Pre-publication version, October 2016

Evaluation of the Impact Of WHO Publications (Report Annexes)

Corporate evaluation commissioned
by the WHO Evaluation Office

World Health Organization

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Annex A: Terms of Reference

1.0 INTRODUCTION

1.1 Objective of the RFP

The purpose of this Request for Proposals (RFP) is to enter into a contractual agreement with a successful bidder and select a suitable contractor to carry out the following work: *To conduct an external evaluation of the "**Impact of WHO Publications**"*.

The impact of publications will be estimated by considering the reach, usefulness, and use of WHO publications. This is based on the rationale that publications perceived as "useful" by their intended audience are more likely to be "used" and then contribute to the desired long-term outcomes (impact); the reach of publications shows the potential scope where the impact may take place. The evaluation will also consider the implications of relevant WHO policies and their implementation for the estimated impact of WHO publications.

The evaluation will address the following high-level questions:

1. To what extent do WHO publications reach their intended audiences, what are their major gaps in reach and why did these gaps arise?
2. What is the perceived usefulness of WHO publications?
3. To what extent are WHO publications used as references and as authoritative sources of information for decision-making in clinical, public health, and policy-making contexts?
4. What is the extent of implementation of WHO's publications policy and its influence on the impact of WHO publications?

WHO is an Organization that is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are therefore requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1.2 About WHO

1.2.1 WHO Mission Statement

The World Health Organization was established in 1948 as a specialized agency of the United Nations. The objective of WHO (*www.who.int*) is the attainment by all peoples of the highest possible level of health. Health, as defined in the WHO Constitution, is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. WHO's main function is to act as the directing and coordinating authority on international health work.

1.2.2 Structure of WHO

The World Health Assembly (WHA) is the main governing body of WHO. It generally meets in Geneva in May of each year and is composed of delegations representing all 194 Member States. Its main function is to determine the policies of the Organization. In addition to its public health functions, the Health

Assembly appoints the Director-General, supervises the financial policies of the Organization, and reviews and approves the proposed programme budget. It also considers reports of the WHO Executive Board, which it instructs with regard to matters upon which further action, study, investigation or report may be required.

The Executive Board is composed of 34 members elected for three-year terms. The main functions of the Board are to give effect to the decisions and policies of the WHA, to advise it and generally to facilitate its work. The Board normally meets twice a year; one meeting is usually in January, and the second is in May, following the World Health Assembly.

The WHO Secretariat consists of some 8,300 health and other officers at the Organization's headquarters in Geneva, in the six regional offices and in countries. The Secretariat is headed by the Director-General, who is appointed by the WHA on the nomination of the Executive Board. The current Director-General is Dr Margaret Chan. The head of each regional office is a Regional Director. Regional directors are appointed by the Executive Board in agreement with the relevant regional committee.

1.2.3 Description of the Evaluation Office (DGO/EVL)

As part of the ongoing WHO reform process, strengthening evaluation and organizational learning has been identified as one of the critical components to take forward. In support of this, the Evaluation and Organizational Learning unit (EVL) was established within the Office of the Director General (henceforth referred to as the Evaluation Office). The mission of the Evaluation Office is to contribute to establishing a culture of evaluation at all levels of the Organization, so that evaluation plays a critical role in WHO in improving performance, increasing accountability for results, and promoting organizational learning. The Director -General's Representative for Evaluation and Organizational Learning heads the Evaluation Office.

1.3 Definitions, Acronyms and Abbreviations

The following are the various acronyms and abbreviations that will be found in the attached document:

- EVL: Evaluation and Organizational Learning Office (here, "the Evaluation Office") GPW: General Programme of Work
- JIU: United Nations Joint Inspectorate Unit PPCG: Publishing Policy Coordination Group RFP: Request for Proposals
- WHA: World Health Assembly WHO: World Health Organization
- WHO-HQ: WHO Headquarters Office (Geneva) UN: United Nations

2.0 DESCRIPTION OF SUBJECT / PRESENT ACTIVITIES

2.1 Context of the evaluation

In 2004, the WHO publication "*Pocket book for hospital care in children*" received the British Medical Association (BMA) book competition award.[1] In the words of the jury: "*This is the authoritative source of information about management of sick children in hospitals in developing countries ... It is issued by WHO, so it's the benchmark to be used*." Ten years later, the second edition of this book was recognized for "*its outstanding contribution" as the MBA Medical Book of the Year 2014*.[2] In the interval between

these two awards, WHO produced about 400 publications a year; 75% of them by WHO-HQ and the rest by Regional Offices, including country offices.3 WHO also distributed about 1.5 million copies per year, mostly free of charge; in addition to contributing to numerous external publications. However, the relevance and quality - hence the capacity and effectiveness - of WHO publications have been a subject of debate.[4] [5]

