHO. A survey of non-State actors that are currently in official relations with WHO found that 55.2% believe their engagement with WHO has improved since the adoption of FENSA, while 34.5% believe it had made no difference. Only

5.2% believe the engagement has somewhat deteriorated. The remaining 5.2% had no basis for judging the effect that FENSA has had on their engagement with WHO.

104. Member States also appear to be generally positive, with 54.8% indicating FENSA has to some extent achieved its immediate objectives and 9.7% believing it has been very successful in achieving its immediate objectives. As indicated in Figure 24, below, an WHO Representatives hold a slightly less favorable view, with 45.9% believing that FENSA is not achieving, or not very successfully achieving, its immediate objectives. Interviews with a range of WHO staff also found mixed views about the extent to which FENSA is, by design, achieving its immediate objectives. WHO Staff who deal directly with FENSA on a regular basis that have long-standing engagements with a range of different non-State actors, are generally positive about the extent to which FENSA is achieving its immediate objectives. Those who deal with FENSA less frequently tend to have a more critical perception.

Figure 24: Stakeholder views of the overall extent to which the immediate objectives of the FENSA have been achieved to date.



105. **FENSA has generally brought greater clarity for both WHO and non-State actors around the requirements and standards for engagement. That said, translating policy into practice for different kinds of engagement appears less clear, especially among WHO staff and Member States.** Stakeholders internal and external to WHO generally believe that, from a policy position, FENSA has brought greater clarity around the requirements and standards for engaging with non-State actors. The online survey found that 58.8% of responses from Member States, 56.7% of responses from non-State actors currently in official relations with WHO and 50% of responses from WHO Representatives were of the opinion that FENSA has brought greater clarity on how WHO works with non-state actors at country, regional and global levels.

106. For WHO staff in offices and units that have long-standing experience of engagement with a range of non-state actors, FENSA has reportedly not brought about considerable changes. They remain confident in their engagement and in applying the processes for engaging non-State actors in a range of areas. For example, one department noted that the department has had strong engagement with non-State actors, including a range of international NGOs and pharmaceutical companies. These relationships were working well, so there was initial concern that FENSA would affect them negatively. In reality, this has not been the case. Rather, FENSA is enabling structured discussions with non-State partners to ensure no potential Conflicts of Interest or reputational risks to WHO. Key informant interviews noted that FENSA had enabled staff to refer partners to a framework with clarity on how WHO can work with them and that FENSA was helping WHO to be more rigorous in its engagement with non-State actors. This was echoed by other units, who expressed a sentiment that FENSA hasn't changed anything: it has just written down what WHO are already doing.

107. One of WHO's Hosted Partnerships has followed a practical approach to embedding FENSA requirements into various stages of its Risk Management Framework noting the development of one single process, improving efficiency. Having one SoP for risk management, which includes FENSA requirements, is perceived to be helping staff. Tools were developed – and are being refined continuously - for various types of assessments at different stages of the Risk Management process and the start time of the process has been adjusted to prevent it from being too rushed, and to prevent delays. Risk management according to this integrated Risk Management Framework is part of staff Job Descriptions and compliance are part of staff performance assessments. This ensures that due diligence and risk assessment are seen by all staff as a part of their responsibilities, which encourages consistent implementation. Details of the outcomes risk assessments are held internally for future reference. The Focal Point works continuously to ensure the Secretariat of the Hosted Partnership understands the importance of these risk assessments, including through presentations, briefings, etc.

108. When it became apparent that engaging non-State actors in emergency settings requires prompt responses faster than the usual turnaround required for standard engagements, the SOPs governing WHO's engagement with non-State actors in emergency settings were developed and approved internally in July 2018. However, a lack of clarity about implementing the SOPs remain in most Regional and Country Offices, mainly as a result of insufficient information and training, as well as a perceived lack of resources in ROs. A key informant from a CO noted that they were "*blindsided"* when the responsibility for due diligence and risk assessments in emergency situations was decentralised to the RO. They felt inadequately trained and resourced for this. They were concerned about ensuing risks when emergency situations require rapid decision-making about engagement with non-State actors, acknowledging that due diligence and risk assessments could be a "quick and dirty" process. Even so, delays at the beginning of the engagement often require requests for no-cost extensions to complete implementation. This creates the perception among donors that WHO is not an effective operational agency during emergencies, which could affect is competitive advantage compared with other humanitarian agencies.

109. Questions were raised why WHO could not become part of the Harmonized Approach Cash Transfer (HACT) framework, which applies to other UN agencies such as UNDP, UNFPA and UNICEF to assess risk when transferring cash to implementing partners, including in emergency, crisis and post-conflict situations. Not being part of the HACT framework poses a challenge for WHO to "work as one" with other UN agencies in emergencies.

110. There were suggestions for WHO to develop a pre-qualified list of non-State actors that can be engaged in emergency situations. This is currently not possible since, under FENSA, non-State actors can be approved for engaging with WHO for a period of up to one year only.

111. Other Areas where FENSA's implementation has been less clear-cut include, amongst others:

- when and by whom the simplified procedure can be applied;
- how FENSA can be applied rigorously when there is time pressure to decide on WHO's engagement with a large number of non-state actors in a single forum, or where different types of non-State actors are invited to a single WHO meeting or forum;
- the depth into which due diligence and risk assessment investigations should go, especially given WHO's collaboration with donors and partnerships to fulfil its

mandate and the more proactive approach to engagement espoused and modelled at senior level;

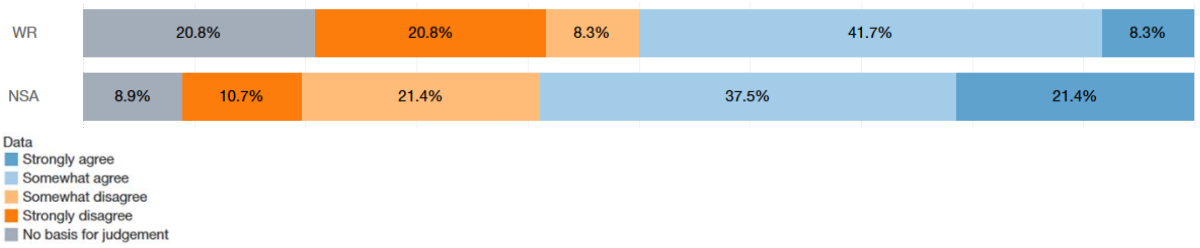
- remaining uncertainty about the application of FENSA for secondments, despite criteria and principles for secondments having been adopted at the 70th session of WHO (A70/53) in May 2017;
- remaining uncertainty around the meaning of being in an official relationship with WHO, with many believing it preclears a non-State actor for all types of engagement with WHO.

112. According to KIIs, WHO staff are of the opinion that the absence of a FENSA implementation plan for all three levels of the organization, a lack of training, insufficient communication, inconsistent practice within WHO, lack of clarity around work flows and responsibilities, as well insufficient dissemination and sharing of learning, all contributed to varying levels of clarity around FENSA's implementation.

113. **Delegation of accountability for risk is not well understood.** The specialized unit responsible for performing standard due diligence and risk assessment provide recommendations regarding WHO's engagement with non-State actors. According to section 4.5.1 in the FENSA Guide for Staff (2018, p. 32), the decision on engagement, risk mitigation measures or non-engagement is taken by the manager of the engaging unit, e.g. the DDG, RD, ADG, Director, Head of Country Office, coordinator or team leader. Disagreements with final recommendations on a given proposal may be escalated, together with appropriate justification, to the ADG or Regional Director, who may in turn refer the request to the FENSA Proposal Review Committee (FPRC) – the latter which is not currently active. In practice, a large proportion of WHO staff believe that the specialized unit responsible for performing standard due diligence and risk assessment is the final decision-maker and bearer of risk. Some are concerned that the legal-technical nature of FENSA and remaining 'grey areas' in its implementation could unjustly place them in jeopardy if they had made the decision to engage in such cases. This could contribute to risk-averseness in engaging non-State actors and cause frustration among WHO staff about what they perceive as the strict enforcement of FENSA on the part of the specialized unit responsible for performing standard due diligence and risk assessment. The perceived lack of appreciation for the importance of robust due diligence and risk assessment among staff may also cause frustration within the specialized unit responsible for performing standard due diligence and risk assessment. The evaluation finds a need to further define clearer delegations and expectations.

114. **Stakeholders believe that FENSA has generally brought greater coherence and consistency in WHO's engagement with non-state actors.** The fact that FENSA constitutes a documented framework of standards and requirements articulates an intention towards greater coherence and clarity about the "rules of engagement" with WHO. **However, almost one-third of WHO Representatives and non-State actors that are currently in official relations with WHO believe this has not been the case** (Figure 25). **Around half of WHO staff who were interviewed also commented on lack of coherence and consistency in FENSA's implementation.**

Figure 25: Stakeholder views whether FENSA has increased coherence and consistency in WHO's engagement with non-state actors.



115. Uncertainty about work flows, responsibilities and accountability in a decentralised organizational structure, as well as practical challenges around its implementation, are key factors that have led to a lack of coherence and consistency in the way that FENSA is being implemented.

116. KIIs suggest that Regional Offices FENSA Focal Points and DTOs found themselves insufficiently resourced and supported nor trained to carry out responsibilities devolved to them. The absence of tools to facilitate implementation and the incomplete register of non-State actors further contribute to lack of consistency. The FENSA Guide for Staff and SOPs were often referred to as helpful resources, albeit with shortcomings and challenges, and there is a general sense that FENSA is not being sufficiently socialized throughout WHO to ensure its consistent implementation.

117. KIIs with WHO staff revealed variations in how FENSA requirements and concepts are interpreted and applied in different types of engagement with non-State actors. This concurs with the finding of an investigation into the cost implications of FENSA's implementation for WHO (p. 17) that "FENSA is overwhelming in many respects", with the complexity of the text and the lack of clarity of (or inconsistency between) many of the contributing to this.

118. **Implementation planning and roll out has consequently been insufficiently coordinated or integrated across the organisation resulting in inconsistent application of the Framework.** A variety of interpretations and applications of FENSA procedures were articulated during KIIs, including around how Focal Points and DTOs are undertaking their role and responsibilities in relation to the specialized unit responsible for performing due diligence and risk assessment. Several key informants also noted that, within the specialized unit responsible for performing due diligence and risk assessment, different External Relations Officers do not apply FENSA criteria and concepts consistently.

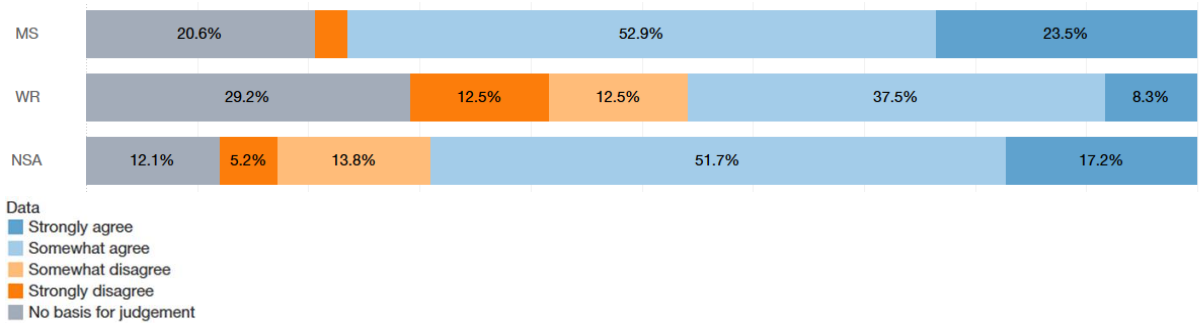
119. Examples were provided where Regional Offices and technical units are developing their own processes and tools to implement FENSA. Some ROs appear to have legal capacity to engage with non-State actors in ways that other ROs cannot. The accreditation mechanism designed and implemented by EURO was often mentioned as an example of this. Examples were provided where decisions about engaging potentially high-risk non-State actors are being made without consulting the specialized unit responsible for performing standard due diligence and risk assessment because it is perceived as being slow and/or risk averse. The evaluation team heard anecdotal suggestions of where staff might deliberately avoid seeking advice from the specialized unit responsible for performing standard due diligence and risk assessment and make engagement decisions themselves where a standard due diligence and risk assessment would have been required; or where alternative forms of engagement with non-State actors were sought where the specialized unit responsible for performing standard due diligence and risk assessment advised against engagement under a particular form.

Reference was also made to the use of tools developed for the simplified procedure to make "quick decisions" about engaging non-State actors in circumstances where full due diligence and risk assessment would have been required. Member States are aware of challenges around inconsistent implementation of FENSA across WHO, and about uncertainty about the expectations and requirements from staff in this regard.

120. In summary, key challenges appear to relate to differences in the appetite for risk and the ability to mitigate risk, and how this influences the application of FENSA by different units, managers and staff within WHO. The anecdotal evidence presented here suggests that unintended effects include inappropriately use of the FENSA simplified procedure, and failure to carry out due diligence and risk assessments for important engagements. It also implies that different outcomes for engaging non-state actors could be reached, depending who, where and how (and if) due diligence and risk assessments are carried out, and how important engagement with a particular non-state actor is perceived as being.

121. **While FENSA has contributed to demystifying the principles of WHO's engagement with non-state actors, inconsistent implementation of the Framework and shortcomings of the register of non-State actors have affected perceived transparency.** In their responses to the online survey, more than half of Member States and non-State actors that are currently in official relations with WHO indicated that the register has enhanced transparency around their engagement. More than 60% of WHO Representatives who had a basis for judgement also agreed (Figure 26). It was noted from Regional Office staff that WHO has a much more stringent process for engaging with non-State actors compared to other UN agencies and that FENSA had demystified WHO's engagement with non-State actors. Furthermore, it was reiterated during key informant interviews that no non-State actor is identified upfront as a 'no go' or 'off limits'; and that all non-State actors have an equal opportunity to engage with WHO. In this regard, FENSA is equalizing and opening up the playing field with the whole engagement process is now more transparent.

Figure 26: Stakeholders views whether transparency around WHO's engagement with non-State actors has been enhanced through the register of non-State actors.



122. KIIs provided a more nuanced view, with many informants pointing out shortcomings of the register for non-State actors engaging with WHO, lack of clarity around the rationale for decision-making and inconsistencies in the implementation of FENSA as impediments to transparency.

123. The register of non-state actors is currently limited to non-State actors that are in official relations with WHO. This means there is no consolidated register where external stakeholders and WHO staff can access information on all non-State actors in different types of engagement across all three levels of the organization. The same goes for non-State actors whose proposed engagements were turned down due to the outcomes of due diligence

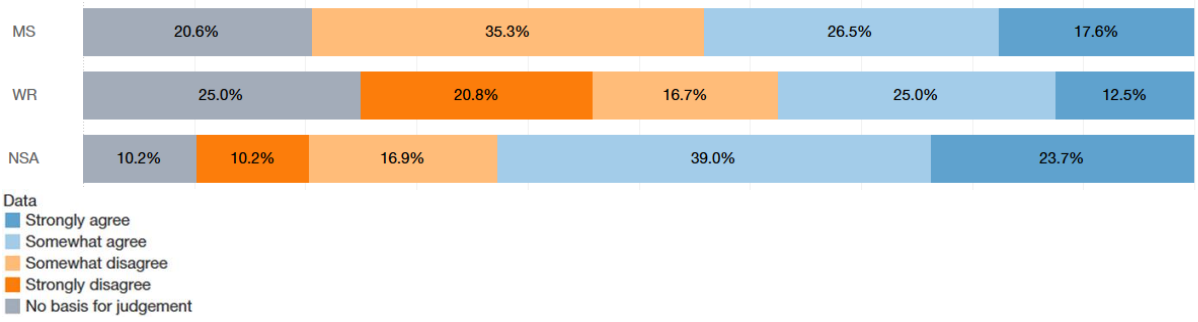
and/or risk assessments. Therefore, the register does not provide full transparency of WHO's engagement with non-State actors.

124. WHO staff indicated that it would be helpful for purposes of transparency, as well as for practical and learning purposes, if the rationale for decisions to engage with non-State actors (or not) could be made accessible internally through a comprehensive register of non-State actor engagements. While justifications of recommendations made by the specialized unit responsible for performing standard due diligence and risk assessment are always shared with the staff member(s) who sought advice, this is currently not available to other staff. Twelve per cent of informants who were interviewed indicated that the internal availability and sharing of such information could help them understand due diligence and risk assessment better, and it would also serve as a helpful reference point to prevent duplication of due diligence and risk assessments for the same non-State actor.

125. **FENSA has to some extent encouraged WHO staff and non-State actors to think more strategically about their engagement, especially when entering into official relations. It is less evident for other types of engagement, while risk aversion (as opposed to risk awareness and risk management) may be leading to missed opportunities for positive engagement.** There are definite drivers for WHO to strengthen its strategic engagement with non-State actors, the most important of which are the ambitions encompassed in the SDGs and WHO's strategic plan for the next five years, including the triple-billion targets. It is reflected in a notable shift in the tolerance of risk and a more proactive approach to engagement espoused and modelled at a senior level within WHO. WHO staff are also generally in agreement that more strategic and unencumbered engagement with a range of non-State actors, including donors, is necessary for the organization to deliver its ambitious programme of work and results.

126. Based on survey results, most non-State actors that are currently in official relations with WHO are of the opinion that their engagement has become more strategic through FENSA, and that FENSA has been an enabler for the benefit and interest of global public health. 62.7% of non-State actors currently in official relations with WHO agreed with a survey question that FENSA has been enabler for the benefit and interest of global public health. While Member States are also generally positive about this, almost one-third disagree that FENSA has facilitated more strategic engagement with non-state actors. WHO Representatives are divided in their opinion, with equal proportions (37.5%) agreeing and disagreeing that this has been the case (Figure 27).

Figure 27: Stakeholder views whether WHO's engagement with non-State actors has become more strategic since FENSA has been implemented.



127. Because a non-State actor's inclusion in the register of official relations is subject to the approval of a three-year work plan, this was often cited as an enabler for strengthening strategic engagement.

128. Examples were also provided where FENSA provided the imperative and means to terminate engagements that were no longer serving WHO's strategic purpose. Even for shorter-term engagements, FENSA has appeared to encourage a more strategic approach

with staff reflecting that there has been engagements in the past which were not carefully thought through and that as a result of FENSA, it is more about who can engage and who can work with WHO in a way that improves the quality of its products and activities.

129. However, there is significant frustration among some WHO staff about limitations and missed opportunities in their engagement with non-State actors due to the way in which FENSA is being implemented, which is perceived as exceedingly risk averse. This was raised in almost one-third of KIIs (21 out of 67). Examples were provided where FENSA proved to be especially restrictive in WHO's engagement with private sector entities and philanthropic foundations, multi-stakeholder forums, entities serving as collaborating centres and in the context of multi-sector Accountability Frameworks. This has led to missed opportunities for WHO to share information, to influence the global health agenda and to be seen as a significant global player in health, amongst others.

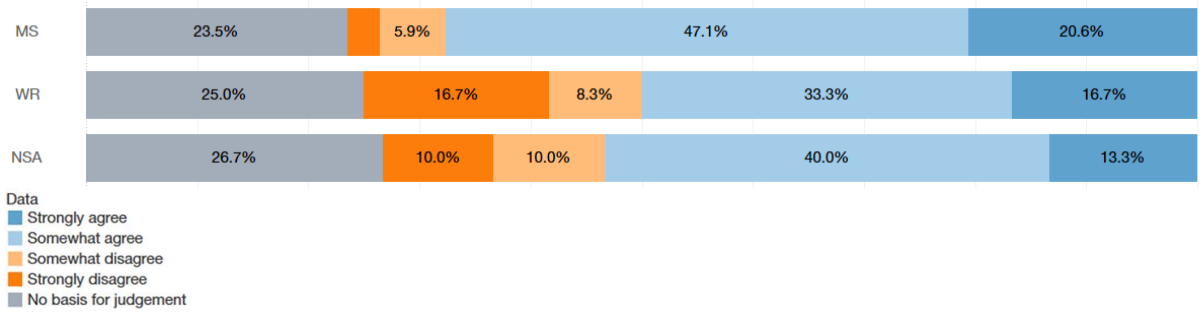
130. Non-State actors also experience challenges in their endeavour to engage more strategically with WHO. These include, amongst others, slow and unclear communication to discuss and agree joint strategic priorities; internal fragmentation within WHO resulting in lack of agreement about strategic priorities, and perceived lack of time and incentives to work together around joint, internally agreed priorities; lack of information on how decisions should be made and who should be consulted to ensure that priorities are aligned.

131. Some of the most significant effects of FENSA application are unintended, amongst others:

- Loss of appetite for renewal and innovation. It could be perceived as "safer" and easier to remain engaged with non-State actors that have long-standing engagements with WHO, rather than to engage new ones due to the FENSA process.
- Deciding to engage a non-State actor, regardless of risk, because of the perceived importance and value of the engagement;
- Loss of WHO's "brand power" where FENSA requirements prevent representatives from participating in eminent fora, or from being associated with influential stakeholders, or from placing its logo on crucial documents, etc.

132. **It is likely that the FENSA has, by design, protected WHO from engaging with non-State actors that could jeopardize the credibility of its work. At the same time, there is a sense among some stakeholders that the FENSA has amplified organizational risk-averseness, with the result that it may inadvertently be preventing otherwise positive engagements from occurring.** Survey results confirm that the majority of Member States, non-State actors currently in official relations with WHO and WHO Representatives who have a basis for judgement agree that FENSA protects WHO from affiliations with non-state actors that could jeopardize the credibility of its work (Figure 28).