One of WHO's constitutional responsibilities is to provide objective and reliable information and advice in the field of human health.[6] WHO fulfils this role through its information products, "the materials that are issued or made accessible to the public, or to a defined target group of the public, by the Organization for the purpose of communicating health knowledge and guidance".[7]

WHO has developed a series of mechanisms to strengthen the quality of its information products (whether in print or electronic), notably since 2008 with the development of its WHO

Publications Policy.[8] The policy is designed to ensure that all WHO's information products comply with agreed standards of quality in terms of technical content, relevance and presentation; cost–effectiveness; and accessibility. The Publishing Policy Coordination Group (PPCG) was further established to oversee the implementation of such policy. A series of subsequent policies and standards have been further developed, including the Guideline Review Committee, the clearances policies supported by the e-Pub system; the Open Access Policy; the policy on Multilingualism; the WHO Copyright policy, the Authorship policy and the policy for the use of WHO and other logos. Yet, WHO does not have developed an information management strategy that clarifies the nature and choice of the publishing practices to be pursued. Additionally, quality control is weak and there has not yet been an impact assessment.[9]

WHO information products are classified into 17 categories including external publications as seen in the table below. Broadly, these are: (a) Advocacy material (progress reports, factsheets, information kits, campaign material, newsletters, others); (b) scientific or technical material s (technical reports, guidelines, manuals, training materials, meeting reports, serial publication, others); and (c) external publications (books, journal article, others).

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[1] Presentation by WHO Press "Marketing @ WHO Press"

[2] http://bma.org.uk/about-the-bma/bma-library/medical -book-awards

[3] EXECUTIVE BOARD EB122/20 122nd Session 6 December 2007, Provisional agenda item 6.4

[4] EB129/2011/REC/Decisions. Summary Records 1

[5] Oxman AD, Lavis JN, Fretheim A. Use of evidence in WHO recommendations. The Lancet. 2007; 369: 1884 -89

[6] Constitution of the World Health Organization. http://apps.who.int/gb/bd/PDF/bd47/EN/constitution -en.pdf?ua=1&ua=1

7 WHO eManual. VIII Information Products. http://emanual.who.int/p08/s01/Pages/default.aspx EXECUTIVE BOARD EB123/7 123rd Session. Provisional agenda item 6.2

[8] WHO publications policy: guidance on implementation and evaluation. EXECUTIVE BOARD EB123/7 123rd Session 14 April. Provisional agenda item 6.2

[9] Publishing Policy Coordination Group: report of the twenty-first meeting, 11-12 November 2013

Table 1. Categories of WHO Internal Publications (External Publications are not displayed)

Categories of WHO Internal Publications	Description	Target audience	Attribution of authorship
WHO Advocacy materials			
Annual/progress reports	Report of a WHO programme or department on technical activities during a specific time period	Donors, nongovernmental organizations, policy-makers	WHO
Fact sheets	Summary of key facts and figures about a public health issue and WHO's related actions	General public, health workers, media, NGOs, policy-makers	WHO
Information kit/campaign materials	Promotional material to support a corporate information product	Health workers, media, NGOs, policy-makers	WHO
Newsletter		Depends on the newsletter	WHO
Presentation or speech	Presentations or speeches by WHO staff that are to be published by the Organization		Individual
Other	Other advocacy materials		WHO
Scientific/technical materials			
Country report	Report on activities conducted or funded by WHO in a specific country or group of countries	Donors, policy-makers	WHO
Guidelines	Recommendations to inform decisions about clinical or public health activities or government health policies	Health workers, nongovernmental organizations, policy-makers	WHO
Meeting report	Report of a WHO meeting	Academics/researchers, meeting participants	Group (participants)
Research reports	Report on research studies conducted or funded by WHO	Academics/researchers, health workers, NGOs	Individual or WHO
Serial publications	*Disease Outbreak Notices (DON)* *Weekly Epidemiological Record* *Bulletin of the World Health Organization* *Eastern Mediterranean Health Journal* *Pan American Journal of Public Health* *WHO Drug Information* *Technical Report Series*	Academics/researchers, health workers, NGOs, policy-makers	Individuals or group
Technical report	Report on a specific technical issue or group of related issues	Academics/researchers in the related field, health workers	Individual or WHO
Training material/textbook/ Manual	Material for teachers and students aimed at enabling them necessary skills, know ledge and competencies	Health workers, nongovernmental organizations	WHO
Other unspecified technical reports	Other	Depends on topic(s) covered	
External Publications			
Articles in peer reviewed journals	Recommendations, updates, scientific advances, health activities, policy summaries, etc.	Academics/researchers, health workers, NGOs, policy-makers	Individuals or groups, or WHO
Chapters in books, including textbooks and books	Updates and scientific advances, health policy developments	Academics/researchers, health workers, NGOs, policy-makers, students	Individuals or groups
Articles and miscellanea in non-peer reviewed journals	Miscellanea, advocacy material	General public, health workers, media, NGOs, policy-makers	Individuals or groups

In practice, the quality control mechanisms vary across all those categories. Up to four different standards oversee the quality of WHO publications in WHO-HQ. These include oversight by the Guidelines Review Committee for publications considered to include policy recommendations; Ethics Review for research-based products; Health Statistics Review for products showing original health related data; and the general clearance process for all other products. 10 WHO also produces five serial publication types of global and regional reach, some of which follow standard scientific peer-review.11 The use and application of quality control mechanisms in other levels of the organization is more variable, while it is unclear how WHO's audience perceives and uses the various type of publications regardless of their quality standards.

Various bodies have expressed concerns with the strategic fit of the publication function at WHO. A 2013 external review of WHO guidelines noted that improvements in guideline development methods following the establishment of the Guideline Review Committee were not even across the organization, while neither the Guideline Review Committee nor other quality standards were fully embedded across WHO.12 The 2012 JIU review of Management, Administration and Decentralization in WHO highlighted the need for improving the cost-effectiveness of the publication production processes, and recommended an external evaluation of the preparation of publications.13 The WHO Reform Stage 2 evaluation in 2014 also reinforced this recommendation. Finally, the EB at its 135th meeting included the "Evaluation of the Impact of Publications in WHO" as a strategic priority for the 2014-2015 work-plan of the Evaluation Office.

2.2 Objectives of the evaluation

The overall purpose of this evaluation is to assess the impact of WHO publications by considering the reach, usefulness, and use, of a representative sample of WHO information products as estimates for their impact. Through this assessment, the evaluation also intends to reflect and draw evidence to improve their internal processes and quality control mechanisms.

The impact evaluation of publications refers to the contribution of a specific information product, or a set of information products, to intended long-term outcomes with regard to individuals or communities. These long-term outcomes relate to the contribution of publications to improvements in health and in health-related behaviours, as well as to stimulating or informing public debate, policy-making and practice by individuals, professionals, institutions and communities.

Due to limitations in identifying causality and attribution, as well as the time lag required for long-term outcomes, it has been suggested that the outcomes of information products be estimated by their "usefulness" and "actual use" of the publications. [14] The logic is that publications that the intended

[10] Charles Penn. Categorization of Information Products. Presentation to PPCG, 18th meeting, 5-6 November 2012
[11] Impact of WHO Info Products ppcg11_agenda item5b
[12] Sinclair D, ISba R, Kredo T, Zani B, Smith H, Garner P. World Health Organization Guideline Development: An evaluation. PLOS One 2013; 8(5): e63715. Doi: 10.1371/journal.pone.00063715
[13] JIU Review of Management, Administration and Decentralisation in WHO. JIU/REP/2012/6
14 Sullivan, T.M., Strachan, M., and Timmons, B.K. Guide to Monitoring and Evaluating Health Information Products and Services. Baltimore, Maryland: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, Massachusetts: Management Sciences for Health, 2007. http://www.infoforhealth.org/hipnet/MEGuide/MEGUIDE2007 .pdf

audience perceives as "useful" are more likely to be "used" and thus to contribute to policy changes or to improvements in professional practice and individual behaviour. Usefulness relates to the audience's satisfaction with the content and perceived quality of the publication, as well as with its presentation and delivery mechanisms. *Reach* of publications, that is the breadth and effectiveness of product dissemination, describes the extent to which information products attain its intended recipients. The reach of publications helps in understanding the extent and relevance of the other two parameters.

The evaluation will also examine the relationships between the implementation of the WHO publication policies and the other outcome measures (reach, usefulness and use).

This evaluation will address the following high level questions:

1. To what extent do WHO publications reach their intended audiences, what are their major gaps in reach and why did these gaps arise?
2. What is the perceived usefulness of WHO publications?
3. To what extent are WHO publications used as references and as authoritative sources of information for decision-making in clinical, public health, and policy-making contexts?
4. What is the extent of implementation of WHO's publications policy and its influence on the impact of WHO publications?

2.3 Anticipated impact of the evaluation

Expectedly, the findings of this evaluation will provide a groundwork for a WHO Publications strategy. Their recommendations will inform WHO's vision for publishing in the next 5 to 10 years and for strengthening the coherence of its internal global publications operations. Furthermore, the evaluation will also inform technical departments, as main producers of WHO publications, in their considerations to prioritize publications and make the necessary quality and efficiency adjustments in terms of content, presentation and dissemination channels.

2.4 Activity coordination

The evaluation will be commissioned and coordinated by the Evaluation Office.