Figure 28: Stakeholder views whether FENSA is protecting WHO from affiliations with non-sate actors that could jeopardize the credibility of its work.



133. There is no monitoring or systematic recording of outcomes to determine the extent to which FENSA is protecting WHO from such affiliations. Key informants provided anecdotal examples where FENSA has prevented engagements with potentially problematic non-State

actors, and where the prospect of subjecting a non-State actor to due diligence and risk assessment has prevented engagements that could potentially have been problematic.

134. Anecdotal evidence suggest that a potentially large number of engagements happen at all levels of the organization without robust due diligence and risk assessments being conducted, either intentionally or unintentionally. Both WHO staff and non-State actors are also becoming more astute in navigating FENSA and securing engagements; for example, by changing the nature/type of engagement so that it is exempt from FENSA, by engaging through a non-partisan third party, or by engaging country offices and branches of global companies, rather than the companies' headquarters. Some key informant interviews noted anecdotally that there may be a considerable number of engagements that don't reach or even go near the specialized unit; though it was not possible for the evaluation team to quantify or validate this. Nonetheless, there is no systematic record or register to capture information on these engagements, or the related due diligence and risk assessments that were conducted. **The associated risks of these engagements will largely remain unknown, unless any resulting negative effects on the credibility of WHO's work should surface.**

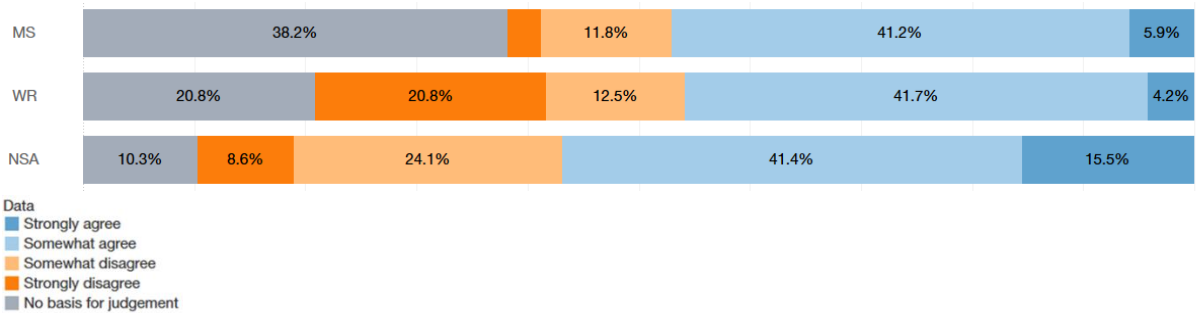
135. **Limited systematic training, information sharing and knowledge management to support the implementation of FENSA have taken place.** Training is one of the key enablers for consistent and transparent implementation of FENSA across all levels of the organisation. A staff training needs analysis was undertaken in September 2018 and some training modules and tools have been developed, but training has not been rolled out universally across all three levels of WHO, mainly due to resourcing constraints, there is currently not FENSA learning module in WHO's online training portal (*iLearn*): although its development is being planned for the 2021-2023 biennium. Some key informants noted that training has improved since 2018, and that recent DTO training on official relations, in particular, was good. **Training needs remain high and urgent.**

136. **Information sharing on FENSA within WHO remains largely informal and *ad hoc*.** Individual FENSA Focal Points have taken initiatives to share information with others, but there is an expressed need by Focal Points at HQ that a more organised forum to share information is imperative. In one HQ unit, Dedicated Technical Officers meet regularly to share their experiences of FENSA and how they engage with similar types of non-State actors, but lessons are not shared more widely.

137. 56.9% of non-State actors that participated in the online survey (in official relations with WHO) are of the opinion that FENSA has improved learning, information sharing and the structure of engagements, while 32.5% disagree (10.3% had no basis to form a judgement) (see Figure 29).

138. **As a key FENSA stakeholder group, Member States report that they are not sufficiently informed about implementation and the difference FENSA is making – despite routine updates to Member States by WHO – as this reporting is primarily geared towards an account of activities and outputs.** Focus Group Discussions with Member States found that they lack information on key aspects of FENSA and its implementation. It is further substantiated by survey results showing that 38.2% of Member States indicated they had no basis for making a judgement whether learning, information sharing and the structure of engagements with non-state actors have improved since FENSA has been implemented, while 14.7% believed it had not improved (Figure 29).

Figure 29: Stakeholder views whether learning and information sharing about FENSA have improved since implementation began.



3.2 What factors have enabled or constrained effectiveness in the implementation of FENSA?

139. The implementation of FENSA has been supported by sound intentions and arduous work by a large number of WHO staff. However, not all the enabling conditions have been fully in place for FENSA to enable implementation. This is set out according to inter-related conditions upon which successful introduction of a different way of working in an organization such as WHO would be contingent.

140. **Clarity:** Through the extended FENSA negotiation process, most stakeholders understood why it was being developed, i.e. the case for change was relatively well understood through the negotiation process. Shifting from policy position to implementation in practice proved to be more challenging.

141. WHO was perceived as being inadequately prepared to implement FENSA across all three levels of the organization following adoption of the resolution. The strategy, scope, challenges and plans for implementation were generally ill-defined and there is currently not an adequate implementation plan that recognizes and responds to the change management challenges of enacting change in the federated structure of WHO, and no intentional phased approach to implementation has been enacted. Roles, responsibilities and accountability for implementation were not established early on. In December 2017 the IEOAC advised that "*in the absence of a structured, cohesive, project management plan for implementation of the Framework of Engagement, with a clear definition of the plan's scope, concrete deliverables, key milestones, timelines, approved budget and progress reports, it is not in a position to provide reassurance to Member States, as it is unable to assess whether the Organization is on track to implement the Framework of Engagement by May 2018*" (EBPBAC27/2; 8 December 2017). In its Annual Report of May 2018, it identifies "*the need for a structured, cohesive, project management plan for implementation of the Framework of Engagement with Non-State Actors*" as an issue and notes that the project management plan that had been developed for the GEM tool is not required to meet the required deliverables for the Framework in accordance with the WHA resolution (EBPBAC28/2, p. 9). An overarching engagement strategy to situate and calibrate FENSA as a framework remains lacking, although initial drafting is currently underway.

142. The implementation of FENSA is a corporate responsibility. Although not solely responsible for the implementation of FENSA, the highly dedicated specialized unit responsible for performing standard due diligence and risk assessment increasingly risks

being overwhelmed by applying FENSA and supporting its implementation throughout WHO at the same time. As a result, the opportunity to create early momentum for implementation was missed.

143. **Commitment:** Clarity and a sense of urgency for implementing a major new way of organizational working requires immediate Senior Management endorsement and ongoing, visible support. Some Member States that were instrumental in negotiating FENSA changed strategic direction after it was agreed, or there was a turnover of staff and high-level knowledge and commitment to FENSA among Member States may have declined as a result. Also, the WHO Director-General during the negotiation of FENSA was succeeded in July 2017. Other organizational priorities, such as the Transformation Agenda, competed with FENSA and limited absorptive capacity for change. There is a perception that senior management endorsement and support for the implementation of FENSA were not consistently forthcoming, resulting in inadequate resourcing, mixed messages and limited buy-in across the organization. A tolerance for non-compliance appears to remain high.

144. **Communication:** Clear, consistent and regular communication across the organization, and with Member States and non-State actors is essential to sensitize stakeholders and establish the requisite awareness and knowledge for FENSA's effective implementation. A non-compulsory training module, staff guidance and targeted (albeit limited) training, as well as a handbook for non-state actors have contributed to awareness and knowledge of FENSA. However, there is no communications strategy to support the implementation of FENSA. This suggests that organization-wide communication through a range of methods aiming at sensitizing staff to the practicalities of implementation and to ensure on-going buy-in and consistent application of FENSA's standards and requirements is lacking.

145. **Consensus and Critical Mass:** Decentralizing responsibility and accountability for the implementation of FENSA through a network of Focal Points who would serve as a framework for establishing wider organizational consensus and a critical mass to model new behaviours is, in principle, a sound approach. There are good examples where Focal Points – with support from the specialize unit responsible for conducting due diligence and risk assessment - are providing leadership for the implementation of FENSA. For example, in a RO where the Focal Point initiated the establishment of a tracking system for due diligence and risk assessments of non-State actors, as well as a "one-stop shop" for COs to access information and advice to comply with FENSA. Awareness raising on FENSA was also incorporating as part of functional reviews that were conducted in COs in the region as part of the Transformation Agenda. In the absence of clear and consistent messaging about the intention and practicalities of implementing FENSA, and amidst inadequate training, communication, fragmented information sharing and limited knowledge management – all of which are impacted by staff turnover – the potential benefits of this network failed to materialize fully.

146. **Consistency:** FENSA constitutes a coherent and integrated framework compared to previously separate and discrete engagement policies for different types of non-state actors. Key conditions to enable its consistent implementation did not materialize and some opportunities were lost. Among the most notable is arguably the failure to fully implement the Global Engagement Management (GEM) platform, especially the complete register of all non-Sate actors and the electronic workflow for the internal management of engagements, which were to provide the reference point for staff training on FENSA implementation. Implementation across HQ, Regional and Country Offices has moved at different paces, while operational controls to monitor and ensure consistency throughout the organization remain

nascent/ absent. Work is currently underway to develop simplified internal FENSA procedures and SOPs that are aligned with changes introduced by the transformation agenda.

147. A fit-for-purpose monitoring mechanism to ascertain whether FENSA is achieving its intended benefits and results is absent. Whilst this initial evaluation provides insights into the challenges and successes, enablers and constraints, that could strengthen the implementation of FENSA; this could be substantively improved through an effective monitoring mechanism which allows for routine and evidence-based adjustments to be adaptively applied.

148. Table 3, below, provides a summary of the presence of conditions to enable implementation (including evaluative findings and proposed next steps). The summary of the presence of the conditions notes that conditions are predominantly nascent in effectively enabling implementation; with 1 condition partially present of the 5 factors. The assessment of conditions is evidenced from data extracted from documents, interviews and surveys

Table 3: Summary of Presence of conditions to enable implementation across all three levels of the Organisation in coherent and consistent manner including evaluative findings and proposed next steps

FENSA enabling conditions	Presence of conditions to enable implementation across all three levels of the Organisation in coherent and consistent manner		
	↑ Condition present: fully enables implementation	↗ Condition partially present	→ Condition nascent: has had a constraining effect on implementation
	Presence	Evaluative findings	Next steps
Enabling conditions			
1. Clarity	↗	• FENSA has bought a coherent and integrated framework to previously separated and discrete engagement policies.	• Action required – ongoing communication need to demystify FENSA; reducing/ removing persistent myths (see communications, below) • Definition of the elements that would be governed by the simplified procedure and those that would fall under the standard procedure.
2. Commitment	→	• Perception that senior endorsement and support was initially lacking / communicated mixed messages in early implementation phase – limiting catalytic conditions necessary for change and muting mechanisms for buy-in across the organization • Resources lacking for implementation – initial cost estimates provided for resolution, though limited resources available to implement. No financial monitoring.	• Action required – identify senior sponsor to support ongoing implementation • Action required – ensure congruence between what is espoused and what is enacted. • Action required – develop accurate budget costings for maintained FENSA implementation across the 3 levels of the Organization and secure resources against budget to ensure sufficient resources are made available
3. Communications	→	• Absence of an actionable, systematic implementation strategy across the Organization • Absence of accompanying change management and communications strategy • Absence of an engagement strategy is therefore absent which orients WHO and its technical units to take a more proactive approach to engaging with non-State actors in the implementation of its mandate and ensure consideration of strategic engagement with non-State actors is part of any planning process of technical units.	• Action required – proactive outreach (*roadshows, induction/ training, guidance and support)*; to sensitize staff to the practicalities of FENSA implementation to improve buy-in and consistent application. Changing the internal narrative. • Action required – finalize Engagement Strategy. • Action required – Maintain reporting to EB towards full implementation

		• Activity-level progress reporting to EB on implementation status provided	
4. Consensus and Critical Mass	→	• Limited absorptive capacity in the Organization due to resourcing and ongoing transformation (change fatigue)	• Action required – support and maintenance to FENSA focal points as community of practice • Action required – staff training and development (see communications, above)
5. Consistency	→	• Mixed understanding and common practice/ application across the Organization • Absence of overall monitoring and evaluation mechanism	• Action required – establish effective monitoring mechanism, with clear tracking metric in place to ascertain whether intended benefits and results are achieved.

149. Despite considerable effort being exerted by WHO staff, who have worked hard to translate policy into practice, a number of key factors affecting implementation are identified in the evaluation. These include the following:

150. *The perception that senior management's endorsement and support was initially lacking, and that senior management had communicated mixed messages in the early implementation phase.* This perceived lack of high-level support limited the catalytic conditions necessary for change and muted mechanisms for buy-in across the Organization.

151. *The absence of an overarching Organization-wide actionable implementation strategy for engagement*, comprised of specific, concrete actions to be undertaken in a phased way for translating the broad goals of the FENSA into a concrete, actionable plan for the Organization's engagement with non-State actors; and for situating and calibrating the FENSA as a framework. This factor is, as noted above, a significant gap in the overall implementation of the FENSA. As such, it represents a critical linchpin affecting all other aspects of implementation and is thus worth emphasizing as a significant factor affecting all subsequent aspects of implementation, namely in the following ways:

152. A comprehensive overview of what implementation would entail (scope) at the "global/ enterprise level" was ill-defined and the roll-out of implementation actions was insufficiently aligned, coordinated or integrated across all three levels of the Organization;

153. The timeframe for a full and complete implementation of both the FENSA and the operating procedures was overly optimistic about WHO's capacity and capability to institute change effectively;

154. There was insufficient recognition of, and resourcing to meet, the challenges of enacting change within WHO's decentralized structure, nor was implementation geared to capitalize on this structure by having coordinated action universally and uniformly applied across the three levels of the Organization – recommendations from a 2016 external audit on the implications of implementation in this regard do not appear to have been fully enacted;

155. Inter-dependencies between key mechanisms and tools to support implementation were underestimated, with implications for efficiency and cost-efficiency; limited progress in one area substantially affected progress in others (e.g. electronic workflow for the internal management of engagement using the Global Engagement Management system; or delays in delivery of guides, handbooks and training);

156. *The absence of an accompanying change management and communications strategy.* Only limited outreach activities have been undertaken, while a coordinated process of harvesting feedback and disseminating implementation success stories and lessons (i.e. what has worked in various settings and why or how) has been lacking. This absence has further reduced opportunities for sensitization, familiarization and staff buy-in into the FENSA and its implementation;

157. *Limited absorptive capacity in the Organization due to the ongoing transformation (change fatigue).* In addition to (and as a result of) the aforementioned factor of resource limitations limiting the capacity to implement, there has been no dedicated capacity for FENSA's implementation beyond the specialized unit responsible for performing standard due diligence and risk assessment, which constitutes only one facet of implementation. Moreover, the organizational structural changes as a result of the transformation agenda have affected the roles and responsibilities of those designed to implement the FENSA (e.g. the composition of the FENSA Proposal Review Committee and Steering Committee; alongside FENSA focal

points). Staff perception is that WHO is increasingly paralyzed due to resolutions, rules, regulations and frameworks without prioritization and that the FENSA as a major organizational endeavour has been somewhat buried under a larger set of changes.

158. *Insufficient resources to support implementation.* While initial, indicative cost estimates were provided for implementation of the FENSA resolution, limited resources were ultimately made available for implementation. In addition, no financial monitoring of the explicit or hidden implementation costs is taking place. Resource constraints persist: resources are not proportionate to the significant tasks associated with implementation, and the limited resources that are available are targeted to "doing" rather than strengthening organizational capacity "to do".

159. *Focus on reporting requirements at output and activity level, rather than on the effects of implementation.* While progress reporting on implementation status has been provided through regular reporting requirements, this reporting has predominantly been at the level of output and activity rather than on the intended effects of the FENSA. The absence of an overall monitoring and evaluation mechanism to ascertain whether intended benefits and results are achieved has been a limiting factor. As a result, there has been little systematic discussion or space for learning, or of adaptation and fine-tuning of implementation approaches. Accordingly, conclusions and findings in the present evaluation represent the first such reflective juncture on the extent to which intended results of the FENSA have been achieved at this early stage of implementation.

160. *The availability of instruments and information in all official languages of the Organization has been a constraint for staff and non-State actors alike where English is not a first language*.

Impact and sustainability

4.1 – 5.1: Are the overall conditions for impact and sustainability in place?

161. Given data paucity challenges, including the lack of an effective monitoring and evaluation mechanism as recommended in 2016 to ascertain whether intended benefits and results have been achieved as set out, it is challenging to reliably assess sustainability or impact at this early stage of FENSA's implementation. Nonetheless, based on the assessment of relevance, efficiency and effectiveness, the evaluation team concludes that enabling conditions for sustainability and impact are increasingly present.

162. Recognizing that in order for impact and sustainability to be fully visible enabling conditions need present and secure to permit full implementation, there are proxy indicators and evidence which supports the proposition that conditions for impact and sustainability are in place. These include increasing levels of commitment from Senior Management and Member States; a recognition that increasing resources are needed to fully implement FENSA; and an explicit shift in appetite and tolerance for risk, resulting in a higher level of risk management.

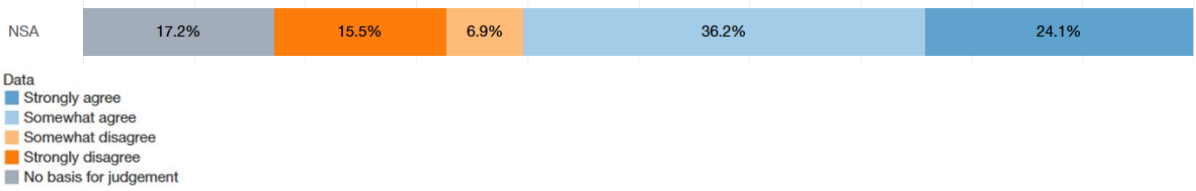
163. **Implementation has already resulted in positive change, and while it has perhaps not yet reached the level planned or intended, there is considerable potential for further benefits if the full package is well implemented. Longer-term impacts will not be visible until full implementation has taken root.**

164. **Notwithstanding the gaps and areas for improvement cited in the evaluation report, the conditions for future impact and sustainability otherwise appear to be in place. These include increasing levels of commitment to the FENSA from WHO's senior management and Member States; a recognition that increasing resources are needed to fully implement the FENSA; and a gradual, steady and explicit shift toward greater tolerance for risk, particularly at senior management levels, resulting in increased risk management. It is additionally noted that the FENSA yields mutual benefit for stakeholders; that it is easier to engage under the FENSA; and that clarity has improved on how to work with non-State actors at country, regional and global levels. At the same time, the burden of FENSA implementation is being significantly felt within WHO, posing potential risks to its impact and sustainability moving forward.**

165. Given the evidence presented in efficiency and effectiveness sections, above, which notes a solid foundation for FENSA's further implementation the evaluation further notes evidence, primarily from the survey instruments as follows:

166. Just over 60% of non-State actors agreed positively that FENSA had been an enabler for the benefit and interest of global public health, including 24.1% who responded with strong agreement. Just over 22% disagreed with this sentiment.

Figure 30: non-State actors' perceptions on whether FENSA had been an enabler for the benefit and interest of global public health.



167. Likewise, 63.3% of non-State actors agreed positively that FENSA allows the benefits of engagement with their organization to be realised effectively by WHO, including 30% who responded with strong agreement. 28.4% disagreed with this sentiment.

Figure 31: non-State actors' perceptions on whether FENSA allows the benefits of engagement with their organization to be realised effectively by WHO.

168. Continuing this positive sentiment, 57.6% of non-State actors agreed positively that it is easier for their organization to engage with WHO under FENSA than before, including 22% who responded with strong agreement. Just under 28.8% disagreed with this sentiment.

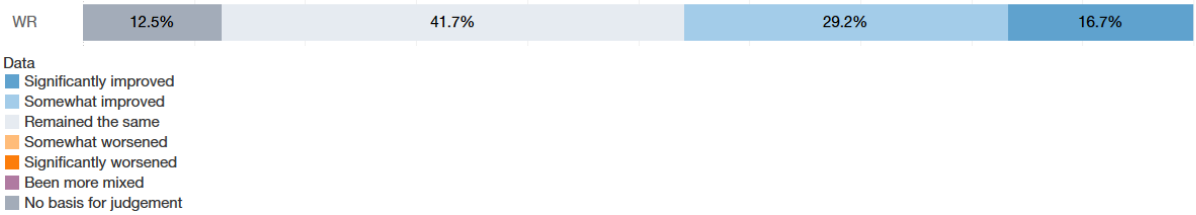
Figure 32: non-State actors' perceptions on whether it is easier for their organization to engage with WHO under FENSA than before.

169. Finally, 64.4% of non-State actors agreed positively that FENSA provides mutual benefit to both their organization and WHO, including 25.4% who responded with strong agreement. Just over 23% disagreed with this sentiment.

Figure 33: non-State actors' perceptions on whether FENSA provides mutual benefit to both their organization and WHO.