The successful Bidder(s), the Contractor(s), will report to the Director General's Representative for Evaluation and Organizational Learning in his capacity of Evaluation Commissioner. A WHO Senior Evaluation Officer will act as the Evaluation Manager, representing the Evaluation Commissioner in the management and day to day operations of the evaluation. An Ad-Hoc Evaluation Management Group will assist the Evaluation Manager.

3.0 REQUIREMENTS

3.1 Introduction

WHO requires the successful Bidder(s), the Contractor(s), to carry out tasks outlined below, and as further specified in the Annexes to this RFP, which form an integral part of this RFP.

3.2 Characteristics of the provider

3.2.1 Status

The selected provider(s) shall be an institution, private sector entity, and/or established team of individuals with proven experience of conducting impact and programme evaluations based on sound theory. Preferably, the contractor(s) will also have proven expertise in working with UN Agencies, intergovernmental organizations, and academia.

3.2.2 Criteria and composition of the evaluation team

Criteria: The capacity profile of the team members proposed by the contracting provider should include the following attributes and skills:

a) Relevant understanding of the public health context, including policy development, programme implementation and/or programme planning, monitoring and evaluation;
b) Understanding of the influence of various types of publication materials and of scientific information in shaping policy development, public health practice and behaviours
c) Proven in-depth understanding of the global and international publication domains relevant to the biomedical, public health, development, and social research fields and disciplines;
d) In-depth understanding and experience of quantitative and qualitative evaluation methodologies;
e) Proven understanding of methodologies for bibliometric analysis and for the evaluation of the impact of publications
f) Understanding of international/multilateral organizations and their constituencies; and
g) Demonstrated intercultural sensitivity, and experience of satisfactory multi-stakeholder engagement.

Impartiality: No member of the evaluation team proposed by the contracting entity should have a conflict of interest.

Composition: The proposed evaluation team is required to include members with the expertise described above (with the possibility of sub-contracting specialist resources). The Evaluation Team leader will be tasked with keeping WHO informed of specific issues of relevance arising during the evaluation. In its proposal, the team may request occasional support of WHO staff for its work as needed. The proposed involvement of the WHO staff needs to be time -bound, with clear indications of how the learning from this evaluation will contribute to a wider process of learning within WHO.

3.2.3 Previous experience

Required: Previous experience in conducting impact and complex evaluations with WHO, UN Agencies,

other international organizations and/or other major institutions involving multi-stakeholder actors.

Required: Previous experience in conducting impact and programme evaluations in the biomedical, public health, development and/or social sciences fields

Highly desirable: Proven experience in conducting bibliometric analysis, and evaluations of the impact of publications

3.2.4 Logistical capacity

The selected provider(s) shall have the logistical capacity to conduct the activities necessary for the evaluation, including the management and conduct of the required data collection process and data analysis, manage virtual global meetings, and arrange travel if required.

3.2.5 Staffing

The selected provider(s) will arrange to have staff dedicated to the Project, or specified phases thereof, on a full-time basis.

It is expected that the team identified in the contracting institution's proposal shall be those assigned/dedicated to the Project, or specified phases thereof in accordance with the approach, methodology and work plan proposed. If for any exceptional circumstances there is a need to substitute a member or members of the final team, WHO will need to be consulted to ensure that the pre-defined quality and experience requirements are maintained.

Should the selected provider(s) anticipate the occasional support of WHO staff for its work, the proposal should include the details (i.e. the tasks and timing) of the expected use of WHO staff and the related outputs.

3.3 Scope of the evaluation

The scope of this evaluation involves publications, either in print or electronic media, produced by WHO as a whole, that is including publications produced at WHO-HQ, at its regional offices, and at its country offices. It does not include other communication materials, such as notes for the media, press releases, official WHO statements, and general text included in the body of the WHO website; nor does it include Governing Bodies documentation.[15] The evaluation will include publications in the six WHO official languages. For the purpose of this evaluation, WHO information product categories can be classified in the following ad-hoc categorization:

[15] WHO eManual. VIII Information Products. http://emanual.who.int/p08/s01/Pages/default.aspx

1. Advocacy material
2. Technical Publications
   a. World Health Reports /Global Reports
   b. Technical Information Products (programme/thematic based and country based)
   c. Training Materials/Manuals
3. Guidelines
4. WHO-HQ and Region-based journals
5. External publications:
   a. Articles in peer-reviewed journals
   b. Articles in non-peer reviewed journals
   c. Book chapters and books, including textbooks

The timeframe for the evaluation will span 10 years; that is publications issued from 2005 to 2014.