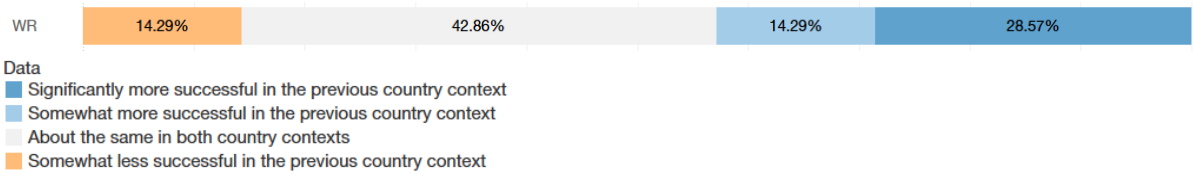
170. WRs noted that 45.9% perceived WHO's engagement with non-State actors in their country had improved since FENSA, with 16.7% perceiving significant improvement. However, whilst no WRs noted a worsening, 41.7% perceived there to be no notable difference since the introduction of FENSA.

Figure 34: WR's perceptions on whether WHO's engagement with non-State actors in their country had improved since FENSA.



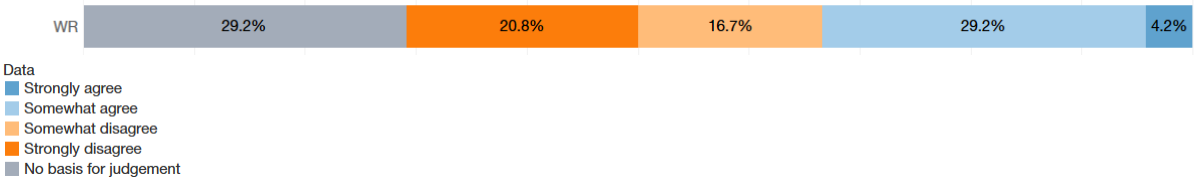
171. Where WRs had moved between different country offices since May 2016, 42.86% noted no difference between how FENSA was implemented between those two postings; however, an equivalent total of 42.86% noted their previous country context had more successfully implemented FENSA.

Figure 35: WR's perceptions on whether there was a difference between how FENSA was implemented between their different country contexts.



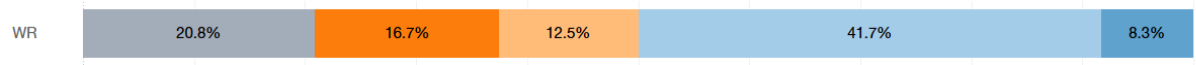
172. It is worthy of note that 37.5% of WRs indicated disagreement that FENSA had been consistently and coherently implemented at the three levels of the Organization, with 20.8% strongly disagreeing. Just under 34% were more positive, with 4.2% strongly agreeing that FENSA had been consistently and coherently implemented at the three levels of the Organization.

Figure 36: WR's perceptions on whether FENSA had been consistently and coherently implemented at the three levels of the Organization.



173. 50% of WRs surveyed perceive there to be increased clarity on how to work with non-State actors at country, regional and global levels since FENSA implementation began. 29.2% of WRs do not agree that FENSA implementation has provided increased clarity, worthy of careful consideration in terms of conditions for sustainability.

Figure 37: WR's perceptions on whether clarity on how to work with non-State actors at country, regional and global levels had increased since FENSA implementation began.



174. Likewise, there are further potential signs on sustainability which should be noted, with WR's signaling strongly that the benefits of engagement with WHO through FENSA do not outweigh the time and expense involved in establishing and maintaining the engagement, with 64% making this point, including 44% who strongly disagreed that the benefits outweighed the time and expense.

175. Evidence extracted from available data points regarding the number of engagements entered into has been more challenging to identify and derive reliable data for comparative analysis across the levels of the Organization and across year. There is some evidence which may suggest the number of engagements (using number of MoUs signed as the unit of analysis) to be showing a slight upward trajectory from the FENSA implementation start date; though the type of non-State actors being engaged appears to be consistent year on year.

Coherence

6.1: To what extent were dependencies between key reforms / organisational units managed?

176. **Residual issues related to the coherence of FENSA's implementation remain, both from a policy coherence perspective – in particular related to the FENSA's implications for procurement – and in terms of coherence with key reform initiatives, notably the transformation agenda, where further coherence through integration and alignment is needed.**

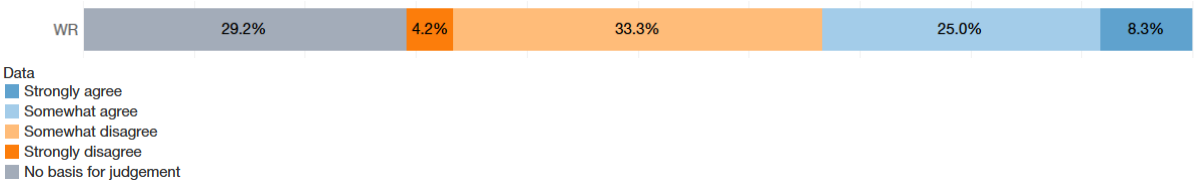
177. Given the size and structure of WHO, and the change management challenge FENSA presents across the decentralised Organization, coherence challenges are not unanticipated; particularly with the complex policy environment and architecture within WHO. The Transformation agenda further intensifies coherence challenges.

178. Likewise, given the inter-relatedness and inter-connectedness of activities and deliverables within FENSA implementation, the complexity of sequencing, mobilizing, and implementing increases manifold. As implementation goes live, emergent and unforeseen challenges or the interplay between policies or reforms become more evident and need to be managed and mitigated more actively.

179. In relation to policy coherence, in May 2019, the Office of Internal Oversight Services, noted a concern regarding the consistency between FENSA and the WHO procurement policy requirements for risk assessment and due diligence of non-State actors. The risk of WHO's engagement with non-State actors for technical collaboration and evidence generation, the concern highlights, may not be mitigated. IOS consulted with various units and offices regarding these concerns. Differences in opinion are recorded, citing a variance in interpretation and application rather than a lack of consistency between WHO policies. Whilst outside the scope of the evaluation as commissioned, the evaluation notes this area as an important area for further examination.

180. In relation to coherence with other organizational reforms, the survey to WRs indicates that 33.3% of those surveyed perceived the implementation of FENSA as having been closely aligned and integrated with other organizational reforms. A similar proportion disagreed, with 37.5% indicating somewhat disagree or strongly disagree.

Figure 38: WR's perceptions on whether the implementation of FENSA as having been closely aligned and integrated with other organizational reforms.



6.2 To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organisational units?

181. Whilst FENSA implementation is an institutional responsibility, KIIs note that it cannot become an institutional responsibility if people are not aware of it; and that it has been challenging to create that awareness without consistent corporate backing and resources to consistently train. There is an appreciation that implementation of FENSA is not only the responsibility of the specialized unit.

182. Examples of positive shared responsibility across WHO include the experience in AFRO as part of the Transformation Agenda, in line with a more country-focused approach, Functional Reviews of Country offices were conducted to assess human resource needs and country priorities. As part of this, all WRs and COs were made aware of FENSA. This awareness-raising was the first step in implementing FENSA in the region. Now, the FENSA team in AFRO act as a FENSA 'one-stop-shop' or customer service unit for COs; providing guidance and useful tools to encourage the broadening and strengthening of engagement with non-State actors.

183. A further interesting approach to shared responsibility for FENSA implementation was explored in KIIs; where WHO has raised the profile and importance of gender equity and geographical diversity as part of key corporate values and that a similar approach could be adopted for FENSA. For example, in the same way as staff have a mental checklist to ensure gender equity and geographical diversity is given full consideration, the same approach could be replicated for FENSA application.

Conclusions

Relevance

184. The FENSA constitutes a coherent and integrated framework compared to previously separated and discrete engagement policies for different non-State actors.47 It is the first comprehensive framework within the United Nations system that covers interaction with four categories of non-State actors, including nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions, along with specific policies for each category. In this respect, the existence of the FENSA is a significant accomplishment in its own right and a precedent for the wider United Nations system.

185. That said, there is an absence of a comprehensive, actionable strategy and associated implementation plan to achieve the overall aims of the FENSA at all three levels of WHO. In response to requests by the Independent Expert Oversight Advisory Committee, an implementation plan was approved on 21 December 2017. The use and value of this document has been limited, however, and it not a sufficiently actionable plan to guide coherent and systematic implementation of the FENSA due to the 18-month lag time from the resolution's adoption to the approval of the draft plan, coupled with the limited communication and use of the plan as an instrument for implementation. The timeframe for WHO to fully implement the FENSA and operating procedures appears to have been overly optimistic in light of WHO's capacity and capability to institute change effectively – a challenge exacerbated by the fact that a phased approach to implementation had not been included in the adopted resolution despite a recommendation to this effect having previously been identified in an external audit of the implications of the FENSA's implementation conducted in 2016 (i.e. just prior to the resolution's adoption).

186. This lack of an overarching engagement strategy – one that is comprised of specific, concrete actions to be undertaken to situate and calibrate the FENSA as a framework and

[47] The Framework of Engagement with Non-State Actors replaced "the Principles governing relations between the World Health Organization and nongovernmental organizations" (Adopted in resolution WHA40.25) and "Guidelines on interaction with commercial enterprises to achieve health outcomes" (Document EB107/20, Annex).

translate its broad goals into a concrete, actionable and well-phased plan to guide the Organization's engagement with non-State actors – represents a significant gap. As a result of this gap, downstream actions to implement the FENSA have been fragmented and not supported by a coherent communication and information dissemination strategy. The absence of effective communication and information dissemination plans to support the implementation of the FENSA among audiences internal and external to WHO has compromised roll-out. Staff and partner needs have mainly been addressed in a responsive and reactive manner rather than proactively. Where communications activity has taken place, this activity has not kept pace with changing staff and partner needs in the dynamic FENSA implementing context.

Efficiency

187. Given the absence of a comprehensive FENSA implementation strategy or plan, activities and outputs were clustered into the following tiers for the purposes of this evaluation to enable systematic and structured assessment, as well as an exploration of the interconnectedness between activities and outputs:
    - Tier 1: Strengthening understanding, ownership and management of risks and benefits of engagement;
    - Tier 2: Specializing and applying nuanced application (technical and contextual);
    - Tier 3: Expert technical advice and institutional memory for standardized procedures. Escalation point for exceptional cases. Oversight.
188. Despite the lack of an overarching strategy that would establish guideposts for maximally efficient and effective implementation of the FENSA, the evaluation team notes that, as a testament to the considerable efforts of staff, WHO has succeeded in initiating (if not completing) implementation on all aspects required by resolution WHA69.10. Within each of the three tiers, a number of key outputs were delivered within the two-year implementation timeframe. This significant achievement forms a solid foundation for the FENSA's further implementation. Nonetheless, these actions have been undertaken in an ad hoc, fragmented and unsystematic manner across the Organization; and implementation was not sufficiently resourced.
189. However, more limited progress has been made in other important areas such as: full functionality of the Register of non-State actors through the inclusion of all non-State actors; coordinated staff training across all three levels of the Organization; the development of electronic workflows on the now-paused Global Engagement Management system and the active convening of the FENSA Proposal Review Committee, which appears to have convened infrequently. A number of significant delays were observed between the immediacy of implementation requested in the resolution and actual delivery timescales. Furthermore, the evaluation team noted evidence of a greater weighting of the risk management goals of the FENSA in the implementation of activities rather than its promoting and engagement-enhancing goals. Whilst this progress to date offers WHO a solid platform on which to build, moving forward there is a need to ensure the dual objectives of the FENSA are equally emphasized.
190. Furthermore, owing to the dynamic organizational context in WHO, some activities and outputs completed to date are now in need of further iteration, development or require supporting actions. Examples include (i) review of the FENSA guides and guidance to include updates regarding the Register of non-State actors, electronic workflows and composition of

the FENSA Proposal Review Committee; (ii) strengthening and delivery of training materials to include lessons learned and practical examples; and (iii) ongoing maintenance of the FENSA focal point network.

191. Recognizing the achievement of short-term results of implementation activities and outputs, sequencing and delivery delays have nonetheless impacted on the achievement of coherent and consistent implementation of the FENSA across all three levels of the Organization[48] which would lead to the comprehensive achievement of identified outcomes.[49]

192. The overall implementation status of FENSA outputs and activities is summarized in Figure 1. As illustrated in this figure, eight key activities and deliverables have been fully completed or are near completion, six are ongoing with continued effort required, and three are in need of immediate attention to either initiate or accelerate.

193. It is not possible to accurately quantify the cost of implementation, as there is no evidence of effective budget tracking or financial monitoring available to the evaluation beyond the costing of resolution WHA69.10 and estimates provided in the implementation plan (approved in December 2017). Insufficient resources appear to have been allocated to FENSA implementation, a gap that was felt acutely during implementation. A lack of resources was cited as being a significant constraint to implementation across the Organization. In addition, no financial monitoring of the explicit or hidden costs of implementation has taken place.

Effectiveness

194. A significant majority of stakeholders, both internal and external to WHO, are of the opinion that the FENSA has at least to some extent been successful in achieving its immediate objectives. The FENSA has generally brought greater clarity for both WHO and non-State actors around the requirements and standards for engagement. That said, translating policy into practice for different kinds of engagement appears less clear, especially amongst WHO staff and Member States. Delegation of accountability for managed risk is not well understood.

195. Stakeholders likewise believe that the FENSA has more generally brought greater coherence and consistency in WHO's engagement with non-State actors. However, implementation planning and roll-out has consequently been insufficiently coordinated or integrated across the Organization, resulting in inconsistent application of the FENSA.

196. While the FENSA has contributed to demystifying the principles of WHO's engagement with non-State actors, inconsistent implementation of the FENSA and shortcomings of the Register of non-State actors have affected perceived transparency.

197. The FENSA has to some extent encouraged WHO staff and non-State actors to think more strategically about their engagement, especially when entering into official relations. It is less evident for other types of engagement, while risk aversion (as opposed to risk awareness and risk management) might be leading to missed opportunities for positive engagement.

198. It is likely that the FENSA has, by design, protected WHO from engaging with non-State actors that could jeopardize the credibility of its work. At the same time, there is a sense among some stakeholders that the FENSA has amplified organisational risk-averseness, with the result that it may inadvertently be preventing otherwise positive engagements from

[48] See resolution WHA69.10, paragraph 3 (2).

[49] (i) Increased clarity on how to work with non-State actors at country, regional and global levels; (ii) Enhanced transparency both internally and externally through the Register of non-State actors; (iii) Enabling more strategic engagements with non-State actors; (iv) Protecting WHO from affiliations that could jeopardise the credibility of its work; (v) Ensuring coherence and consistency in WHO's engagements with non-State actors; and (vi) Allowing learning, information sharing and improvement on how to structure engagements. These are taken from the WHO Guide for staff on engagement with non-State actors and are what we understand to be the intended outcomes of FENSA.

occurring. Limited systematic training, information-sharing and knowledge management to support the implementation of the FENSA have taken place. Information-sharing on the FENSA within WHO remains largely informal and ad hoc. As a key FENSA stakeholder group, Member States report that they are not sufficiently informed about implementation and the difference it is making – this despite routine updates to Member States by WHO, as this reporting is primarily geared towards an account of activities and outputs.

199. Given data paucity challenges, including the lack of an effective monitoring and evaluation mechanism recommended in 201650 to ascertain whether intended benefits and results have been achieved as set out, it is challenging to reliably assess sustainability or impact at this early stage of FENSA's implementation. Nonetheless, based on the assessment of relevance, efficiency and effectiveness, the evaluation team concludes that enabling conditions for sustainability and impact51 are increasingly present.

200. Implementation has already resulted in positive change, and whilst perhaps not yet to the level planned or intended, there is considerable potential for further benefits if the full package is well implemented. Longer-term impact will not be visible until full implementation has taken root.

Conditions for impact and sustainability

201. Notwithstanding the gaps and areas for improvement cited in the evaluation report, the conditions for future impact and sustainability otherwise appear to be in place. These include increasing levels of commitment to the FENSA from WHO's senior management and Member States; a recognition that increasing resources are needed to fully implement the FENSA; and a gradual, steady and explicit shift toward greater tolerance for risk, particularly at senior management levels, resulting in increased risk management. It is additionally noted that the FENSA yields mutual benefit for stakeholders; that it is easier to engage under the FENSA and that clarity had improved on how to work with non-State actors at country, regional and global levels. At the same time, the burden of FENSA implementation is being significantly felt within WHO, posing potential risks to its impact and sustainability moving forward.

Coherence

202. Residual issues related to the coherence of FENSA's implementation remain, both from a policy coherence perspective – related to the FENSA's implications for procurement in particular – and in terms of coherence with key reform initiatives, notably the transformation agenda, where further coherence through integration and alignment was needed.

203. WHO's internal and external operating context has contributed to the challenges encountered during implementation. These factors associated with its operating context include the following:

- the realities of implementing change in a decentralized structure – and the nature of implementing change where there exists shared institutional responsibly across the levels of the Organization, but no clear accountability;
- the need for organizational discipline to implement changes in behaviour, set against the risk of institutional non-compliance with administrative processes; and

[50] Report of the External Auditor on the implications for WHO of the implementation of the framework of engagement with non-State actors, March 2016 (A/FENSA/OEIGM/4).

[51] Promoting and engaging strong engagement with non-State actors; and managing risk through strengthened protection of WHO from conflicts of interest and undue influence.

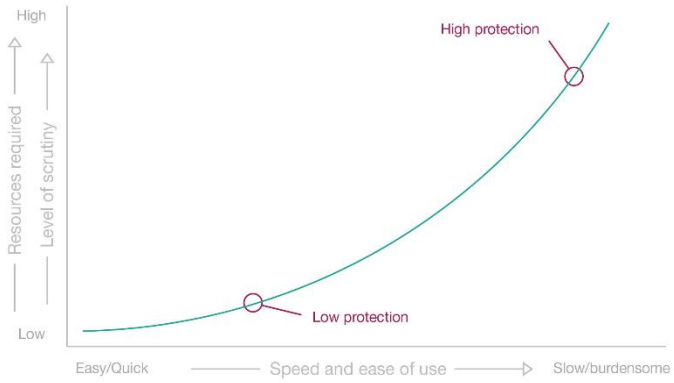
- the nascent state of several enabling conditions, identified in the factors affecting implementation below, which has limited the achievement of outcomes.

What are the main lessons learned?

204. Alongside the aforementioned findings, the evaluation generated several lessons to help guide future implementation. These lessons relate to:

- ensuring that a coordinated implementation strategy and plan are established early in the process and within the overall timeframe for delivery;
- ensuring that the implementation strategy is signed off and "sponsored" at a sufficiently senior level to secure endorsement and buy-in across the three levels of the Organization;
- ensuring the implementation strategy is clearly and widely communicated (e.g. through roadshows, townhall meetings, brown bag lunches or lunch-and-learn sessions, outreach and familiarization events);
- setting realistic timeframes for delivery of the implementation plan based on available resources, ensuring full analysis of underlying assumptions and possible follow-on effects of interlinked activities and outputs;
- bringing strong project management and change management knowledge, skills and experience to bear on implementation, as these are technical, professional disciplines in and of themselves that are complementary to the professional disciplines for which WHO is respected;
- putting in place a strong oversight mechanism and team that are able to generate buy-in across the Organization (bearing in mind that proper oversight by WHO management and governance structures rests on a clear implementation plan and a results framework);

Figure 39: Balancing speed and ease of use with depth of scrutiny



- regularly monitoring – and adjusting as necessary – administrative procedures and processes in order to ensure that the balance between competing priorities and characteristics is weighted proportionately. With the FENSA, setting up due diligence and risk assessment procedures requires a balance of competing priorities: a system that is quick and easy, requiring minimal resources, will likely not assure safeguards for the interests of WHO to the levels required; on the other hand, a system that is slow and rigid might offer increased protection of the reputation and integrity of the Organization but would require significant time and resources to perfect and institutionalize the system through tried and tested operational procedures. Likewise, if the balance is struck disproportionately, WHO will have to carefully manage the risk of unintended consequences, whereby engagements are either not assessed with sufficient scrutiny or the burden and time taken for completion encourages workarounds in the interest of merely authorizing engagements swiftly – or, more seriously and consequentially, it encourages the outright bypassing of administrative procedures. While the evaluation finds that no compelling evidence of this risk has materialized to date, continued vigilance in this matter is advised to avoid possible adverse behaviours.

205. In summary, at this early stage of the FENSA's implementation, WHO has striven to implement the FENSA and has made considerable strides in most key mandated areas toward this end, this despite a number of factors affecting its ability to do so fully. Although the enabling conditions for future impact and sustainability otherwise appear to be in place, action to address key gaps will help maximize the likelihood that implementation will be as successful moving forward.

Recommendations

206. Informed by the analysis, assessment and findings set out in this report, the evaluation makes six recommendations that are focused on improving and increasing communication; strengthening capacity; establishing better monitoring, evaluation and learning mechanisms; and developing an engagement strategy with non-State actors.

Recommendation 1: Enhance communication on the FENSA.

207. There is a clear, expressed and urgent need to substantially increase communication both internally and externally. Communication should be coordinated and multi-channel to ensure coverage with consistent messaging in order to demystify the FENSA and reduce or remove persistent "myths", supported by effective signposting to existing materials and sources of further information. In order to raise awareness of the FENSA and sensitize staff to the practicalities of its implementation, with the aim of improving buy-in and preparing the groundwork for consistent application, WHO should:

- develop a light-touch plan to enhance communication of the FENSA;
- ensure that communication is tailored and adopted to key audiences, for example, technical officers;
- conduct a coordinated series of outreach activities, such as roadshows; townhall meetings; brown bag lunches or lunch-and-learn sessions; and familiarization with the FENSA as part of the new-staff induction process.

Recommendation 2: Strengthen understanding, ownership and management of risks and benefits of engagement.

208. There is a clear, expressed and urgent need to support capacity-building to strengthen the consistent application of the FENSA rules and procedures. Actioning the following points will help further mainstream and "stabilize" the application of the FENSA:

- A fully-costed training plan and delivery schedule should be developed, with human and financial resources made available to support preparation and delivery. Training should be informed by analysis of training needs and the identification of a hierarchy of priority recipients, in order to ensure that sufficient numbers of staff across the Organization have a shared understanding and common interpretation (critical mass). Training should be coordinated, with effective mechanisms for monitoring quality. In this vein, it will be necessary to ensure that training evolves iteratively, based on feedback and experience from participants. A training-of-trainers approach should also be considered and workshops for heads of WHO country offices and training materials for e-learning should be included.

- Updates of guides, guidance and handbooks should be undertaken to ensure that meaningful and up-to-date guidance is provided. Periodic reviews and updates should then be established and undertaken to ensure ongoing relevance and applicability. Guides and handbooks should be available in all the official languages of WHO. Feedback on guides and handbooks should periodically be sought to ensure that assets remain fit-for-purpose and are improved based on user experience (for example, enhancing the clarity of criteria to route engagements through the simplified or standardized procedural track).

- Clarity on simplified procedures should be made more widely available to ensure a common understanding of what may be classified as simplified and what may not.

- Electronic workflows and the full establishment of the Register of non-State actors, in line with paragraph 38 of the FENSA, should be expedited to allow effective documentation and coordination of engagements with all non-State actors and facilitate knowledge management by supporting the retrieval of reference material for staff. Mechanisms for maintaining the Register of non-State actors need to be established. Electronic workflows are needed to support effective implementation of the FENSA, aligning the FENSA and its systems with the transformation agenda. Data provided by non-State actors on the Register should be routinely reviewed and updated.[52] Procedures for granting accreditation should be universally established.

Recommendation 3: Enhance access to specialized knowledge and apply expert technical advice.

209. There are several existing mechanisms that need further strengthening or revitalizing, including:

- Active and routine engagement with FENSA focal points in regions and technical units is needed. The management, coordination and support of this important network and community of practice will ensure that a critical mass of FENSA focal points is maintained, mitigating turnover and rotation challenges. Developing this network will provide enhanced understanding of FENSA's application to be accessed closer to the point of need (region, country or technical unit) and allow the dissemination and sharing of good practices and innovative approaches to FENSA's application across the three levels of the Organization.

- Reactivation is warranted of the FENSA Steering Committee, including overall senior management sponsorship for continued implementation as an oversight body to continue to monitor progress, as well as reactivation of the FENSA Proposal Review Committee. These bodies have been underutilized to date and offer a useful support mechanism to the specialized unit.

- A redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment is needed to protect it from routine due diligence and risk assessment, which lead to systemic overload. The focus should be redirected, inter alia, to:

[52] Ensuring that paragraphs 39–41 of the FENSA are enacted and that self-reported data is monitored.

- the conduct of in-depth due diligence and risk assessment on high-risk and complicated engagements that may give rise to conflict of interest or acceptance of significant resources from non-State actors;

- the provision of increasingly specialized knowledge for exceptional cases ("navigating the grey areas"), based on extensive institutional memory;

- the proactive support and maintenance of guides, handbooks, guidance, training, the FENSA focal point network and the Register of non-State actors.

Recommendation 4: Strengthen the data environment by establishing a systematic monitoring and tracking mechanism.

210. There is a need to establish an effective monitoring mechanism, at different levels of implementation, in order to ensure both accountability and ongoing learning and improvement. This includes the following:

- Systematic documentation and tracking of all engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this. This would include consistent tracking of the due diligence and risk assessments undertaken.

- Routine spot checks to ensure consistency of application (quality assurance).

- Establishment of a monitoring and evaluation mechanism to capture lesson-learning and ascertain whether intended benefits and results are achieved.

- Continued annual reporting to the Executive Board on engagement with non-State actors, including tracking of secondees. Routine reporting to Regional Committees is also advised.

Recommendation 5: Enhance learning.

211. The lack of lesson-learning and knowledge exchange was identified through the evaluation. Based on an improved data environment and linked to enhanced communication activity, enhancing learning could include:

- Learning exchange, facilitated by the FENSA focal points network to support the replication of good practice and exploit opportunities for learning by harvesting pockets of good practices and innovation to break silos. Currently learning exchange is based on institutional memory rather than systematic capture and dissemination, which leaves learning processes vulnerable to the impact of turnover and rotation. A learning mechanism/platform is needed to share exemplars.

- Identification, capture and dissemination of unique/innovative applications of the FENSA, on a precedent/case study basis (using the FENSA Proposal Review Committee).

- Annual synthesis circulated to all staff (as part of communication strategy) to show the learning from, and benefits of, the FENSA: sharing successes of engagement while protecting WHO and supporting global public health.

Recommendation 6: Develop, finalize and implement an engagement strategy with non-State actors.

212. Recognizing the increasing prominence of partnerships, which is explicit in the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, there is a need to clearly articulate an overall engagement strategy that sets out the objectives for WHO's engagement with non-State actors and specific, concrete actions and associated resourcing and communication plans to be undertaken in a phased way. This would ensure that the FENSA is appropriately situated and calibrated as a framework within the wider approach of the Organization to engagement. Furthermore, the strategy should:

- allow senior management to amplify the Organization's maturing position on engagements between WHO and non-State actors;
- sharpen congruence between what is espoused and what is enacted; and ensure that staff have an equally constructive yet risk-aware approach towards engagement by encouraging them to seek engagements with non-State actors while preserving WHO's reputation and mandate;
- be relevant and applicable across the three levels of the Organization, with such relevance and applicability being defined through participation and consultation;
- include the designation of a senior-level steward to oversee implementation of the FENSA, who will ensure the application of rigorous project management principles and practices.

Technical Annexes

Annex 1: Terms of Reference

Context

The sixty-ninth World Health Assembly, in resolution WHA69.10 (2016), adopted the Framework of Engagement with Non-State Actors. Further, the Health Assembly requested the Director-General to conduct an initial evaluation in 2019 of the implementations of the Framework and its impact on the work of WHO, with a view to submitting the results, together with any proposals for revisions of the Framework, to the Executive Board in January 2020, through its Programme, Budget and Administration Committee. The biennial evaluation workplan, approved by the Executive Board at its 142nd session, thus included an initial evaluation of the implementation of the Framework of Engagement with Non-State Actors as one of the corporate evaluations to be conducted in 2018–2019. These terms of reference set forth the objective, scope and overall approach of this initial evaluation.

Objective

The objective of the initial evaluation is to assess the status of implementation of the Framework of Engagement with Non-State Actors and its impact on the work of the Organization. The evaluation will: (a) document key achievements, best practices, challenges, gaps, and areas for improvement in the implementation of the Framework since its adoption in May 2016; and (b) make recommendations as appropriate on the way forward to enable the full, coherent and consistent implementation of the Framework.

Scope and approach

The evaluation will cover the implementation of the Framework across all levels of the Organization[53] in interactions with the various groups of non-State actors covered by the Framework.[54]

The evaluation exercise will be guided by considerations of the main evaluation criteria of relevance, efficiency, effectiveness, sustainability and impact, and provide information on:

- the implementation of the Framework, including the requirements set forth in resolution WHA69.10;
- the processes put in place and the products generated;
- enabling factors and challenges encountered; and
- the overall impact of the Framework on the work of the Organization.

The informed opinion of Member States and non-State actors, as primary stakeholders, is crucially important. This could be sought by means of key informant interviews and/or an online survey.

[53] Headquarters, regional offices and country offices, entities established under WHO, as well as hosted partnerships.
[54] Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

The evaluation will be conducted using a combination of quantitative and qualitative methods, including:

- a desk review of available documentation, including governing body documents such as Secretariat and Independent Expert Oversight Advisory Committee reports to the Executive Board, and of Secretariat materials related to the processes and products associated with its implementation of the Framework; and
- key informant interviews and/or online surveys (the latter available in the six official languages of the Organization) of key stakeholders, including Member States, non-State actors, the secretariat from the Department of Partnerships and Non-State Actors (PNA), WHO senior management and other relevant technical staff within the Secretariat, such as designated focal points for the Framework of Engagement with Non-State Actors.

The overall process and methodological approach will follow the principles set forth in the WHO Evaluation Practice Handbook[55] and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation.[56] The review will also adhere to WHO's cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights, and include, to the extent possible, disaggregated data and analysis.

The evaluation process

The evaluation will be conducted by an external independent evaluation team, selected by the Evaluation Office through an open tender. The evaluation team will have appropriate knowledge of the subject of the evaluation and skills mix, as well as relevant experience in performing similar evaluations in multilateral or United Nations organizations. The evaluation team will develop the evaluation methodology, conduct the analysis and deliver a report of the findings, including recommendations.

The Evaluation Office will provide the necessary support to the evaluation team during the evaluation exercise (finalization of methodology, facilitation of the evaluation process, identification of relevant documentation and data).

The Independent Expert Oversight Advisory Committee will play a critical advisory role. It will be kept informed throughout the evaluation process and consulted on the evaluation at key junctures, which will include consideration of the terms of reference and of the findings and recommendations.

Proposed timeline

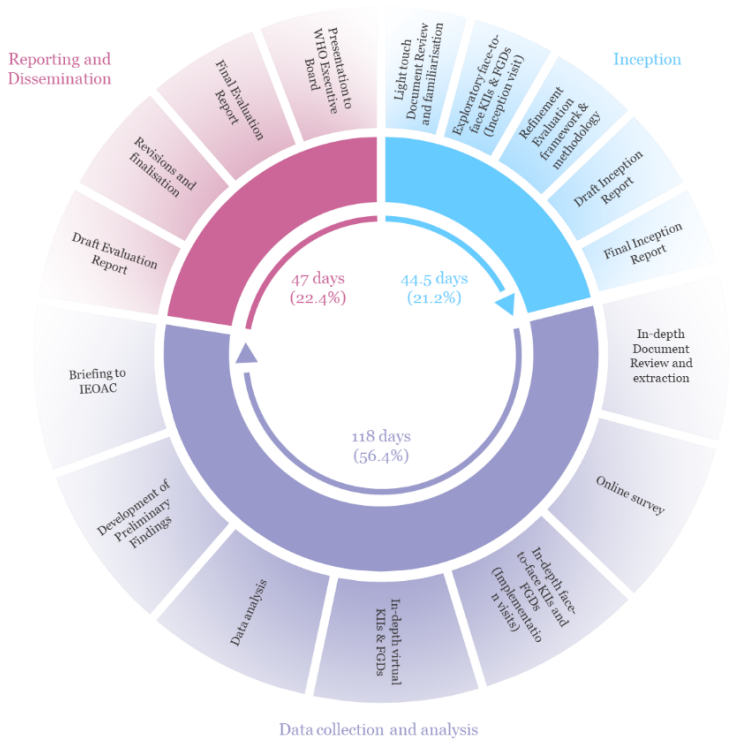
- Consideration of the terms of reference and proposed approach at the 145th session of the Executive Board: May 2019
- Issuance of the open tender (request for proposals): June 2019
- Selection of the evaluation team: July/August 2019
- Presentation of the final report for consideration by the Executive Board, through the Programme, Budget and Administration Committee: January 2020

[55] WHO Evaluation Practice Handbook. Geneva: World Health Organization; 2013. (https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf?sequence=1, accessed 12 April 2019).

[56] Norms and Standards for Evaluation. New York: United Nations Evaluation Group; 2016 and UNEG Ethical Guidelines for Evaluation, United Nations Evaluation Group Foundation Document, UNEG/FN/ETH(2008) (http://www.unevaluation.org/document/detail/102) (both accessed 12 April 2019).

Annex 2: Methodological approach

Methodological approach



Evaluation phases

There will be three stages to the evaluation:

Inception Phase

During the inception period we have gathered evidence through initial interviews with relevant WHO senior management, FENSA focal points and specialized unit responsible for performing standard due diligence and risk assessment, and a light touch document review. Based on these, we have elaborated the evaluation criteria to be used or this evaluation (Table 1), developed the evaluation questions and evaluation matrix (see Table 2 below and Annex 7), which will be used for systematic analysis of evidence. We have also determined the data collection methods and the associated data collection tools (see Annexes 5 and 6). The inception period has also enabled the evaluation team to confirm the sampling methodology of the survey instrument and to map stakeholders for inclusion in interviews and focus groups to determine their interest in the evaluation and engagement in it, and the number and focus of sampling according to evaluation resources.

The inception period also offers a valuable opportunity to clarify reporting and sign off arrangements and identify organizational ownership of the evaluation. We would propose it is also used to agree timing of submission of products and receipt of feedback to ensure completion within the set timescales, as well as the regular monthly review meetings. It will also be valuable to identify relevant internal WHO meetings and deadlines for information on the evaluation. As a part of the inception period we will agree with you the risks to this evaluation and identify mitigating and management actions.

Evaluation criteria

The evaluation will use a blend of OECD-DAC and criteria adapted specifically to WHO/ FENSA-requirements to guide the enquiry, focusing on the key areas of interest to the WHA and other senior stakeholders as outlined in the evaluation ToR. This choice reflects the tight timeline for this evaluation, the scope and resourcing of the evaluation and a consideration of both feasibility and the opportunity cost associated with inclusion of other criteria. Table 1 summarizes the criteria selected and how they will be applied for this evaluation. Given the relatively recent implementation of FENSA the lines of inquiry relating to relevance, effectiveness, efficiency and coherence will be more backward-looking in focus; while when considering sustainability and impact the evaluation will be more forward looking.

Table 1: Evaluation Criteria

Evaluation Criteria	Source	Application/scope
Relevance	OECD-DAC	Examined at the level of specific plans and actions put in place to implement the framework, to test their relevance and alignment to the objectives and ambitions of the FENSA, their relevance and alignment to the identified needs of both WHO and its partners and he extent to which their implementation has met the requirements set forth in resolution WHA69.10, Whilst the evaluation will not consider the relevance of the FENSA instrument (framework and strategies) specifically, it will consider relevance in terms of how the frameworks' design has informed, helped, or hindered its implementation and how this may have affected results achieved.
Efficiency	OECD-DAC	Examined at the level of specific plans and actions, to test whether the intended outputs have been delivered in line with planned/allocated effort/resources. The evaluation will consider whether outputs were achieved on time and in line with expectations and allocated budget.
Effectiveness	OECD-DAC	Examined at the level of specific plans, actions and outputs, to test whether the objectives of FENSA are considered likely to be achieved (i.e. the extent to which the framework has achieved its intended 'added-value'[57]), and to identify factors which may have constrained or enabled the framework's effectiveness. The evaluation will focus on two perspectives: changes in the way WHO operates; and changes in partners' experience working with WHO. However, as a general rule, assessing the effects on partners will be more challenging given the fact that FENSA reforms have been introduced only relatively recently.
Impact	OECD-DAC/ WHO	Light-touch examination of overall conditions for impact and what changes may be necessary to support FENSA implementation going forward and strengthen its potential impact. It will be treated and assessed through an analysis of the overall conditions for impact of FENSA on the work of the Organization; and an assessment of the wider impact of the FENSA on WHO as an organization, including where possible, consideration of unintended effects.
Sustainability	OECD-DAC/ WHO	Light-touch examination of overall conditions for sustainability and what changes may be necessary to

[57] Defined in WHO Guide for Staff on engagement with Non-State Actors.

		support the sustainability of FENSA implementation going forward.
Coherence	WHO	Considered at institutional level, as to whether key dependencies between transformational initiatives are understood and risks managed across units in relation to FENSA.

Key evaluation questions

Under each of the evaluation criteria, we have identified key evaluation questions as follows:

Table 2: Evaluation criteria

Criteria	Key Evaluation Questions
1. Relevance	1.1: To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?
	1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?
2. Efficiency	2.1: To what extent have the intended (outputs and activities) prescribed in the FENSA have been achieved as expected? (e.g. Register of Non-State Actors, dissemination of framework, guidance and training to staff)
	2.2 Has FENSA been implemented as planned and budgeted?
3. Effectiveness	3.1: To what extent has implementation of FENSA achieved its intended 'added value'?[58] • Increased clarity on how to work with non-state actors at country, regional and global levels • Enhanced transparency both internally and externally through the Register of Non-State Actors • Enabling more strategic engagements with Non-State Actors • Protecting WHO from affiliations that could jeopardize the credibility of its work[59] • Ensuring coherence and consistency in WHO's engagements with Non- State Actors • Allowing learning, information sharing and improvement on how to structure engagements
	3.2: What factors have enabled or constrained effectiveness in the implementation of FENSA?

[58] There are taken from the WHO Guide for Staff on engagement with Non-State Actors and are what we understand to be the intended outcomes of the FENSA framework.

[59] The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

4. Impact	4.1: Are the overall conditions for impact in place?
5. Sustainability	5.1: Are the overall conditions for sustainability in place?
6. Coherence	6.1: To what extent has the implementation of FENSA been aligned with other key reform processes within the Organization, including WHO reform/transformation?
	6.2: To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organizational units?

Data collection and analysis phase

As per the requirements of the ToR, our main data sources for this evaluation will be:

Interviews and focus groups

Interviews and focus groups provide a richness of information which will be essential to understanding the experience of framework implementation. Interviews and focus groups will be undertaken using semi-structured tools (see Annex 6). Interviews will cover common elements, and also include additional questions specific to the roles of interviewees. Given the nature of an interview process, questions will be high level and seek to draw out thematic evidence but will also drill down to detail where relevant to the specific interviewee or where there is not adequate evidence from other sources).

Given the evaluable resources for this evaluation, we propose that around 160 interviews will be completed, either face-to-face (WHO HQ visit) or remotely (WHO Regional and country engagement, Non-state Actors).

Our initial proposed list of stakeholders for interviews and focus groups would include samples from:

- The specialized unit responsible for performing standard due diligence and risk assessment,
- WHO senior management including Regional Directors and other relevant technical staff within the Secretariat, such as designated focal points for the FENSA and WHO Designated Technical Officers for Official relations (DTOs).
- Geneva mission focal points

With regard to WHO staff, we will seek to include some staff who have moved between functions or regions/levels to elicit learning on their experiences in different contexts within WHO. We have made provision to undertake approximately 160, one-hour interview or focus group discussion sessions. Focus groups will be conducted in Geneva (or virtually as appropriate). As many interviews as possible will be conducted face to face; where practical we would arrange visits to Geneva to coincide with any planned events where we can interview stakeholders.

The focus groups will provide an opportunity to assess perceptions of implementation progress, and views on the extent to which specific outputs and objectives have been achieved and barriers to progress. A structured group discussion can also provide insight to the process of implementation. It can also provide a sense of the extent of change related to the framework implementation, and the distance travelled.

Online survey instrument

The survey of Member States and non-State actors includes questions on impact for the main areas where change is expected through the FENSA implementation process. Questions are both

qualitative and quantitative, covering the extent of implementation or change in key change areas. Quantitative questions use e.g. a 1-5 rating system or Likert scale. Limited high level meta data, for example type of non-State actor or region of member state representative will be collected to ensure inclusive participation in the survey; and identify patterns among and across types of non-State actors or regions. This will assist with differentiation of responses in analysis, and also enable us to assess how representative the survey respondents are. Prior to analysis the survey data will be tested for validity and cleaned as necessary. The survey will be available in all six languages of WHO (Arabic, Chinese, English, French, Russian and Spanish). The survey will be piloted with a small group of staff before use to test for validity, completeness, relevance and ease of use. It will be important to support the survey with good communications prior to its launch, during implementation and post-survey.

We propose that respondents are asked to complete the survey within three weeks, and will extend it if necessary, for another week. Reminders will be sent out at the end of the second week to encourage participation. An email helpline will be available for any queries for the whole of the survey period and publicized to participants. Survey timing will be discussed with WHO. We will propose suitable software for survey administration and analysis; we have used a number of online survey instruments for similar surveys and will finalize this in inception.

Document review

We have used the inception phase to identify key documents to review for this evaluation. Documents will be analyzed against an analytical framework derived from the evaluation matrix. Documents we have identified so far are outlined in Annex 9, and we will receive further internal documentation from WHO in addition to these, as outlined in Annex 10.

Analysis, triangulation and validation

The evaluation framework will be used to analyze the data from the three different data sources and will be used to organize and tabulate data in relation to the evaluation high level questions. We will also identify thematic findings from the analysis which will identify system wide factors which are relevant to the effectiveness and conditions for impact of FENSA implementation. We will ensure that analysis includes a gender, human rights and equity lens. Three types of triangulation methods are expected to be applied: cross reference of different data sources (interviews, focus group discussions, survey, stakeholder workshops and documentation); triangulation within the team; and the evaluation team members' own process of verification of findings and information post-data collection. As a part of team verification and validation we will hold a team analysis day when we systematically review data to verify and identify main findings as a group. The triangulation efforts will test for consistency of results, noting that inconsistencies do not necessarily weaken the credibility of results, but reflect the sensitivity of different types of data collection methods and the diverse contexts in which WHO works. These processes will ensure validity, establish common threads and trends, and identify divergent views. There will be a further opportunity for validation of the data through feedback from the Evaluation Manager on the initial findings.

Reporting phase

Reviewing emerging findings

We will develop a summary of initial findings which we will share with WHO at an early stage. In order to build awareness of the findings with senior staff, and to offer them an opportunity to validate or challenge them we propose a structured discussion with e.g. the Independent Expert Oversight Advisory Committee to do this and reflect on initial conclusions and draft recommendations. This will help ensure that the recommendations are useful and relevant as well as avoiding surprises. From our experience in other evaluations, such a discussion increases the quality, utility and relevance of the evaluation recommendations, as well as providing a productive space for organizational reflection.