3.4 Evaluation Criteria and Evaluation questions

3.4.1 Evaluation criteria

Operational definitions for the criteria of impact of WHO publications are[16]:

- **Reach**: The breadth and saturation of product dissemination. It describes the extent to which information is distributed and redistributed to different target audiences, and is referred to by organizations and individual users.
- **Usefulness**: The perceived quality of information products and services in terms of being appropriate, applicable, and practical. Usefulness may include such aspects as user satisfaction, quality, innovation, and relevance.
- **Use**: The application of knowledge gained from an information product. It is the way in which information products are absorbed and applied to institute or implement changes.
- **Implementation of Publications Policy**: The extent of implementation of the WHO Publications Policy based on the application of its strategies, such as[17] (i) the mechanisms for clearance and approval; (ii) the categorization of products; (iii) the cost - effectiveness mechanisms in the production and dissemination, (iv) the support for publishing; (v) the Open Access Policy; (vi) the policy on Multilingualism; (vii) the WHO Copyright policy, (viii) the Authorship policy and (xix) the policy for the use of WHO and other logos.

[16] Sullivan, T.M., Strachan, M., and Timmons, B.K. Guide to Monitoring and Evaluating Health Information Products and Services. Baltimore, Maryland: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, Massachusetts: Management Sciences for Health, 2007. http://www.infoforhealth.org/hipnet/MEGuide/MEGUIDE2007.pdf

[17] PPCG. Implementation of the WHO Publications Policy: update, November 2010. Agenda item 5a. http://intranet.who.int/homes/whp/ppcg/meetings/ppcg11agendaitem5a.shtml#principalstrategies

3.4.2 Evaluation questions

Based on the objectives and evaluation criteria, the evaluation should address the following key questions. The Evaluation Team is encouraged to develop additional questions for discussion with the Evaluation Commissioner and Evaluation Manager.

1. To what extent do WHO publications reach their intended audiences; what are their major gaps in reach; and why did the latter arise? This area should address issues such as:
   - The way WHO defines its target audiences for different types of publications and different media and the extent to which the intended reach is achieved
   - The way WHO targets different language groups, and whether there are significant differences in reach across the six official language groups
   - Whether the media (web-only, print) affects reach and if so whether WHO uses the right media to effectively convey WHO information for different audiences
2. What is the perceived usefulness of WHO publications (by information product type)? The issues that should be covered under this heading are:
   - The extent to which WHO publications respond to global strategies and priorities and are based on needs assessment
   - The extent to which WHO publications respond to, and meet, the priority information needs of their intended audiences, and whether the format, language and dissemination mode of those affect their perception of usefulness.
   - The perceived influence and impact of WHO publications on the formulation of national health policies and strategies and healthcare practices, as well as the perceived comparative advantage of WHO publications in relation to the ones by other stakeholders (including considerations of the trends towards Open Access)
   - The perceived level of quality (e.g. credibility, authoritativeness, trustworthiness, and reputability) of WHO publications as well as their related shortcomings
3. To what extent are WHO publications used as references and as authoritative sources of information for decision-making in clinical, public health, and policy-making contexts? This heading should cover issues such as:
   - The extent to which WHO's publications are used as an authoritative source of health information, understanding the circumstances and criteria for it. It would be essential to determine the type of, and the publications that have demonstrated to contribute significantly to public health, as well as those that have not and could be published elsewhere. This area should look for evidence of the adoption of the content of WHO publications, leading to changes in policy, clinical practice, or individuals' behaviors.
   - The extent to which the language, format and media of WHO publications influence their use as references and authoritative sources
   - How can WHO foster better use of health information, either in the form of WHO publications, or through different mechanisms
4. What is the extent of implementation of WHO's publications policy and its influence in the impact of WHO publications? Major issues under this area are:
   - The extent to which the adoption of the various WHO's publication strategies and processes, including the quality control mechanisms, open access policy, etc., influence the reach, perceived usefulness and use of WHO publications, identifying the gaps and

weaknesses.

- The effectiveness of WHO's quality control mechanisms and monitoring systems to assess the use and relevance of the publications production, and the impact in terms of reach, usefulness and use, of its publications.

3.5 Methodology

3.5.1 General principles

The evaluation methodology will follow the principles set forth in the WHO Evaluation Practice Handbook. It will also follow the United Nations Evaluation Group (UNEG) norms and standards for evaluations as well as ethical guidelines. The evaluation team will ensure that the evaluation adheres to WHO cross-cutting strategies on gender, equity and human rights.

The selected evaluation team will prepare an **Inception Report**, which will include a detailed valuation proposal based on sound methodology aimed at addressing all evaluation questions, together with proposed data collection instruments, and an adequate and relevant work-plan for the implementation of the evaluation. The Inception Report may include additional evaluation questions. It will include the strategic partners to be involved and a schedule of key milestones, deliverables and responsibilities, as well as the detailed resource requirements to be committed by the evaluation team. It will also include a section detailing how the evaluation will adhere to the WHO evaluation policy and UNEG principles.

The evaluation team shall define a specific theoretical framework for the evaluation, including a detailed theory of change appropriate to the evaluation questions. The theory of change will describe the relationship between the relevant inputs, activities and functions, and the outputs and outcome (impact) measures that will be the focus of the evaluation. The evaluation team shall consider the impact pathway for the various categories of publications involved in the evaluation.