Draft and Final reporting

We will draft a final report for your comment, which sets out the key findings, conclusions, and recommendations. It will comply with the WHO quality criteria as set out in the RFP. Our report will be written in clear, concise plain English, and use diagrams where this help to communicate a point. The executive summary will include findings, conclusions, lessons learned and recommendations, unless otherwise varied by WHO and will be completed following comments on the first draft of the report. Comments received from WHO will be consolidated into a single comments matrix and checked by the WHO Evaluation Manager for consistency, whereby the evaluation team can clearly address comments and indicate how each has been addressed.

Final report

This will be based on the draft report and amended to take account of comments from WHO. We would discuss the final report format with WHO during inception.

Presentation

We will be available to present the summary findings, conclusions and recommendations on the side-lines of the 146th session of the WHO EB, using PowerPoint slides as part of the reporting process.

Deliverables

For this evaluation we will produce the following deliverables:

Proposed date	Evaluation milestone
Mid- September 2019	Deadline for submission of inception report
Mid-October 2019	Deadline for status update to the Independent Expert Oversight Advisory Committee
End October 2019	Deadline for submission of draft evaluation report
Mid-November 2019	Deadline for submission of final evaluation report
January 2020	Presentation of the evaluation results to the 146th session of the WHO Executive Board, in a format to be decided

Quality assurance

We have well established approaches to evaluation quality assurance which provide us with tools and processes to document and maintain a high standard throughout the evaluation cycle. We are

also well versed in UNEG approaches to evaluation quality assurance and understand the importance of meeting the specific standards that UNEG sets through the adapted UNEG guidelines. IOD PARC specializes in providing external Quality Assurance services to clients and equally applies its expertise in this area to our internal processes. IOD PARC has built its approach to quality control systems on its foundation as a centre of excellence in the provision of both innovative and pragmatic M&E assistance to organizations such as UN agencies and bilateral donors (including UNICEF's GEROS[60], DFID's EQUALS[61], for WFP's DEQS[62], and UN Women's GERAAS[63]).

Key features of IOD PARC's internal QA mechanism

Our QA mechanisms inform both key points in the consulting cycle (e.g. the development of outputs) and the ongoing processes (e.g. our overall project management). We develop a dedicated QA plan to accompany the assignment and employ several tools to ensure we maintain high standards of quality and accountability. Our essential internal QA mechanisms include:

- A named senior IOD PARC consultant or external expert with specific relevant contextual, methodological and organizational experience who cross references progress and quality standards.
- A progress review at key points with clients to confirm progress and document changes, decisions and client feedback during the evaluation.
- Agreed reporting standards and assessment criteria for clients to assess the standard and quality of reports e.g. UNEG evaluation quality assurance standards and guidance.
- Transparent and systematic responses to client feedback on outputs through a comments tracker for documenting product (report) commentary processes.
- An internal post-project review process to further interrogate our use of QA.
- In addition to seeking feedback from our clients during the evaluation, for our formal close-out of the project, we also request feedback post-project from our clients to ascertain further lessons for ourselves and ways of working.

Ethical considerations

IOD PARC has an ethical code of conduct which all team members sign and adhere to. This describes the minimum ethical principles that frame our work and outlines expectations around behavioural conduct during the evaluation process. A copy is available on request. It is not envisaged that there will be any major ethical considerations during this evaluation given there will not be contact with any people or stakeholders deemed vulnerable. However, we shall gain verbal consent from participants prior to commencing KIIs and FGDs and where appropriate assure them of confidentiality and anonymity.

[60] Global Evaluation Reports Oversight System
[61] Evaluation, Quality Assurance and Learning Service
[62] Decentralised Evaluation Quality Assurance system
[63] Global Evaluation Reports Assessment and Analysis System

Annex 3: Team Structure

Structure of the team, and role of each member in the project

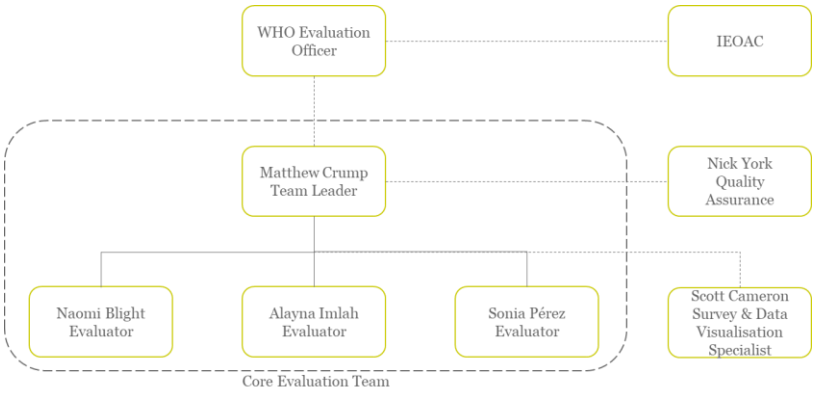
Team Roles and Responsibilities

IOD PARC has a strong track record of delivering large-scale and complex evaluations and organizational assessments on time and to a high standard. Core to delivery is our management approach; firstly, of the consultant team; secondly of our relationship with our client; and finally of assignment quality.

Our Core Team's primary interface with the client (the WHO Evaluation Office) will be through the Team Leader, Matthew Crump. At the same time, the core members of the evaluation team will work very closely together, as well as with the other specialist members (QA and Survey/ Quantitative), reinforcing our collegial approach among senior professionals bringing a range of diverse skills.

Management of the evaluation team

Matthew will provide overall strategic direction and leadership, as well as liaising with the client; taking leadership on the evaluation approach, design and deliverables, working with Alayna and Naomi on methodology design, analysis and preparation of outputs. Discrete Quality Assurance and survey and data visualisation inputs will be provided at crucial points. This structure makes optimum use of individuals' respective skill sets as well as ensuring maximum efficiency and value for money for the client.



The team is composed of professionals who have collaborated successfully on a number of previous assignments, including ongoing assignments with other multilateral organizations. For this assignment in particular, given the longstanding professional relationships between our team and our first-hand knowledge of each other's' capabilities, reliability and areas of expertise, we anticipate a particularly straightforward process of team management. We expect to adopt our established collegial approach, including in terms of liaison and discussion with the client.

Virtual team meetings will take place on a monthly basis at a minimum, following our standard operational procedures for important studies.

Our approach to working with clients is also firmly rooted in open, consistent and transparent communication. Our team leader will manage all communication with the WHO team and be the primary focal point for the duration of the assignment.

Our team provides considerable depth and breadth of experience and a blended skillset relevant to this project. The team will work collaboratively at all stages of the project, drawing effectively and efficiently on our collective technical and thematic areas of expertise. The team is comprised of internal IOD PARC staff consultants, as well as external translation services as necessary, with all of the team having worked together in different combinations on previous projects.

Team member	Role	Responsibilities / coverage
Matthew Crump	Team Leader	• Leadership and coordination of the team throughout the process • Liaison with WHO • Methodology design • Field visits – KIIs; FGD; virtual consultations • Lead on analysis and report writing • Inception and Evaluation report writing schedule and responsibility for report production on time and to the required quality
Alayna Imlah	Evaluator	• Support to methodology design and development (partnership) • Field visits – KIIs; FGD; virtual consultations • Systematic analysis and report writing • Participation in team meetings
Naomi Blight	Evaluator	• Contribute to methodology design and development • Field visits – KIIs; FGD; virtual consultations • Contribute to analysis and report writing • Participate in team meetings
Sonia Pérez	Evaluation Team Member	• Document review and analysis • Field visits – KIIs; FGD; virtual consultations • Contribute to evaluation analysis and report writing • Participate in team meetings;
Scott Cameron	Evaluation Team Member	• Survey Design, deployment and management skills; • Qualitative data analysis; • Quantitative data analysis; • Data visualisation and infographics.
Nick York	QA/ Technical Advisor	• Technical and process QA • Quality assure the appropriateness and robustness of the methodology, data analysis and products, and provide senior peer support.

Annex 4: Stakeholder Analysis

As part of the inception period, we have reviewed and mapped major stakeholder groups and individuals with WHO to ensure that various people are involved and consulted as appropriate throughout the evaluation process. This includes both involvement in data collection (interview and online survey), and in the management of the evaluation as appropriate. The stakeholder mapping also identifies the different interests of the stakeholder groups in the evaluation.

Stakeholder	Interest in Evaluation	Role in evaluation	Potential sample
Member states	Governance of all aspects of WHO	Participation in survey and overarching governance role. Recipient of evaluation findings.	All 194-member states.
Non-State Actors	Personal interest for those NSAs who work with WHO in making sure that FENSA implementation is working as intended and meets WHO objectives	Participation in survey.	The 217 Non-State Actors who have official relations with WHO, as listed in the 144th session of the Executive Board, February 2019. As well as a selection of NSAs who were not successfully approved to have official relations with WHO.
WHO HQ Staff	Interest in, and responsibility for, ensuring FENSA is implemented and delivered to meet WHO objectives	Participation in Interviews and/ or focus groups, face to face or remotely over telephone or Skype.	Senior management, the specialized unit responsible for performing standard due diligence and risk assessment other relevant technical staff such as designated focal points for the FENSA and Designated Technical Officers for Official relations (DTOs). Other staff as identified by WHO, and dependent on availability. To be finalized in consultation with WHO evaluation management team, and dependent on availability of staff.

WHO Regional Staff	Interest and responsibility in making sure FENSA is implemented and delivered to meet WHO objectives	Remote participation in remote interviews over telephone or Skype.	Regional Directors and other relevant technical staff, dependent on availability; to be finalized in consultation with WHO evaluation management team, and dependent on availability of staff.
WHO Country Staff	Interest in, and responsibility for, ensuring FENSA is implemented and delivered to meet WHO objectives	Participation in remote interviews over telephone or Skype.	Country representatives and any other relevant staff, dependent on availability.
IEOAC	Independent expert oversight of all of WHO activities, including FENSA	Participation in face to face interviews at HQ or remote interviews over telephone or Skype. Review, testing and validation of emerging findings. over telephone or Skype.	Chair of IEOAC and other current and previous staff members to ensure a timeline of organizational activity is captured.
Evaluation Management Group	Advisory role to the evaluation commissioner	Ongoing communication via email, phone and in person. Review, testing and validation of emerging findings, as well as review and sign off on final report.	All members of the EMG
Other agencies	Interest in the general findings, especially recommendations and lessons learnt that they can apply for their own implementation and roll out of any similar initiatives both internally and externally	No designated role.	To be confirmed

Annex 5: Survey instruments (MS, NSAs and WRs)

The evaluation team designed and developed a systematic online survey instrument which can be tailored to the different stakeholder groups (Member States and non-State actors); plus, other stakeholders depending on the further requirements explored with EVL. The survey used a Likert-type scale where respondents are requested to specify their level of agreement or disagreement on an asymmetric agree-disagree scale to a series of statements. A Likert-type scaling is a bipolar scaling method, measuring either positive or negative responses to a statement. In the design of this survey, an even-point scale will be used to avoid respondents giving a non-committal middle rating. This is sometimes called a "forced choice" method, since the neutral option is removed. A 'no opinion' option will be given. In addition to requesting a selection on the 'agree-disagree' scale, provision is also made available to capture qualitative feedback in relation to each area of inquiry.

The online survey was hosted on secured servers; confidentiality will be protected through restricted access, and feedback from the survey will be anonymized and themed. Invitations to participate will be sent by e-mail with an embedded web-link to the survey. The evaluation team encourage this initial invitation to be sent from a senior sponsor within WHO, as having senior sponsorship has been found to increases response rates. Response rates will be monitored, and reminders may be issued to secure increased responses.

Member State Survey

Initial Evaluation of the Implementation of the Framework of Engagement with Non-State Actors (FENSA)

Dear Member State Representative,

In application of resolution WHA69.10 (2016), WHO was mandated to conduct an Initial Evaluation of the Implementation of the Framework of Engagement with Non-State Actors (FENSA).

FENSA was launched in May 2016. In order to be able to strengthen WHO's engagement with non-State actors for the benefit and interest of global public health, WHO needs simultaneously to strengthen its management of the associated potential risks. This required a robust framework that enables engagement and serves also as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

The objective of the initial evaluation is to **assess the status of implementation of the Framework of Engagement with Non-State Actors** and **its impact on the work of the Organization, *not* the Framework itself**. Accordingly, the evaluation will: (a) document key achievements, best practices, challenges, gaps, and areas for improvement in the implementation of the Framework since its adoption in May 2016; and (b) make recommendations as appropriate on the way forward to enable the full, coherent and consistent implementation of the Framework.

As part of the evaluation, the evaluation team is seeking your views on the implementation of FENSA to date and any changes that may have occurred as a result. Views will be treated confidentially and presented in a way that ensures non-disclosure of individual responses, and responses will not be used or shared for any purpose other than the evaluation. The survey will be deployed and administrated by the WHO Evaluation Office.

Thank you for agreeing to take part in this short survey. It is composed primarily of check-box selection questions accompanied in some instances by optional free entry text boxes. It should take less than 20 minutes to complete. If there are any questions that you are unable to answer, please feel free to consult your staff who may have relevant experience working with WHO on this matter.

Submission deadline: So that your inputs can be included in the analysis, we kindly ask that you submit the completed survey by end of day, **Thursday, 31 October 2019**.

Thank you very much for completing this survey – and for your contribution to this evaluation.

Q1: **Kindly indicate which Member State you represent:**

(INSERT DROP-DOWN MENU OF PARTICIPATING STATES)

As noted already, your responses in this questionnaire will be held in strict confidence, and the review report will not mention any specific country by name. The reasons for collecting this information are to:

(a) ensure inclusive participation in the survey among all Member States; and
(b) uncover any patterns among and across regions.

Alignment of FENSA implementation work with the aims of FENSA and the needs of WHO and its partners

This section of the survey seeks your feedback on the extent to which the plans and actions designed to implement FENSA have been clearly aligned with the overall aims of the FENSA, and with the identified needs of both WHO and its partners.

Q2: **Based on the definition provided above, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the <u>overall aims of the FENSA</u>?**

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not at All Closely Aligned
○	○	○	○

Q3: **Based on the definition provided above, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the <u>identified needs of both WHO and partners</u>?**

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not at All Closely Aligned
○	○	○	○

Q4: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
1. The budget *developed* for the implementation of FENSA represented a sufficient and realistic resourcing plan that was well aligned with the overall aim of the Framework.	○	○	○	○	○
2. The budget ultimately *approved* for the implementation of FENSA represented a sufficient and realistic resourcing plan that was well aligned with the overall aim of the Framework.	○	○	○	○	○
3. Adequate resources against the budget (financial and human) were made available to achieve full operationalization of FENSA within the two-year timeframe.	○	○	○	○	○

Q5:

If you wish, please add any further information to explain or augment your responses regarding the level of alignment of FENSA implementation with the overall aims of FENSA and with the needs of WHO and its partners (for example, what was particularly well aligned or misaligned?).

Extent to which FENSA outputs and activities have been achieved

This section of the survey seeks your feedback on the extent to which the intended short-term results (outputs and activities) prescribed in the FENSA have been achieved as expected; and the extent to which FENSA has been implemented as planned and budgeted.

Q6: **Based on the definition provided above, how would you rate the overall extent to which the intended short-term results (outputs and activities) prescribed in the FENSA have been achieved as expected, and implemented as planned and budgeted?**

Very Successfully Achieved	Somewhat Successfully Achieved	Not Very Successfully Achieved	Not At All Successfully Achieved
○	○	○	○

Q7: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
1. WHO was well prepared to adopt and implement the FENSA resolution (WHA69.10) at the time of its passage.	○	○	○	○	○
2. Implementation plans were established on the basis of sound principles of project management.	○	○	○	○	○
3. Implementation has been routinely and regularly monitored against a plan.	○	○	○	○	○
4. Reports and updates on the implementation status have been sufficiently clear to Member States to track the status.	○	○	○	○	○
5. The register of non-State actors was available in a sufficiently timely manner so as to enable discussions at the Seventieth World Health Assembly.	○	○	○	○	○
6. The guide for staff on engagement with non-State actors was delivered to plan in a sufficiently timely manner.	○	○	○	○	○
7. The handbook for non-State actors on engagement with WHO was delivered to plan in a sufficiently timely manner.	○	○	○	○	○

8. The engagement strategy was developed to plan in a sufficiently timely manner.	○	○	○	○	○
9. The outputs and activities associated with the implementation of the FENSA have been achieved within budget.	○	○	○	○	○

Q8:

If you wish, please add any further information to explain or augment your responses regarding the extent to which FENSA outputs and activities have been achieved – and implemented as planned and budgeted.

Achievement of FENSA's objectives, and key factors affecting this achievement

This section of the survey seeks your feedback on the extent to which the intended objectives (added value) of the FENSA have been achieved, and the factors that have helped or hindered effectiveness in the implementation of the FENSA.

Q9: **Based on the definition provided above, how would you rate the overall extent to which the immediate objective(s) of the FENSA have been achieved to date?**

Very Successfully Achieved	Somewhat Successfully Achieved	Not Very Successfully Achieved	Not At All Successfully Achieved
○	○	○	○

Q10: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
1. Clarity on how to work with non-State actors at country, regional and global levels has increased since implementation of the FENSA began.	○	○	○	○	○
2. Transparency has been enhanced through the register of non-State actors since	○	○	○	○	○

implementation of the FENSA began.					
3. Engagement with non-State actors has become more strategic (i.e. (in terms of maximizing health outcomes) since implementation of the FENSA began.	○	○	○	○	○
4. Since implementation of the FENSA began, WHO has been better protected from affiliations with non-State actors that could jeopardize the credibility of its work*.	○	○	○	○	○
5. Coherence and consistency in WHO's engagements with non-State actors have increased since implementation of the FENSA began.	○	○	○	○	○
6. Learning, information sharing and the structure of engagements have improved since implementation of the FENSA began.	○	○	○	○	○
*The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.					

Q11:

What have been the key factors that have helped (or enabled) implementation of FENSA?

Q12:

What have been the key factors that have hindered (or constrained) implementation of FENSA?

Q13**: Please select the option that best describes your view about the extent to WHO's engagement with non-State actors have improved, worsened, or remained the same <u>in your country</u> (and <u>in the region where your country is situated</u>, to the extent you have views on this level) since 2016.**

	Significantly improved	Somewhat improved	Remained the Same	Somewhat worsened	Significantly worsened	Been more mixed	No Basis for Judgment

1. WHO's engagement with non-State actors for my country has…	○	○	○	○	○	○	○
2. WHO's engagement with non-State actors within my region has…	○	○	○	○	○	○	○

Q13.A: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" IMPROVED OR "BEEN MORE MIXED" in Q13)

What, if any, specific positive changes have occurred in the way WHO engages with non-State actors <u>in your country</u> since implementation of FENSA began in May 2016?

Q13.B: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" WORSENED OR "BEEN MORE MIXED" in Q13)

What, if any, specific negative changes have occurred in the way WHO engages with non-State actors <u>in your country</u> since implementation of FENSA began in May 2016?

Alignment of the implementation of FENSA with other reform initiatives

This section of the survey seeks your feedback on the extent to which implementation of FENSA has been aligned with other key reforms processes within the Organization, and the extent to which implementation of FENSA has been managed as a shared institutional responsibility.

Q14: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
1. FENSA has been consistently and coherently implemented at the three levels of the Organization.	○	○	○	○	○

2. The implementation of FENSA has been closely aligned and integrated with other organizational reforms.	○	○	○	○	○

Final Feedback

Q15:

What have been the key <u>strengths</u> of the ways WHO has implemented FENSA?

Q16:

What have been the key <u>weaknesses</u> in the ways WHO has implemented FENSA?

Q17:

What suggestions would you make to maximize the success of the FENSA's implementation in the future?

THANK YOU ONCE AGAIN FOR YOUR PARTICIPATION IN THIS SURVEY.

NSA Survey

Initial Evaluation of the Implementation of the Framework for Engagement with Non-State Actors (FENSA)

Dear non-State actor representative,

In application of resolution WHA69.10 (2016), WHO was mandated to conduct an Initial Evaluation of the Implementation of the Framework for Engagement with Non-State Actors (FENSA).

FENSA was launched in May 2016. In order to be able to strengthen WHO's engagement with non-State actors for the benefit and interest of global public health, WHO needs simultaneously to strengthen its management of the associated potential risks. This required a robust framework that enables engagement and serves also as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

The objective of the initial evaluation is to **assess the status of implementation of the Framework of Engagement with Non-State Actors** and **its impact on the work of the Organization, *not* the Framework itself**. Accordingly, the evaluation will: (a) document key achievements, best practices, challenges, gaps, and areas for improvement in the implementation of the Framework since its adoption in May 2016; and (b) make recommendations as appropriate on the way forward to enable the full, coherent and consistent implementation of the Framework.

As part of the evaluation, the evaluation team is seeking your views, as a representative of a **non-State actor in official relations with WHO**, on the implementation of FENSA to date and any changes that may have occurred as a result of this relationship. Views will be treated confidentially and presented in a way that ensures non-disclosure of individual responses, and responses will not be used or shared for any purpose other than the evaluation. The survey will be deployed and administrated by the WHO Evaluation Office.

Thank you for agreeing to take part in this short survey. It is composed primarily check-box selection questions accompanied in some instances by optional free entry text boxes. It should take less than 20 minutes to complete. If there are any questions that you are unable to answer, please feel free to consult your staff who may have relevant experience working with WHO on this matter.

Submission deadline. So that your inputs can be included in the analysis, we kindly ask that you submit the completed survey by end of day **Thursday, 31 October 2019.**

Thank you very much for completing this survey – and for your contribution to this evaluation.

As noted already, your responses in this questionnaire will be held in strict confidence, and the review report will not mention any specific non-State actor by name. The reasons for collecting this information are to:

(a) ensure inclusive participation in the survey among all non-State actors in official relations with WHO; and
(b) uncover any patterns among and across different types of NSAs and different types of engagement with WHO.

Q1: Kindly indicate which type of non-State actor most closely describes your organization:

(INSERT DROP-DOWN MENU OF NSA types)

1. Nongovernmental organization
2. International business association
3. Philanthropic foundation
4. Other: please specify

Q2: Kindly indicate with which level of WHO your primary engagement is:

(INSERT DROP-DOWN MENU OF WHO LEVELS)

1. primarily at the global/HQ level
2. primarily at the regional level

3. primarily at country/national level

Q3: Kindly indicate which type of engagement you are primarily involved in:

(INSERT DROP-DOWN MENU OF WHO ENGAGEMENT TYPES)

1. Participation
2. Resources
3. Evidence
4. Advocacy
5. Technical collaboration
6. All of the above types of engagement
7. Other (*e.g. research, innovation, capacity building, emergency response, monitoring and services delivery*): please specify

Q4: Kindly indicate the area of work your engagement with WHO is primarily involved in:

1. Communicable diseases
2. Corporate services/enabling functions
3. Health systems
4. Noncommunicable diseases
5. Preparedness, surveillance and response
6. Promoting health through the life course
7. Other: please specify

Alignment of FENSA implementation work with the aims of FENSA and with the needs of its partners

This section of the survey seeks your feedback on the extent to which the plans and actions designed to implement FENSA have been clearly aligned with the overall aims of FENSA, and with the identified needs of its partners.

Q5: Based on the definition provided above, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the **overall aims of FENSA**?

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not Aligned
○	○	○	○

Q6: Based on the definition provided above, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with your **needs**?

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not Aligned
○	○	○	○

Q7: How would you rate your overall level of agreement with each of the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
4. My organization was invited to informal discussions and briefings prior to the implementation of FENSA.	○	○	○	○	○
5. The case for FENSA was clearly and consistently articulated to my organization.	○	○	○	○	○
6. My organization has a clear understanding of the purpose and policies of FENSA.	○	○	○	○	○
7. The implementation of FENSA considers the needs and interests of my organization.	○	○	○	○	○
8. Adequate human resources were made available in WHO to ensure operationalization of FENSA.	○	○	○	○	○

Q8:

If you wish, please add any further information to explain or augment your responses regarding the level of alignment of FENSA implementation with the overall aims of FENSA and with the needs of your organization (for example, what was particularly well aligned or misaligned?).

Extent to which FENSA outputs and activities have been achieved – and implemented as planned

This section of the survey seeks your feedback on the extent to which the intended short-term results (outputs and activities) prescribed in FENSA have been achieved as expected; and the extent to which FENSA has been implemented as planned.

Q9: Based on the definition provided above, how would you rate the overall extent to which the **intended short-term results (outputs and activities) prescribed in FENSA have been achieved as expected, and implemented as planned**?

Very successfully achieved	Somewhat successfully achieved	Not Very successfully achieved	Not at all achieved
○	○	○	○

Q10: How would you rate your overall level of agreement with each of the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
10. WHO was well prepared to adopt and implement the FENSA resolution (WHA69.10) at the time of its passage.	○	○	○	○	○
11. The transition measures to FENSA were clearly communicated and enacted.	○	○	○	○	○
12. The handbook for non-State actors on engagement with WHO was shared with my organization in a sufficiently timely manner.	○	○	○	○	○
13. The handbook for non-State actors on engagement with WHO provides useful guidance to inform our engagement.	○	○	○	○	○
14. The process to apply for official relations was efficient and well managed by the Designated Technical Officer (DTO) within the technical unit of WHO.	○	○	○	○	○
15. The decision on our application was communicated in a timely manner.	○	○	○	○	○
16. The rationale for the decision on our application was clearly articulated.	○	○	○	○	○
17. The due diligence and risk assessment conducted into my organization was completed in a timely manner.	○	○	○	○	○
18. The benefits of engagement with WHO through FENSA outweigh the time and expense involved in establishing and maintaining the engagement (e.g. completing the register of non-State actors, annual reporting of activities/relations).	○	○	○	○	○

19. There is an identified Designated Technical Officer (DTO) within the technical unit of WHO whom my organization regularly liaises with on FENSA requirements.	○	○	○	○	○
20. In our engagement with WHO we have the impression that FENSA is applied consistently.	○	○	○	○	○
21. Our engagement with WHO is effectively monitored (e.g. triennial reviews).	○	○	○	○	○
22. Secondments from my organization to WHO have taken place or are planned to take place.	○	○	○	○	○
23. The criteria and principles for secondments are clear.	○	○	○	○	○

Q11:

If you wish, please add any further information to explain or augment your responses regarding the extent to which FENSA outputs and activities have been achieved – and implemented as planned.

Achievement of FENSA's objectives, and key factors affecting this achievement

This section of the survey seeks your feedback on the extent to which the intended objectives (added value) of FENSA have been achieved, and the factors that have helped or hindered effectiveness in the implementation of FENSA.

Q12: Based on the definition provided above, how would you rate the overall extent to which the intended objective(s) of FENSA have been achieved to date?

Very Successfully Achieved	Somewhat Successfully Achieved	Not Very Successfully Achieved	Not Achieved
○	○	○	○

Q13: How would you rate your overall level of agreement with each of the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
7. Clarity on how to work with WHO at country, regional and global levels has increased since implementation of FENSA began.	○	○	○	○	○
8. Transparency has been enhanced through the register of non-State actors since implementation of FENSA began.	○	○	○	○	○
9. Our engagement with WHO has become more strategic (i.e. in terms of maximizing health outcomes) since implementation of FENSA began.	○	○	○	○	○
10. Since implementation of FENSA began, WHO has been better protected from affiliations with non-State actors that could jeopardize the credibility of its work*.	○	○	○	○	○
11. Coherence and consistency in WHO's engagements with my organization has increased since implementation of FENSA began.	○	○	○	○	○
12. Learning, information sharing, and the structure of engagements have improved since implementation of FENSA began.	○	○	○	○	○
13. FENSA has been an enabler for the benefit and interest of global public health.	○	○	○	○	○
14. FENSA allows the benefits of engagement with my organization to be realized effectively by WHO.	○	○	○	○	○
15. It is easier for my organization to engage with WHO under FENSA than before.	○	○	○	○	○
16. FENSA provides mutual benefit to both my organization and to WHO.	○	○	○	○	○

*The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

Q14: What have been the key factors that have helped implementation of FENSA?

Q15: What have been the key factors that have hindered implementation of FENSA?

Q16: Please select the option that best describes your view about the extent to which WHO's engagement with non-State actors has improved, worsened, or remained the same for your organization and in general with NSAs (to the extent you have views on this) since 2016.

	Significantly improved	Somewhat improved	Remained the Same	Somewhat worsened	Significantly worsened	Been more mixed	No Basis for Judgment
3. WHO's engagement with my organization has…	○	○	○	○	○	○	○
4. WHO's engagement with non-State Actors generally has…	○	○	○	○	○	○	○

Q16.A: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" IMPROVED OR "BEEN MORE MIXED" in Q16.)

What if any specific positive changes have occurred in the way WHO engages with your organization since implementation of FENSA began in May 2016?

Q16.B: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" WORSENED OR "BEEN MORE MIXED" in Q16.)

What if any specific negative changes have occurred in the way WHO engages with your organization since implementation of FENSA began in May 2016?

Final Feedback

Q17: What have been the key strengths of the ways WHO has implemented FENSA?

Q18: What have been the key weaknesses in, the ways WHO has implemented FENSA?

Q19:

What suggestions would you make to maximize the success of FENSA implementation in the future?

THANK YOU ONCE AGAIN FOR YOUR PARTICIPATION IN THIS SURVEY.

WHO Representative Survey

Initial Evaluation of the Implementation of the Framework of Engagement with Non-State Actors (FENSA)

Dear WHO Representative,

In application of resolution WHA69.10 (2016), WHO was mandated to conduct an Initial Evaluation of the Implementation of the Framework of Engagement with Non-State Actors (FENSA).

FENSA was launched in May 2016. In order to be able to strengthen WHO's engagement with non-State actors for the benefit and interest of global public health, WHO needs simultaneously to strengthen its management of the associated potential risks. This required a robust framework that enables engagement and serves also as an instrument to identify the risks, balancing them against the expected benefits, while protecting and preserving WHO's integrity, reputation and public health mandate.

The objective of the initial evaluation is to **assess the status of implementation of the Framework of Engagement with Non-State Actors** and **its impact on the work of the Organization, *not* the Framework itself**. Accordingly, the evaluation will: (a) document key achievements, best practices, challenges, gaps, and areas for improvement in the implementation of the Framework since its adoption in May 2016; and (b) make recommendations as appropriate on the way forward to enable the full, coherent and consistent implementation of the Framework.

As part of the evaluation, the evaluation team is seeking your views on the implementation of FENSA to date and any changes that may have occurred as a result. Views will be treated confidentially and presented in a way that ensures non-disclosure of individual responses, and responses will not be used or shared for any purpose other than the evaluation. The survey will be deployed and administrated by the WHO Evaluation Office.

Thank you for agreeing to take part in this short survey. It is composed primarily of check-box selection questions accompanied in some instances by optional free entry text boxes. It should take less than 20 minutes to complete.

Submission deadline: So that your inputs can be included in the analysis, we kindly ask that you submit the completed survey by end of day, **Thursday, 31 October 2019**.

Thank you very much for completing this survey – and for your contribution to this evaluation.

Q1: **Kindly indicate which WHO Country Office (WCO) you represent:**

(INSERT DROP-DOWN MENU OF WCOs)

As noted already, your responses in this questionnaire will be held in strict confidence, and the review report will not mention any specific WHO Country Office by name. The reasons for collecting this information are to:

(a) ensure inclusive participation in the survey among all WCOs; and
(b) uncover any patterns among and across regions.

Q2: **For approximately how long have you been serving as WR in this WCO?**

___ year(s) ___ months

Q3: **Have you previously served as WR in any other WCO since May 2016?**

5. Yes (ASK Q21)
6. No (DO NOT ASK Q21)

Q4: **How significant a role does partnership with each of the following types of non-State actor currently play in the work of your WCO?**

	Very Significant (=4)	Somewhat Significant (=3)	Not Very Significant (=2)	Not at All Significant (=1)	No Basis for Judgment (=999)
9. Nongovernmental organizations	○	○	○	○	○
10. The private sector	○	○	○	○	○
11. Philanthropic foundations	○	○	○	○	○
12. Academic institutions	○	○	○	○	○
13.					

ASK Q5 and Q6 FOR EACH NSA RATED 4 OR 3 IN Q4

Q5: **For each of the types of NSAs you indicated as playing a significant role in the work of your WCO, which of the following <u>types of engagement</u> have been the <u>primary</u> focus in each of these partnerships?**

(Please select all types of engagement that have been the primary focus with each NSA partnership.)

MULTIPLE RESPONSES POSSIBLE

(ONLY SHOW THOSE NSA TYPES INDICATED AS 4 OR 3 IN Q4)	Participation	Resources	Evidence	Advocacy	Technical Collaboration	Other
1. Nongovernmental organizations	○	○	○	○	○	○
2. The private sector	○	○	○	○	○	○
3. Philanthropic foundations	○	○	○	○	○	○
4. Academic institutions	○	○	○	○	○	○
5.						

Q6: **For each of the types of NSAs you indicated as playing a significant role in the work of your WCO, which of the following programmatic areas have been the primary focus in each of these partnerships?**

(Please select all programmatic areas that have been the primary focus with each NSA partnership.)

MULTIPLE RESPONSES POSSIBLE

(ONLY SHOW THOSE NSA TYPES INDICATED AS 4 OR 3 IN Q4)	Communicable Diseases	Corporate services/ enabling functions	Health systems	Noncom-municable diseases	Prepared-ness, sur-veillance and response	Promoting health through the life course	Other
1. Nongovernmental organizations	○	○	○	○	○	○	○
2. The private sector	○	○	○	○	○	○	○
3. Philanthropic foundations	○	○	○	○	○	○	○
4. Academic institutions	○	○	○	○	○	○	○

Alignment of FENSA implementation work with the aims of FENSA and the needs of WHO and its partners

This section of the survey seeks your feedback on the extent to which the plans and actions designed to implement FENSA have been clearly aligned with the overall aims of FENSA, and with the identified needs of both WHO and its partners.

Q7: **Applying the definition provided above to the WCO where you currently serve, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the overall aims of FENSA?**

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not at All Closely Aligned
○	○	○	○

Q8: **Applying the definition provided above to your current WCO, how would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the identified needs of both WHO and partners?**

Very Closely Aligned	Somewhat Closely Aligned	Not Very Closely Aligned	Not at All Closely Aligned
○	○	○	○

Q9: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
1. I have a clear understanding of the purpose and policies of FENSA.	○	○	○	○	○
2. The case for FENSA was clearly and consistently articulated to me.	○	○	○	○	○
3. Adequate human resources have been made available to ensure operationalization of FENSA in my current WCO.	○	○	○	○	○

Q10:

If you wish, please add any further information to explain or augment your responses regarding the level of alignment of FENSA implementation with the overall aims of FENSA and with the needs of WHO and its partners (for example, what was particularly well aligned or misaligned?).

Extent to which FENSA outputs and activities have been achieved

This section of the survey seeks your feedback on the extent to which the intended short-term results (outputs and activities) prescribed in FENSA have been achieved as expected; and the extent to which FENSA has been implemented as planned and budgeted.

Q11: **Based on the definition provided above, how would you rate the overall extent to which the intended short-term results (outputs and activities) prescribed in FENSA have been achieved as expected, and implemented as planned and budgeted?**

Very Successfully Achieved	Somewhat Successfully Achieved	Not Very Successfully Achieved	Not At All Successfully Achieved
○	○	○	○

Q12: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
24. Implementation plans were established on the basis of sound principles of project management.	○	○	○	○	○
25. Implementation has been routinely and regularly monitored against a plan.	○	○	○	○	○
26. The human resources in this WCO are adequate for populating the register of non-State actors with the required information on the non-State actors with which we work.	○	○	○	○	○
27. The guide for staff on engagement with non-State actors was shared with me in a sufficiently timely manner.	○	○	○	○	○
28. The guide for staff on engagement with non-State actors provides useful guidance to inform our engagement.	○	○	○	○	○
29. The handbook for non-State actors on engagement with WHO was shared with me in a sufficiently timely manner.	○	○	○	○	○
30. The handbook for non-State actors on engagement with WHO provides useful guidance to inform our engagement.	○	○	○	○	○
31. The key staff in this WCO, including myself, have been sufficiently trained to implement FENSA effectively.	○	○	○	○	○
32. The benefits of engagement on FENSA outweigh the time and effort involved in establishing and maintaining such engagements (e.g. completing	○	○	○	○	○

the register of non-State actors, annual reporting of activities/relations).					
33. From my engagement with FENSA I have the impression that FENSA is being applied consistently.	○	○	○	○	○

Q13:

If you wish, please add any further information to explain or augment your responses regarding the extent to which FENSA outputs and activities have been achieved – and implemented as planned and budgeted.

Achievement of FENSA's objectives, and key factors affecting this achievement

This section of the survey seeks your feedback on the extent to which the intended objectives (added value) of FENSA have been achieved, and the factors that have helped or hindered effectiveness in the implementation of FENSA.

Q14: **Based on the definition provided above, how would you rate the overall extent to which the immediate objective(s) of FENSA have been achieved to date <u>in the country context where you currently serve</u>?**

Very Successfully Achieved	Somewhat Successfully Achieved	Not Very Successfully Achieved	Not At All Successfully Achieved
○	○	○	○

Q15: **How would you rate your overall level of agreement with each of the following statements as they relate to <u>the country context where you currently serve</u>?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
17. Clarity on how to work with non-State actors in the country where I currently serve has increased since	○	○	○	○	○

implementation of FENSA began.					
18. Transparency has been enhanced in this WCO's engagements with non-State actors through the register of non-State actors since implementation of FENSA began.	○	○	○	○	○
19. Engagement with non-State actors has become more strategic in this country context (i.e., in terms of maximizing health outcomes) since implementation of FENSA began.	○	○	○	○	○
20. Since implementation of FENSA began, this WCO (and WHO more generally) have been better protected from affiliations with non-State actors that could jeopardize the credibility of its work*.	○	○	○	○	○
21. Coherence and consistency in this WCO's engagements with non-State actors have increased since implementation of FENSA began.	○	○	○	○	○
22. Learning, information sharing, and the structure of engagements have improved in this WCO's work since implementation of FENSA began.	○	○	○	○	○

*The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

Q16:

What have been the key factors that have helped (or enabled) implementation of FENSA <u>in the country context in which you are currently serving</u>?

Q17:

What have been the key factors that have hindered (or constrained) implementation of FENSA <u>in the country context in which you are currently serving</u>?

Q18**: Please select the option that best describes your view about the extent to WHO's engagement with non-State actors have improved, worsened, or remained the same <u>in your country</u> since 2016, to best of your knowledge.**

	Significantly improved	Somewhat improved	Remained the Same	Somewhat worsened	Significantly worsened	Been more mixed	No Basis for Judgment
	○	○	○	○	○	○	○

Q19.A: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" IMPROVED OR "BEEN MORE MIXED" in Q18)

What, if any, specific positive changes have occurred in the way WHO engages with non-State actors <u>in your country</u> since implementation of FENSA began in May 2016?

Q19.B: (ASK ONLY IF "SIGNIFICANTLY" OR "SOMEWHAT" WORSENED OR "BEEN MORE MIXED" in Q18)

What, if any, specific negative changes have occurred in the way WHO engages with non-State actors <u>in your country</u> since implementation of FENSA began in May 2016?

(ASK Q20 ONLY IF Q3 = YES)

Q20: **Earlier, you mentioned having previously served as WR in another WCO since May 2016, when FENSA implementation began. Overall, to what extent was implementation of FENSA in this prior country context more or less successful than in your current country context?**

	Significantly More Successful in the Previous Country Context	Somewhat More Successful in the Previous Country Context	About the Same in Both Country Contexts	Somewhat Less Successful in the Previous Country Context	Significantly Less Successful in the Previous Country Context	No Basis for Judgment

	○	○	○	○	○	○

(ASK Q21 ONLY IF Q20 = ANY RESPONSE OTHER THAN ABOUT THE SAME OR NBFJ))

Q21: **What specifically about the previous country context made the implementation of FENSA different from that of your current country context?**

Alignment of the implementation of FENSA with other reform initiatives

This section of the survey seeks your feedback on the extent to which implementation of FENSA has been aligned with other key reforms processes within the Organization, and the extent to which implementation of FENSA has been managed as a shared institutional responsibility.

Q22: **How would you rate your overall level of agreement with each of the following statements?**

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Basis for Judgment
3. FENSA has been consistently and coherently implemented at the three levels of the Organization.	○	○	○	○	○
4. The implementation of FENSA has been closely aligned and integrated with other organizational reforms.	○	○	○	○	○

Final Feedback

Q23:

What have been the key <u>strengths</u> of the ways WHO has implemented FENSA in the country context where you are currently serving?

Q24:

What have been the key <u>weaknesses</u> in the ways WHO has implemented FENSA in the country context where you are currently serving?

Q25:

What suggestions would you make to maximize the success of FENSA implementation in the future in the country context where you are currently serving?

Annex 6: Interview Guide for interviews/ consultations

KIIs with Senior Management, including Regional Directors and WRs

Criteria	Key evaluation questions	Interview questions
1. Relevance	1.1: To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?	• How have FENSA implementation plans and actions been developed? And who has been involved in this process? • To what extent have FENSA implementation plans and actions been fit for purpose to deliver the aims and objectives of FENSA? (i.e. coherent with design, realistic, achievable) • What assumptions and risks have been considered in the development of implementation plans and actions? • How have the needs of WHO and partners regarding the implementation plans and actions for the FENSA framework been identified? Have these been responsive to identified needs? Have other comparable agencies been consulted/benchmarked to identify lessons learned?
	1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?	
2. Efficiency	2.1: To what extent have the intended (outputs and activities) prescribed in the FENSA have been achieved as expected? (e.g. Register of Non-State Actors, dissemination of framework, guidance and training to staff)	• Have the intended outputs for FENSA been achieved? (e.g. Register of Non-State Actors, guidance and training to staff) • How timely has each been? To what extent has each been on budget?
	2.2: Has FENSA been implemented as planned and budgeted?	• Has an implementation platform for delivery, tracking and review been developed and used? How useful has this been? • Has the case for FENSA (change) been clearly and constantly articulated? • What guidance has been made available about new ways of working and new systems in place? • How has the budget for implementation been developed; and tracked? Have clear resources been made available for implementation?