The evaluation will use a mixed methods design, combining desk review, bibliometric and media analysis, and analysis of relevant documents and indicators with primary data collection through surveys, key informant interviews and/or other qualitative methodologies.

3.5.2 Design

Conceptual frame: The evaluation team will develop a theory of change to frame the theoretical underpinnings of the evaluation.

Scope: As described in section "3.3 Scope of the evaluation" of this RFP. The results of the evaluation will also be stratified according to the ad-hoc categorization described.

Sampling: WHO-HQ & Regional publications: The evaluation team will propose a sampling frame to select specific publications produced by WHO-HQ and the six regional offices within the timeframe defined. It is suggested that the sampling frame will be proportional to the volume of publications produced per each WHO office, and that, in a second stage, it will be stratified by the ad-hoc categorization of information products described in section 3.3.

Country-level publications: The publications of at least six WHO country offices (to be defined by WHO), corresponding to the six official regions will be included in the evaluation. The evaluation team will also propose a sampling frame to select publications produced at country level respecting the ad-hoc categorization described earlier.

Data Collection: The evaluation team will identify the relevant indicators and parameters for the document review based on the predefined theory of change. Data collection shall include both quantitative and qualitative data in order to respond to the evaluation questions. The evaluation team will also develop the specific data-collection tools, taking into consideration the need for adaptation and translation to the official WHO languages when relevant. Their development will follow state of the art scientific methodologies, and will be piloted prior to its use. It is important to consider that various data collection categories may be necessary to respond to each of the evaluation questions.

Data collection categories to be included are:

- Desk review and bibliometric analysis; to map relevant WHO publications and identify the relationship with ex-ante (process and clearance standards, fit with strategic priority areas) and ex-post quality criteria and proxy indicators of reach, perceived usefulness and use (such as impact factor, mentions, citations and extent of referencing and quotes, reprints, translations, downloads, etc.), by various stakeholders including partner organizations and the various stakeholders cited below.
- Qualitative information may include surveys of major stakeholder constituencies for the intended audiences of WHO publications in all geographic regions, sub -regions, and major language communities; as well as key informant interviews. Key WHO staff involved in the production of WHO publications, both from a strategic, process and content point of view, should also be included in the evaluation.
- Case studies of specific publications would also enable estimating the complexities related with the variables under consideration.

Relevant stakeholders for the evaluation are:

- WHO partners at country, regional and global level, including: Ministries of Health officials and officials of other governmental institutions, healthcare professional associations and other professional bodies at global, regional and national level; relevant research institutes, agencies and academia, health care provider institutions, NGOs, and civil society, UN Agencies, and other relevant multilateral organizations, donor agencies, and relevant corporate partners.
- Technical WHO staff and staff involved in the management of corporate publications at WHO-Headquarters, at the six WHO regional offices and Country Offices.

3.6 Work to be performed

The final output will consist of an **Evaluation Report** describing the evaluation findings that fully address the evaluation criteria.

3.6.1 Key requirements

The Evaluation Team will be expected to conduct at a minimum the following tasks:

- Participate at a Kick-Off meeting at WHO Headquarters in Geneva to agree on the terms and conditions of the contract
- Develop a set of specific evaluation questions for review and approval with WHO based on the high level questions identified in this RFP
- Appraise and understand the relevant literature on evaluation of the impact of publications
- Design a methodologically sound evaluation proposal, based on a theory of change, and project plan as part of the **Inception Report** for review and approval by the WHO Evaluation Commissioner
- Lead and conduct a methodologically sound, relevant, and appropriate desk review and bibliometric analysis
- Lead, organize and conduct a process of primary data collection, inclusive of major key stakeholders as described in the methodology section
- Map the WHO implementation policy processes for specific information products at the three levels of WHO, including an electronic survey of WHO staff at the three levels of the organization.
- Conduct a survey involving the relevant stakeholder constituencies, such as Member States and WHO partners, including UN and multilateral agencies
- Conduct between 7 to 10 case studies of specific publications covering the main ad-hoc categories and including publications produced by WHO-HQ, WHO regions and country level offices.
- Perform key informant interviews covering the three levels of the organization
- Analyse the inputs received based on a sound methodology
- Manage inputs and consultations from all parties throughout the process
- Identify sound evidence-based recommendations based on the findings and against each of the evaluation criteria and evaluation questions
- Meet with designated WHO officials for input, review and approval of the various deliverables
- Liaise with the Evaluation Manager for feedback, performance management and quality control, and problem solving during the course of the evaluation
- Design and include quality control mechanisms to anticipate and control risks and biases, and mitigate their consequences when happening
- Present and discuss Preliminary Results with the Evaluation Manager and Evaluation

Commissioner and consider relevant feedback

- Write the **Draft Evaluation Report** and present it to the Evaluation Manager, Evaluation Commissioner and other WHO officials as deemed necessary by the Evaluation Commissioner.
- Make adjustments as feedback comes from WHO to elaborate the **Final Evaluation Report**, including the final laid-out version.

3.6.2 The Evaluation Report

The evaluation report shall be based on the quality criteria defined in the **WHO Evaluation Practice Handbook.**

The Evaluation report will illustrate the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised in the Request for Proposal for this evaluation. It should be relevant to decision-making needs, written in clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.

The Evaluation report will include an Executive Summary and evidence-based recommendations directly derived from the evaluation findings, and addressing all relevant questions and issues of the evaluation. Supporting documentation detailing, at least, the methodology, evaluation activities performed and the relevant information sources used in the evaluation will be included in Annexes. The detailed list of participants and their respective contributions will be annexed.

The report will be prepared in English and is expected to comprise approximately between 80 to 120 pages including Annexes. It will be considered final only when approved by WHO. Its structure and specific outline will be discussed with, and approved by, the WHO Evaluation Commissioner and the WHO Evaluation Manager early during the evaluation process.

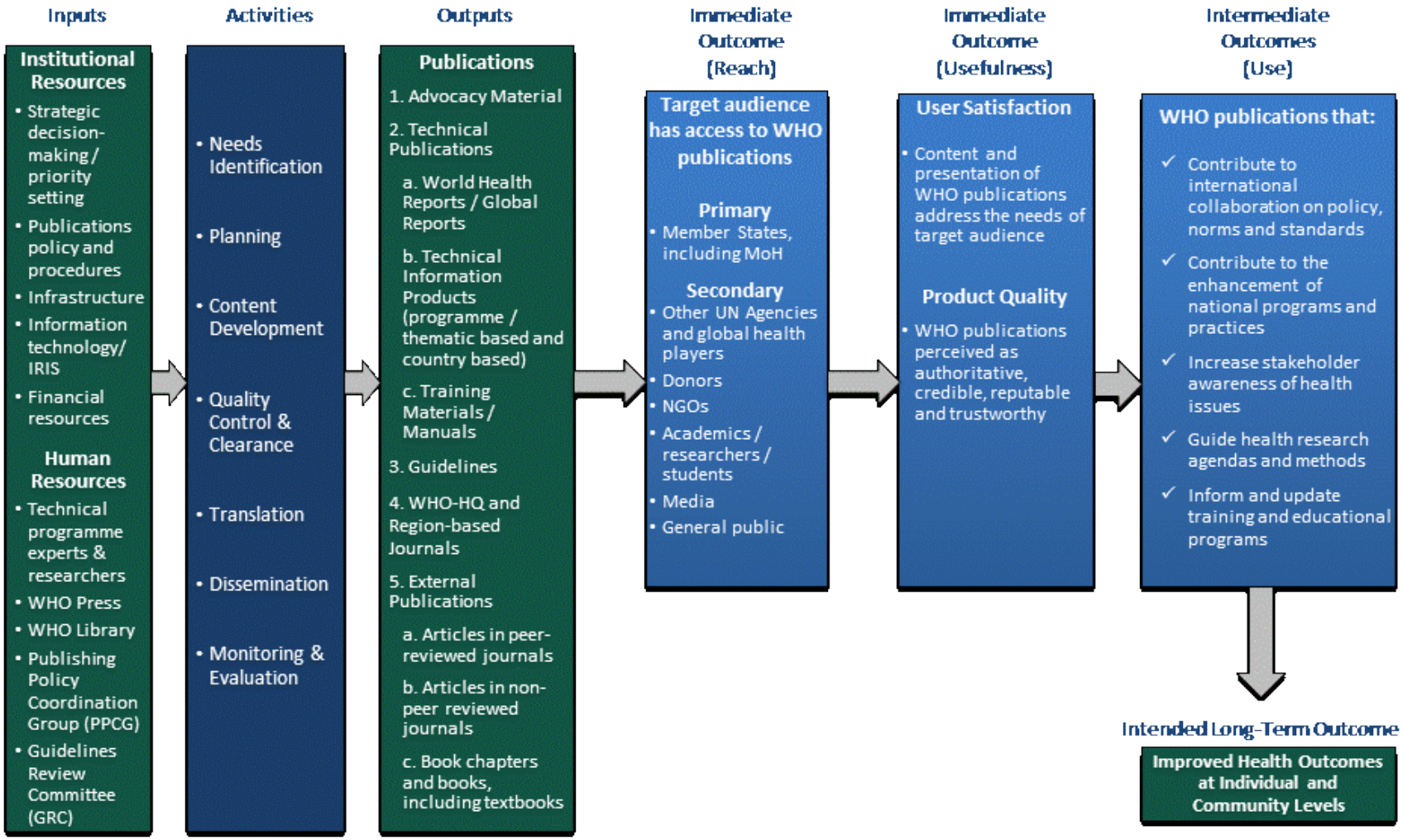
3.6.3 Reporting requirements

As per completion of deliverables and schedule of performance monitoring meetings established with the Evaluation Manager. The schedule of performance management meetings will be established at the commencement of the evaluation.