3. Effectiveness	3.1: To what extent has implementation of FENSA achieved its intended 'added value'? • Increased clarity on how to work with non-state actors at country, regional and global levels • Enhanced transparency both internally and externally through the Register of Non-State Actors • Enabling more strategic engagements with Non-State Actors • Protecting WHO from affiliations that could jeopardize the credibility of its work[64] • Ensuring coherence and consistency in WHO's engagements with Non- State Actors • Allowing learning, information sharing and improvement on how to structure engagements	• To what extent have each of these areas of 'added-value' been achieved? • In particular, to what extent has the FENSA successfully served to help balance the need to strengthen WHO engagement with Non-State Actors while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence? What if any specific examples can you cite in which it has been particularly successful in doing so? Particularly unsuccessful in doing so? • What other changes are observable so far in the way WHO operates since FENSA was implemented?
	3.2: What factors have enabled or constrained FENSA effectiveness?	• What factors have helped or hindered FENSA effectiveness? • What are the internal and external factors that need to be in place for the successful implementation of FENSA? To what extent are these currently in place? • What are stakeholders' expectations regarding FENSA's delivery? Has the delivery of FENSA met stakeholders' expectations? • Is there a shared understanding across stakeholders of what FENSA is trying to achieve? • What risks and risk mitigation strategies have been deployed?
4. Impact	4.1: Are the overall conditions for impact in place?	• What are the expected impacts of the FENSA framework and its implementation? • What changes may be necessary to support FENSA implementation in the future and ensure impact? • Have unintended (but predictable) impacts been anticipated?

[64] The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

5. Sustainability	5.1: Are the overall conditions for sustainability in place?	• How has sustainability been considered in the implementation of the FENSA framework so far? • What changes may be necessary to support FENSA implementation in the future and ensure its sustainability? • How have sustainability concerns been integrated into FENSA implementation actions plans?
6. Coherence	6.1: To what extent has the implementation of FENSA been aligned with other key reform processes within the Organization, including WHO reform/transformation?	• What major organizational reforms have been considered to the implementation of FENSA? • Has FENSA aligned and integrated with other reform streams? To what extent has the implementation of FENSA been coherent with these? • Which are the key organizational units that have needed to be engaged in the implementation of FENSA? How have these coordinated/ aligned to ensure coherent implementation of FENSA?
	6.2 To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organizational units?	• To what extent have roles and responsibilities among WHO's organizational units for the implementation of FENSA been clear? • Have there been clear lines of accountability for the implementation of FENSA?

KIIs with Process Owners: The specialized unit responsible for performing standard due diligence and risk assessment, FENSA Focal Points, WHO Designated Technical Officers (DTOs) etc.

Criteria	Key evaluation questions	Interview questions
1. Relevance	1.1: To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?	• How have FENSA implementation plans and actions been developed? And who has been involved in this process? • To what extent have FENSA implementation plans and actions been fit for purpose to deliver the aims and objectives of FENSA? (i.e. coherent with design, realistic, achievable) • How have the needs of WHO and partners regarding the implementation plans and actions for the FENSA framework identified? Have these been responsive to identified needs? • What assumptions and risks have been considered in the development of implementation plans and actions?
	1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?	
2. Implementation efficiency	2.1: To what extent have the intended (outputs and activities) prescribed in the FENSA have been achieved as expected? (e.g. Register of Non-State Actors, dissemination of framework, guidance and training to staff)	• Have the intended outputs for FENSA been achieved? (e.g. Register of Non-State Actors, guidance and training to staff) • How timely has each been? To what extent has each been on budget?
	2.2: Has FENSA been implemented as planned and within budget?	• Has an implementation platform for delivery, tracking and review of FENSA been developed and used? How useful has this been? • Was the case for FENSA (change) clearly and constantly articulated? • What guidance has been made available about new ways of working and new systems in place? • What trainings have been made available for the roll out of FENSA? • How has the budget for implementation been developed and tracked? Have clear resources been made available for implementation?
3. Effectiveness	3.1: To what extent has implementation of FENSA achieved its intended 'added value'? • Increased clarity on how to work with non-state actors at country, regional and global levels	• To what extent have each of these areas of 'added-value' been achieved? • What other changes are observable so far in the way WHO operates since FENSA was implemented? • What changes have partners reported experiencing in working with WHO?

	• Enhanced transparency both internally and externally through the Register of Non-State Actors? • Enabling more strategic engagements with Non-State Actors • Protecting WHO from affiliations that could jeopardize the credibility of its work[65] • Ensuring coherence and consistency in WHO's engagements with Non- State Actors Allowing learning, information sharing and improvement on how to structure engagements	
	3.2: What factors have enabled or constrained FENSA effectiveness?	• What factors have helped or hindered FENSA effectiveness? • What are the internal and external factors that need to be in place for the successful implementation of FENSA? To what extent are these currently in place? • What are stakeholders' expectations regarding FENSA's delivery? Has the delivery of FENSA met stakeholders' expectations? • Is there a shared understanding across stakeholders of what FENSA is trying to achieve? •
4. Impact	4.1: Are the overall conditions for impact in place?	• What are the expected impacts of the FENSA framework and its implementation? • What changes may be necessary to support FENSA implementation in the future and ensure impact? • Have unintended (but predictable) impacts been anticipated?

[65] The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

5. Sustainability	5.1: Are the overall conditions for sustainability in place?	• How has sustainability been considered in the implementation of the FENSA framework so far? • What changes may be necessary to support FENSA implementation in the future and ensure its sustainability? • How have sustainability concerns been integrated into FENSA implementation actions plans?
6. Coherence	6.1: To what extent has the implementation of FENSA been aligned with other key reform processes within the Organization, including WHO reform/transformation?	• What major organizational reforms have been considered to the implementation of FENSA? • Was FENSA aligned and integrated with other reform streams? To what extent has the implementation of FENSA been coherent with these? • Which are the key organizational units that have needed to be engaged in the implementation of FENSA? How have these coordinated/ aligned to ensure coherent implementation of FENSA?
	6.2 To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organizational units?	• Do you have a ToR or role description for your role within FENSA? • To what extent have roles and responsibilities among WHO's organizational units for the implementation of FENSA been clear? • Have there been clear lines of accountability for the implementation of FENSA?

FGD/Interviews with staff at HQ, region and field level

Criteria	Key evaluation questions	Interview questions
1. Relevance	1.1: To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?	• How have FENSA implementation plans and actions been developed? And who has been involved in this process? Can you tell us about these? • How have the needs of WHO and partners regarding the implementation plans and actions for the FENSA framework been identified? Have these been responsive to identified needs?
	1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?	
2. Implementation efficiency	2.1: To what extent have the intended (outputs and activities) prescribed in the FENSA have been achieved as expected? (e.g. Register of Non-State Actors, dissemination of framework, guidance and training to staff)	• Have the intended outputs for FENSA been achieved? (e.g. Register of Non-State Actors, guidance and training to staff) • How timely has each been? To what extent has each been on budget? • Can you tell us about any trainings that have been conducted on the roll out of FENSA? Did you join any of these and were they useful? • What information did you receive about FENSA when the resolution was adopted, and what communications have you received since then?
	2.2: Has FENSA been implemented as planned and budgeted?	• Has the case for FENSA (change) been clearly and constantly articulated? • What guidance has been made available about new ways of working and new systems in place?
3. Effectiveness	3.1: To what extent has implementation of FENSA achieved its intended 'added value'? • Increased clarity on how to work with non-state actors at country, regional and global levels • Enhanced transparency both internally and externally through the Register of Non-State Actors? • Enabling more strategic engagements with Non-State Actors	• To what extent have each of these areas of 'added-value' been achieved? • What other changes are observable so far in the way WHO operates since FENSA was implemented? • What things worked well? • What could have been done better in the roll out of FENSA?

	• Protecting WHO from affiliations that could jeopardize the credibility of its work[66] • Ensuring coherence and consistency in WHO's engagements with Non- State Actors • Allowing learning, information sharing and improvement on how to structure engagements	
	3.2: What factors have enabled or constrained FENSA effectiveness?	• What factors have helped or hindered FENSA effectiveness? • What are the internal and external factors that need to be in place for the successful implementation of FENSA? To what extent are these currently in place? • • What are stakeholders' expectations regarding FENSA's delivery? • Has the delivery of FENSA met stakeholders' expectations? What changes have partners experienced in working with WHO due to FENSA?
4. Impact	4.1: Are the overall conditions for impact in place?	• What are the expected impacts of the FENSA framework and its implementation? • What changes may be necessary to support FENSA implementation in the future and ensure impact?
5. Sustainability	5.1: Are the overall conditions for sustainability in place?	• How has sustainability been considered in the implementation of the FENSA framework so far? • What changes may be necessary to support FENSA implementation in the future and ensure its sustainability?
6. Coherence	6.1 To what extent has the implementation of FENSA been aligned with other key reform processes within the Organization, including WHO reform/transformation?	• What major organizational reforms have been considered to the implementation of FENSA? • Has FENSA aligned and integrated with other reform streams? To what extent has the implementation of FENSA been coherent with these?

[66] [66] The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

	6.2 To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organizational units?	• To what extent have roles and responsibilities among WHO's organizational units for the implementation of FENSA been clear? • Have there been clear lines of accountability for the implementation of FENSA? • What is the role of the FENSA focal points?

Annex 7: FENSA evaluation analytic framework

Evaluation matrix

Criteria	Evaluation Questions	Evaluation indicators	Evaluation analysis	Data sources	
				Secondary data	Primary data
1. Relevance	1.1: To what extent have the plans and actions designed to implement FENSA been clearly aligned with the overall aims of the FENSA?	• Clear design logic linking the FENSA implementation activity to the aims of the framework. • Design shaped by MS and WHO requirements, what NSAs value, their context and their needs.	• Review design and logic for implementation plans and actions. • Review rationale for prioritizing / scheduling aspects within the implementation process.	• WHA69.10 – FENSA • Implementation plan (from FENSA team).	• Interviews with Senior Management, regional directors and country rep. • Interviews with process owners (FENSA team; focal points; DTOs; etc). • Interviews and focus group discussions with staff in HQ, regional and field.
	1.2: To what extent have implementation plans and actions designed to implement the FENSA been responsive to identified needs of both staff and partners?	• Design/scope of reform activity commensurate with intended objectives. • Realistic assumptions in reform design logic.	• Review of risk mitigation and management arrangements for critical assumptions.	• Informal consultation documents. • Mapping of NSAs	• Interviews and focus group discussions with staff in HQ, regional and field. • Survey of MS. • Survey of NSAs.
2. Implementation efficiency	2.1: To what extent have the intended (outputs and activities) prescribed in the FENSA have been achieved as expected? (e.g. Register of Non-State Actors, dissemination of framework, guidance and training to staff)	• Outputs delivered on time and to the level of quality expected. • Full clarity on roles, responsibilities, functions and oversight mechanisms of HQ, regional and country offices. • Adequate guidance available/ disseminated on new ways of working. • Enabling systems are in place.	• Review performance reports (EB; other?). • Identify key changes to WHO ways of working, policies, structures, processes, systems. • NSA/ partner engagement and perceptions. •	• Annual Progress reports to the EB. •	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc).

Criteria	Evaluation Questions	Evaluation indicators	Evaluation analysis	Data sources	
				Secondary data	Primary data
	2.2: Was FENSA implemented as planned and within budget?	• Clear implementation plan. • FENSA implemented in line with plan/ significant variations controlled. • Realistic timeframe and effort for reforms. • Realistic budget allocation made.	• Analysis of implementation experience (plan vs. actual). • Identify any variations in substance, time, effort. • Identify reasons for any variance from plan.	• Annual Progress reports to the EB • Implementation plan (from FENSA team). • PBAC reports • 'Cost implications for WHO on the implementation of FENSA' document.	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc). •
3. Effectiveness	3.1: To what extent has implementation of FENSA achieved its intended 'added value'? • Increased clarity on how to work with non-state actors at country, regional and global levels • Enhanced transparency both internally and externally through the Register of Non-State Actors? • Enabling more strategic engagements with Non-State Actors • Protecting WHO from affiliations that could jeopardize the credibility of its work[67] • Ensuring coherence and consistency in WHO's	• Qualitative improvements in WHO processes. • Quantitative measures of changes in practice. • NSA/ Partner feedback indicates improved satisfaction. • Number of FENSA applications approved/rejected/major comments/minor comments/turnover time. • Number/quality of trainings/guidance disseminated	• Actual / estimated changes to WHO's operations (before/ after process comparative analysis). • Qualitative analysis of key process outputs (e.g. country programme strategies). • Analysis of MS feedback • (primary and secondary data). • Analysis of NSA feedback • (primary and secondary data).	• Annual Progress reports to the EB. • 2016 external audit report (OEIGM/4). • PBAC reports. • List of and status of FENSA applications from a 2-week timeframe.	• Survey of MS. • Survey of NSAs. • Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc).

[67] The evaluation will treat the term 'work' as related to both processes undertaken by WHO and the outputs produced by WHO.

Criteria	Evaluation Questions	Evaluation indicators	Evaluation analysis	Data sources	
				Secondary data	Primary data
	engagements with Non-State Actors • Allowing learning, information sharing and improvement on how to structure engagements				
	3.2: What factors have enabled or constrained FENSA effectiveness?	• Risks of unintended consequences identified and managed.	• Review performance reports. • Identify specific enabling factors. • Identify specific constraining factors.	• Annual Progress reports to the EB. • 2016 external audit report (OEIGM/4). • PBAC reports.	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc).
4. Impact,	4.1: Are the overall conditions for impact in place?	• FENSA impact statement. • The extent to which conditions are in place/being met.	• Identification of what changes may be necessary going forward to ensure impact and of sustainability	• Annual Progress reports to the EB.	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc) • Survey of MS. • Survey of NSAs.
7. Sustainability	5. Are the overall conditions for sustainability in place?	• FENSA sustainability statement. • The extent to which conditions are in place/being met.	•	•	•

Criteria	Evaluation Questions	Evaluation indicators	Evaluation analysis	Data sources	
				Secondary data	Primary data
8. Coherence	6..1 To what extent has the implementation of FENSA been aligned with other key reform processes within the Organization, including WHO reform/transformation?	• Evidence that risks of implementation were clearly identified and managed. • Evidence of a corporate dialogue within WHO on FENSA and the implications of the reforms. •	• Review of WHA69.10, initial FENSA design documents and informal consultation documents. • Review of documents on risk management, including 2016 Pilipino audit. • Review and analysis of programme of work and budget. • Review and analysis of Implementation plan.	• WHA69.10 • Informal consultation documents. • Handbook for NSAs on engagement with WHO. • Guide for staff. • Annual Progress reports to the EB. • ToRs. •	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc). • Interviews and focus group discussions with staff in HQ, regional and field. •
	6.2 To what extent has the implementation of FENSA been managed as a shared institutional responsibility among WHO's organizational units?	• ToR in place for FENSA focal points and other key personnel or units • Job descriptions including reference to FENSA	• Review of WHA69.10, initial FENSA design documents and informal consultation documents. • Review and analysis of programme of work and budget. • Review and analysis of Implementation plan.	• WHA69.10 • Guide for staff. • ToRs. •	• Interviews with Senior Management, regional managers and country rep. • Interviews with process owners (FENSA focal points; DTOs; etc). • Interviews and focus group discussions with staff in HQ, regional and field. •

Annex 8: Stakeholders consulted during Inception and Data Collection

Table A8-1 below sets out the breakdown of staff interviewed as Key informants based on their location at either HQ, RO or CO level, and a sorting of job description based on that which is most relevant for this evaluation, for example if someone was a technical officer and a DTO, they have been classified by the primary role in relation to FENSA, i.e. DTO. As such this sorting is for information purposes only and should be used to aid in understanding the evidence and findings, rather than viewed as a full and accurate listing of individuals job descriptions, this also means that anonymity (and therefore confidentiality) of individuals interviewed can be maintained. A small number of key individuals were interviewed twice, once during the inception visit, and again during the fieldwork visit, and these have been recorded as separate interviews.

The total number of people interviewed, either during the inception mission, the fieldwork visit or remotely was 99, out of a population of 126. In addition, 5 focus groups discussions were conducted with Member State Representatives from the AFRO, AMRO, EURO, SEARO and WPRO. Participation from circa 56 Member State Representatives was recorded. A focus group discussion was not conducted with EMRO.

Table A8-1: Breakdown of Key Informant Interviewees

Type of Interviewee	**Inception phase**	**Data Collection phase**
HQ		
HQ FFP		**7**
Technical Unit FFP	**2**	**12**
DTOs	3	4
PNA staff	5	7
Technical Staff	5	3
Other HQ staff	13	9
	29	42
Regional		
Regional FFP	1	8
Technical staff		2
Other staff		1
	1	11
Country		

Country FFP		1
Technical staff		5
WHO Representative		4
	0	10
Other		
Hosted Partnerships		3
IEOAC	3	
	3	3
Total Interviewees:	**33**	**66**

A number of key informant interviews which were requested, and followed up to no avail, or arranged but due to circumstance beyond our control did not occur, these are set out in table XX below. A total of 27 individuals were reached out to but not interviewed.

Table A8-2: Interviews not able to be conducted

Type of Interviewee	Number
HQ	
HQ FFP	**3**
Technical Unit FFP	**5**
DTOs	**6**
Other HQ staff	3
	17
Regional	
Other staff	3
	3
Country	
WHO Representative	4
Other Staff	3
	7
Total not interviewed:	**27**

Annex 9: Documents Reviewed

Executive Board

	Name of document	Date
EB144/36	Engagement with non-State actors: Report by the Director-General	2018
EB144/37	Engagement with non-State actors: Non-State actors in official relations with WHO, Report by the Director-General	2018
EB142/29	Engagement with non-State actors: Non-State actors in official relations with WHO, Report by the Director-General	2017
EB142/28	Engagement with non-State actors: Report by the Director-General	2017
EB140/41	Engagement with non-State actors: Report by the Director-General	2016
EB140/42	Engagement with non-State actors: Non-State actors in official relations with WHO	2017
EB140/47	Human resources: update. Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. Report by the Secretariat	2016

World Assembly Day

	Name of document	Date
A70/52	Engagement with non-State actors: Report by the Director-General	2017
A70/53	Engagement with non-State actors: Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, Report by the Secretariat	2017
WHA69.10	Framework of engagement with non-State actors	2016
A68/A/CONF./3 Rev.1	Framework of engagement with non-State actors. Draft resolution [submitted by Argentina as Chair of the Open-Ended Intergovernmental Meeting and the informal consultations on the draft Framework of engagement with non-State actors]	2015
A68/A/CONF./3 Add.1	Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly	2015
A68/53	Framework of engagement with non-State actors. Report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-eighth World Health Assembly	2015

Open-ended intergovernmental meetings documents

	Name of document	Date
EB138/DIV./3	Decisions and list of resolutions Documentation of the process leading to the 138th Executive Board (25-30 January 2016)	2016
A/FENSA/OEIGM/5 Extract from EB138/7	Report of the Open-Ended Intergovernmental Meeting on the Draft Framework of Engagement with Non-State Actors	2016
A/FENSA/OEIGM/4	External audit report on the implications for the World Health Organization of the implementation of the framework of engagement with Non-State actors (FENSA)	2016
A/FENSA/OEIGM/2	Framework of engagement with non-State actors. Report by Secretariat	2016
	Cost Implications for WHO of the Implementation of FENSA	2016

Informal consultations on WHO's engagement with non-State actors towards FENSA

	Name of document	Date:
	Informal Consultation on WHO's engagement with non-State actors 17 – 18 October 2013 Summary report	2013
	Due diligence, management of risks & transparency Informal consultation on WHO's engagement with non-State actors (Presentation to informal consultation on WHO's engagement with non-State actors)	
	WHO's engagement with non-State actors Discussion paper for the informal consultation with Member States and non-State actors, 17–18 October 2013	2013
	Second informal consultation on WHO's engagement with non-State actors 27- 28 March 2014 Summary report	2014
	Background document to support discussion of WHO's engagement with non-State actors Note by the Secretariat	2014

Policy documents replaced by the Framework of engagement with non-State actors/History of engagement policies

	Name of document	Date
	Principles governing relations between the WHO and NGOs	
EB107/20	Guidelines on interaction with the Private Sector to achieve health outcomes. Report by the Secretariat	2000
	Audit Report NO. 08/768 Performance Audit of WHO's Collaboration with the Private Sector, June 2008.	2008
EB105/8	Public-private partnerships for health Report by the Director-General	1999
EB107/20	Guidelines on working with the private sector to achieve health outcomes	2000
	Principles Governing Relations Between the World Health Organization and Nongovernmental Organizations	1987

Other relevant documents on WHO's engagement with non-State actors

	Name of document	Date
	Principles governing relations between WHO and nongovernmental organizations	
	WHO Reform: NGO consultation. Consultation on WHO's engagement with NGOs: Issues to consider in the formulation of a policy	2012

	WHO Reform: Towards a New Policy of WHO Engagement with Nongovernmental Organizations (NGOs). Consultation with NGOs 18 October 2012	2012
EB132/5 Add.2	Key issues for the development of a policy on engagement with nongovernmental organizations. Report by the Director-General	2013
EB107/20	Guidelines on working with the private sector to achieve health outcomes Report by the Secretariat	2000
EB133/16	WHO governance Reform. Report by the Secretariat	2013
EB133/DIV /2	WHO governance Reform. Decisions and list of resolutions.	2013

Information provided by the Secretariat during the process of consultation

	Name of document	Date
	Resources as referred to in the Framework of engagement with non-State Actors. Non-paper by the WHO Secretariat for consideration by the open-ended intergovernmental meeting of 7 to 9 December 2015	2015
	Implication of implementing the Framework of engagement with non-State actors Non-paper by the WHO Secretariat for consideration by the informal meeting of Member States on 19-23 October	2015
	The Chair's non-paper on progress in the FENSA document and track changes	2015
	Study on practices of organizations of the United Nations system relating to conflict of interest in their engagement with the private sector	2015
	Summary of consultations conducted by the Special Envoy on WHO's engagement with non-State actors	2014
	Terms of reference for the Engagement Coordination Group (ECG)	2015
	List of Partnerships and Collaborative Arrangements with WHO involvement	2014
	Mapping of WHO's engagement with non-State actors	2014
	Framework of engagement with non-State actors (FENSA) Partnerships and non-State actors PNA 11.11.2015 (Negotiation process folder)	2015
EB130	Governance: Promoting engagement with other stakeholders (Neg process folder)	2011

	Towards a new policy of engagement with NGOs (Neg process folder)	2012
	GEM Presentation (GEM FOLDER)	2016
	Demonstration of WHO Register of NSAs: WHO PB Web portal (GEM folder)	2018
	GEM Business specifications (GEM folder)	2018

Earlier Governing bodies documents on engagement with non-State actors

	Name of document	Date
EB134/8	Framework of engagement with non-State actors. Report by Secretariat	2014
EB132/5 Add.2	Key issues for the development of a policy on engagement with nongovernmental organizations. Report by the Director-General	2013

Other

	Name of document	Date
	English/French list of 217 non-State actors in official relations with WHO reflecting decisions of the 144th session of the Executive Board, February 2019	2019
	Handbook for non-state actors on engagement with WHO	2018
	Guide for staff on engagement with non-State actors Framework of Engagement with Non-State Actors – FENSA	2018
	WHO letter on participation of non-State actors at WHO governing body meetings and on other forms of engagement	2018
EB133/3	WHO reform Governance: options for criteria for inclusion, exclusion or deferral of items on the provisional agenda of the Executive Board Report by the Director-General	2016
A66/49	WHO reform High-level implementation plan and report Report of the Programme, Budget and Administration Committee of the Executive Board to the Sixty-sixth World Health Assembly	2013
EB132/DIV./3	Decisions and Resolutions	2013

Monitoring

Name of document	Date:
Snapshot on Partnerships and non-state actor's department (PNA portfolio)	2019

Operational documents

Name of document	Date
E-Manual Engagement with NSA	No date
Non-State Actors Engagement as Implementing Partners under FENSA During Emergencies	No date
SOPs FENSA Emergencies	2018
Tobacco/Arms disclosure statement for NSAs	No date
Non-State Actors Engagement – Simplified Procedure FENSA Designated Focal Point checklist	No date
Wrap Up and Supporting Tools FENSA Focal Point Workshop	No date
The 11 Magic Tips for a Successful Assessment	No date
What you Should know as a DTO! Overview on Official Relations Handout	No date
What you Should know as a DTO! Overview Case Studies	No date
What you Should know as a DTO! Overview on Official Relations Final	No date
Guide for WHO staff working with WHO collaborating centres	2018
Report on the Implementation of the Framework of Engagement with Non-State Actors PAHO	2017
Report on the Implementation of the Framework of Engagement with Non-State Actors PAHO	2018
Report on the Implementation of the Framework of Engagement with Non-State Actors PAHO	2019
NON-STATE ACTORS (NSAs) IN OFFICIAL RELATIONS WITH PAHO Report of the Subcommittee on Program, Budget, and Administration	2017
NON-STATE ACTORS (NSAs) IN OFFICIAL RELATIONS WITH PAHO Report of the Subcommittee on Program, Budget, and Administration	2018
NON-STATE ACTORS (NSAs) IN OFFICIAL RELATIONS WITH PAHO Report of the Subcommittee on Program, Budget, and Administration	2019
Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe	
FENSA Costing resolution	No date
Informal Consultation on the Handbook to Guide Non-State Actors in their interaction with WHO	2017
Engaging with industry: once bitten, twice shy? What do you need to know about FENSA and working with the private sector	2018

What is FENSA presentation?	2016
PNA Team Views and comments on the proposed FENSA implementation plan.	
Project charter 2017	2017
Engagement with non-State actors Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions	2017
FENSA Needs Assessment	No date
Engagement with Non-State Actors – Training and Communications Needs Assessment Report	2018

Regional Committee Documents

	Name of document	Date
WPR/RC68/14	Regional Committee for the Western Pacific Sixty-Eighth Session. Final Report. Brisbane, Australia 9–13 October 2017	2017
WPR/RC70/2	Report of the Regional Director. Western Pacific Region Organization World Health The work of WHO in the Western Pacific Region 1 July 2018 – 30 June 2019	2019
WPR/RC69/2	Report of the Regional Director. The work of WHO in the Western Pacific Region 1 July 2017– 30 June 2018	2018
WPR/RC67/13	Regional Committee for the Western Pacific Sixty-Seventh Session. Manila, Philippines 10–14 October 2016. Final Report	2016
AFR/RC69/12	Report of the Sixty-ninth session of the WHO Regional Committee for Africa, Brazzaville, Republic of Congo. 19-23 August 2019.	2019
AFR/RC68/17	SIXTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA: FINAL REPORT. Dakar, Republic of Senegal. 27-31 August 2018	2018
AFR/RC67/ 18	SIXTY-SEVENTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA: FINAL REPORT, Victoria Falls, Republic of Zimbabwe, 28 August- 1 September 2017	2017
CE162/6	162nd SESSION OF THE EXECUTIVE COMMITTEE. PAHO and WHO. Provisional Agenda Item 3.3. Engagement with Non-State Actors.	2018
CE164/6	164th SESSION OF THE EXECUTIVE COMMITTEE. PAHO and WHO. Provisional Agenda Item 3.3. Engagement with Non-State Actors.	2019
EM/RC63/9-E	6 Report of the 63rd session of the WHO Regional Committee for the Eastern Mediterranean. Cairo, Egypt 3–6 October 2016	2016

EM/RC64/10-E	Report of the 64th session of the WHO Regional Committee for the Eastern Mediterranean. Islamabad, Pakistan 9–12 October 2017	2017
EUR/RC66/REP	Report of the 66th session of the WHO Regional Committee for Europe. Copenhagen, Denmark, 12–15 September 2016	2016
EUR/RC67/REP	Report of the 67th session of the WHO Regional Committee for Europe Budapest, Hungary, 11–14 September 2017	2017
EUR/RC68/REP	Report of the 68th session of the WHO Regional Committee for Europe Rome, Italy, 17–20 September 2018	2018
SEA/RC71/22	WHO Regional Committee for South-East Asia – Report of the Seventy-first Session. New Delhi, India, 3–7 September 2018	2018
SEA/RC70/24	WHO for South-East Asia WHO Regional Committee for South-East Asia Report of the Seventieth Session Report of the Seventieth Session Maldives, 6–10 September 2017	2017

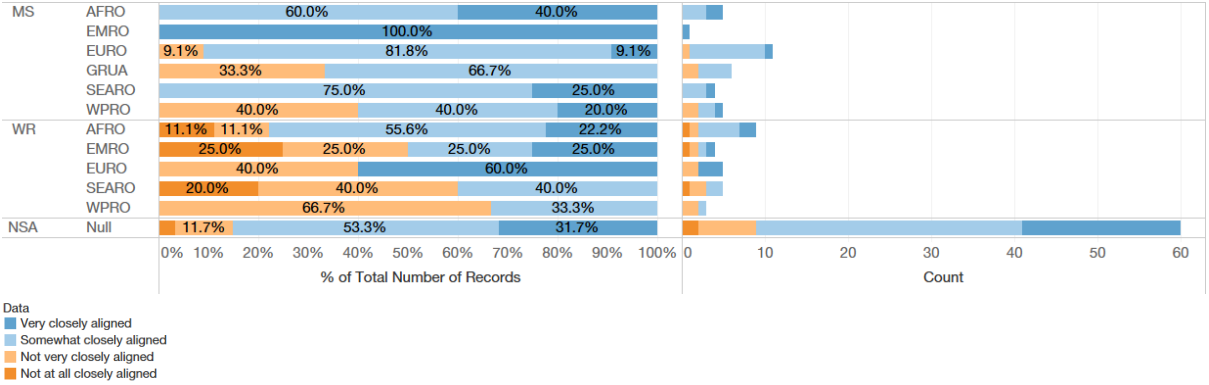
Annex 10: Risk assessment and mitigation plan

Below we set out potential risks the evaluation team has identified regarding this evaluation, as well as inputs needed from the WHO Evaluation Office to help ensure the evaluation is completed to time and to a high standard of quality, in addition to our own inputs.

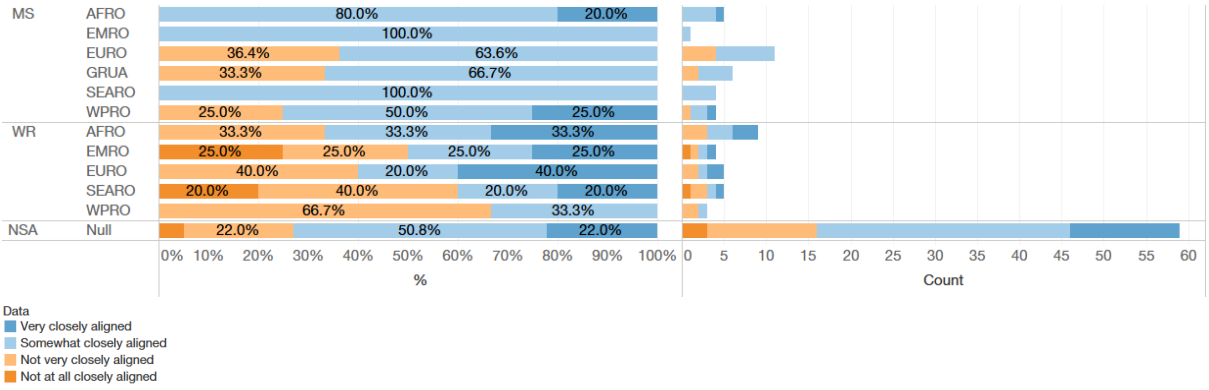
- Timescale: the project timescale as outlined is manageable but allows no space for reduction or slippage and is primarily scheduled to take place over the summer months where there are known availability constraints. If the project start is delayed, we would assume that the end point will be delayed to the same extent or that elements of the work are changed to enable delivery by the WH OEB session in January 2020. If some of the points below are also likely to apply, we would propose a longer time frame for the evaluation.
- WHO staff availability: the proposed project plan depends on WHO staff, and other stakeholders, being available and able to contribute in a timely way to meet the evaluation requirements. This would include the relevant evaluation staff and WHO staff interviewees; alongside Member State representatives and non-State actors. If there are difficulties with this, for instance non-availability due to absence or holidays, we would propose finding replacement key informants or extending the overall timescale to allow the relevant staff to contribute.
- Publicizing the evaluation, interviews and survey: ensuring key stakeholder awareness of the evaluation and the planned survey at an early stage will facilitate and increase their level of engagement. We will be happy to assist with communications, but it will be helpful if the WHO Evaluation Office can make any necessary introductory arrangements. We can supply text for communications, and a short summary of the planned evaluation and survey/ interviews. Information will need to be sent out promptly after the inception report is agreed.
- Survey contact emails: In order to secure a reasonable response rate to the survey we assume WHO would assist us in providing contact email addresses promptly after the inception report is finalized, in Excel format, so that we can send the survey to all survey participants and follow up where necessary. We have very positive experience of WHO's capacity to follow up and champion participation in the surveys with respondents, so would assume this practice again.
- Managing and agreeing comments on evaluation draft products: agreeing clear processes and responsibilities will expedite the process. We propose that the WHO individuals who will comment on each product are identified at the outset and alerted to their responsibility and the likely timing of their inputs; that we supply a template for comments on products; and, that the WHO evaluation manager composites the comments and addresses any internal differences of opinion prior to returning the composited comments to IOD PARC.

Annex 11: Survey response, key questions disaggregated by region

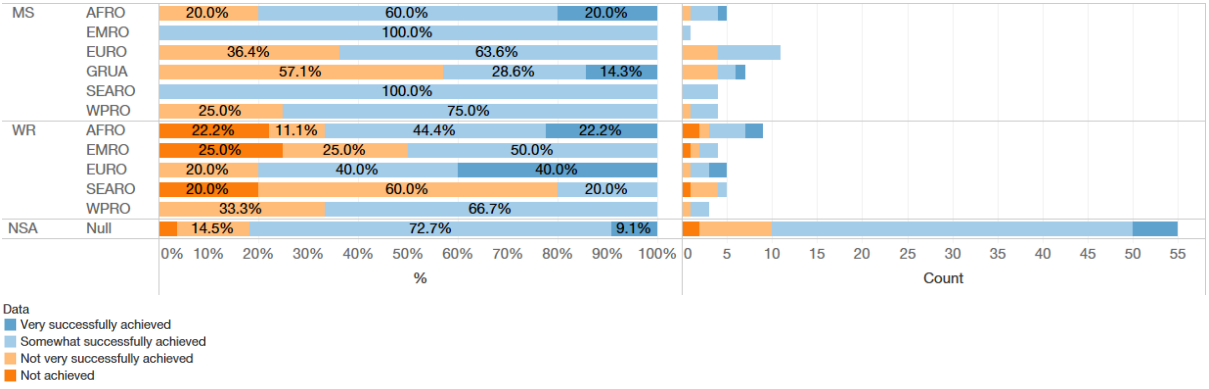
How would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the overall aims of the FENSA?



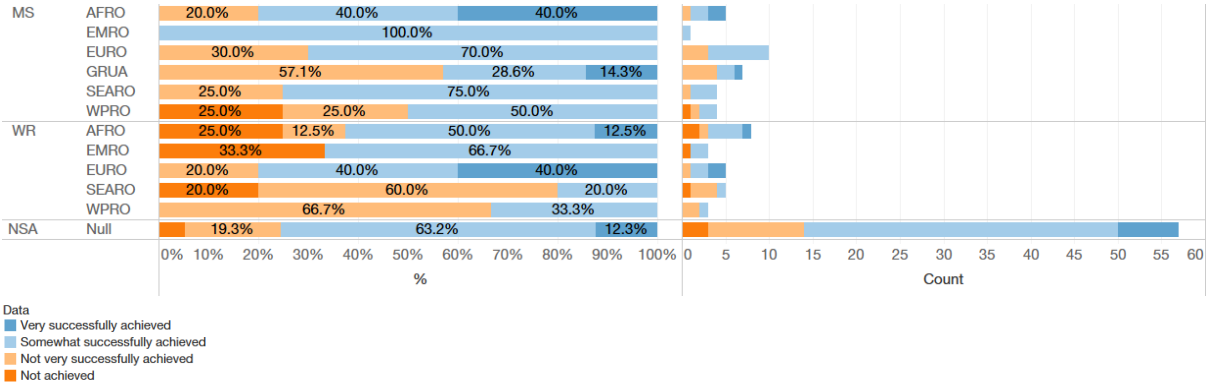
How would you rate the overall extent to which the plans and actions designed to implement FENSA to date have been clearly aligned with the identified needs of both WHO and partners?



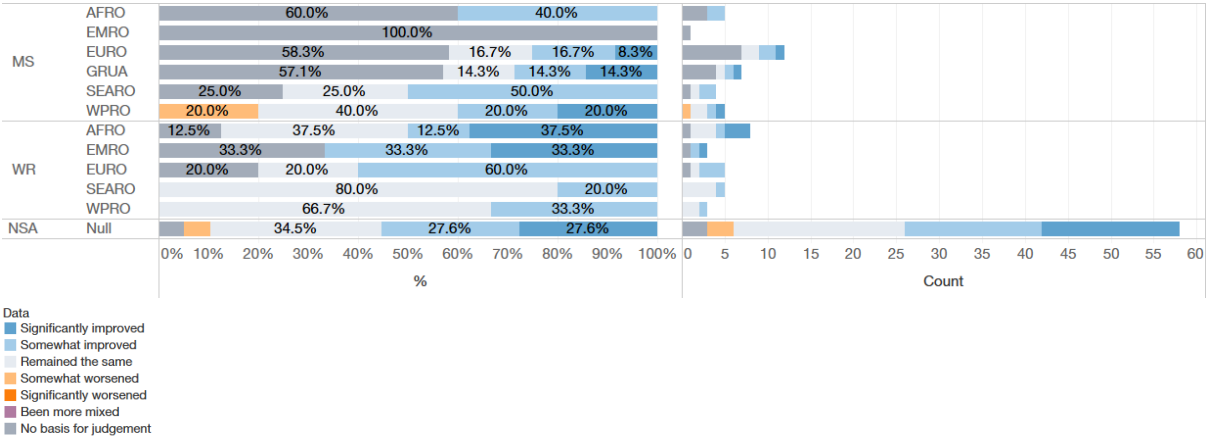
How would you rate the overall extent to which the intended short-term results (outputs and activities) prescribed in FENSA have been achieved as expected, and implemented as planned and budgeted?



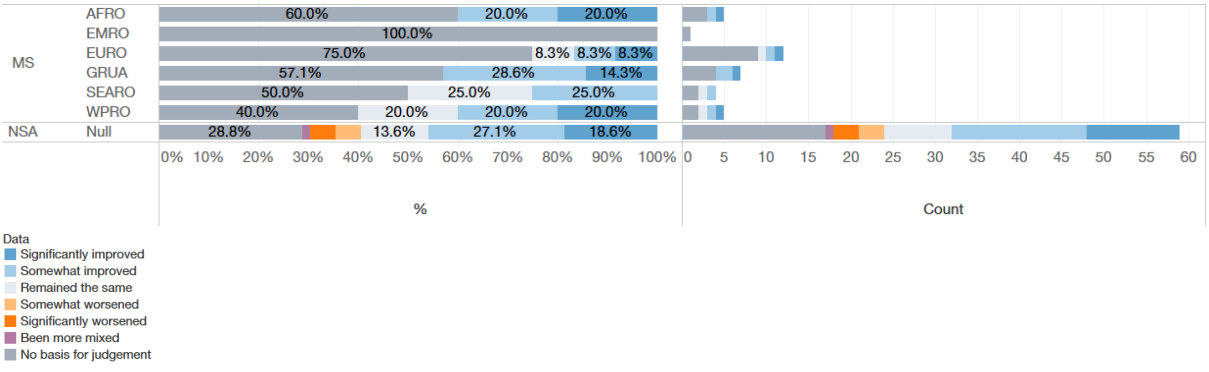
How would you rate the overall extent to which the immediate objective(s) of the FENSA have been achieved to date?



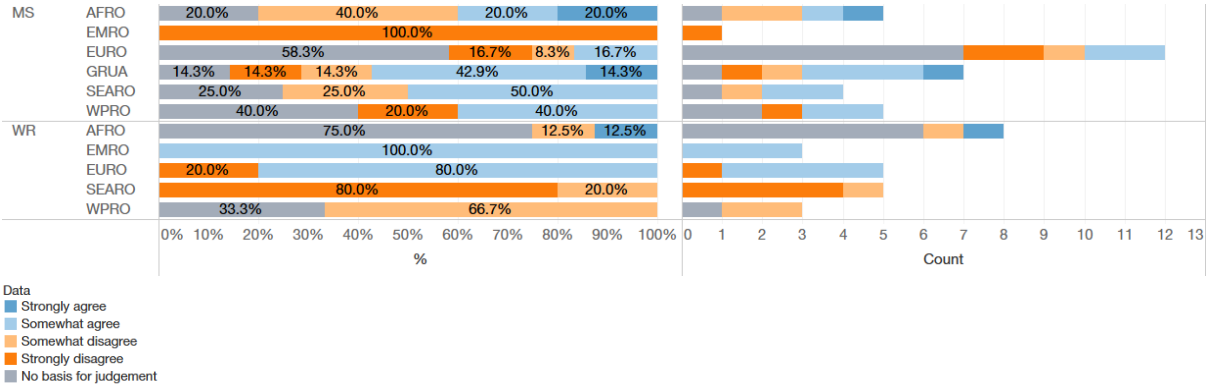
WHO's engagement with NSAs in my country/organization/country office has...



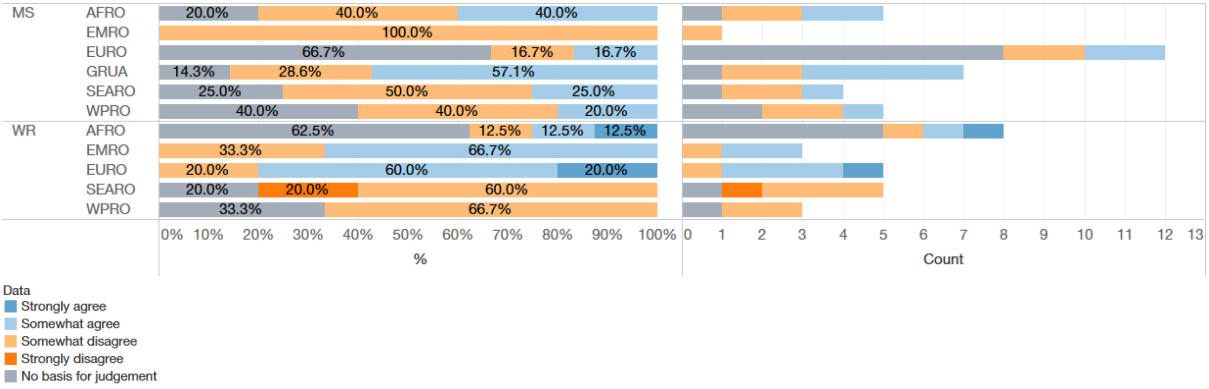
WHO's engagement with NSAs in my region/generally has...



FENSA has been consistently and coherently implemented at the three levels of the Organization



The implementation of FENSA has been closely aligned and integrated with other organizational reforms



WHO region acronyms

AFRO	Africa Regional Office
AMRO	Regional Office of the Americas
EMRO	Eastern Mediterranean Region
EURO	European Regional Office
WPRO	Western Pacific Regional Office
SEARO	South East Asia Regional Office