3.6.4 Performance monitoring

The evaluation team will meet periodically (every 4 -5 weeks) with the Evaluation Manager to report on progress and for performance monitoring. Performance indicators will be established at the commencement of the evaluation.

Annex B: Logic Model for Production of WHO Publications



Annex C: Evaluation Matrix

Evaluation Question	Sub-question	Indicator	Line of Evidence
Criteria 1: Reach			
1.1 What is the extent to which WHO publications reach their intended target audience(s)?	1.1.1 How does WHO target audiences?	1.1.1.i Extent to which publication policies, strategies, plans, procedures target audiences.	Document review Internal interviews Case studies Internal survey
	1.1.2 Are there gaps due to targeting?	1.2.2.i Evidence of reasons / source / cause of gaps.	Document review Internal interviews Case studies Internal survey
	1.1.3 To what extent is the intended reach achieved?	1.1.3.i Stakeholders' perceptions regarding the appropriate and sufficient dissemination of WHO publications.	Document review Internal and External interviews Case studies External survey
		1.1.3.ii **Primary Distribution (Push)** a. Number of copies/links distributed to existing emailing lists b. Extent of Open Access c. Social media presence 1.1.3.iii **Secondary Distribution (Pull)** a. Altmetrics/cybermetrics (download rates in various social media functions) b. Number of file downloads 1.1.3.iv **Referrals (Impact)** a. Impact factor per year b. Eigenfactor scores c. Secondary citation rate, expected citation rate d. Number of instances that publications are indexed or archived in selected bibliographic databases e. Number of postings of publications by other web sites or links to	Bibliometric analysis Case studies

Evaluation Question	Sub-question	Indicator	Line of Evidence
		products from other web sites (case studies only)	
	1.1.4 How does WHO target different language groups?	1.1.4.i (Stakeholder and WHO) Perceptions of the extent to which WHO publication strategies, policies and plans target different language groups.	Internal and External interviews Case studies Internal and External survey
	1.1.5 Are there significant differences in reach across the language groups?	1.1.5.i Reach information (push, pull, referral), by language group.	Document review Bibliometric analysis Case studies
	1.1.6 Does the support (e.g., web only, print) affect reach? If so, is the right media being used?	1.1.6.ii Reach information by support (e.g., web only, print).	Document review Bibliometric analysis Case studies
1.2 What are the major gaps in reach? Why did they arise?	See 1.1.2, 1.1.5		
Criteria 2: Usefulness			
2.1 What is the perceived usefulness of WHO publications?	2.1.1 How does WHO respond to global strategies and priorities through its publications?	2.1.1.i Identification of publication policies, strategies and/or plans that support global health strategies and priorities.	Document review Internal and External interviews Case studies Internal survey
	2.1.2 To what degree are WHO publications based on needs? Are they addressing priority needs?	2.1.2.i Evidence that WHO publications are guided by needs assessments.	Document review Internal and External interviews Case studies Internal survey
		2.1.2.ii Extent to which audience's priority information needs are met.	External interviews Case studies External survey
	2.1.3 Are users satisfied with	2.1.3.i Degree of satisfaction with WHO publications in general	External interviews

Evaluation Question	Sub-question	Indicator	Line of Evidence
	the publications produced by WHO?	(need, quality).	External Survey
		2.1.3.ii Degree of satisfaction with a publication (need, quality). 2.1.3.iii. Degree of satisfaction by users who rate the content of a publication as useful. 2.1.3.iv Degree of satisfaction by users who report knowledge gained from a publication. 2.1.3.v Degree of satisfaction by users who report that a publication changed their views.	Case studies External Survey (P)
	2.1.4 Does the format, language and dissemination affect perceptions of usefulness?	2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication.	Case studies External interviews External survey
		2.1.4.ii Extent to which users who the format or presentation of a publication as usable in terms of language, format, support.	Case studies External survey
	2.1.5 Is there a comparative advantage of WHO publications over those published by other stakeholders?	2.1.5.i Stakeholders' perceptions of WHO publications versus others.	Document review External interviews
		2.1.5.ii Citations and impact factors.	Bibliometric analysis
	2.1.6 What is the quality level of WHO publications (credible, authoritative, trustworthy, reputable)? Any shortcomings?	2.1.6.i Stakeholders' perceptions of quality of WHO publications.	External interviews External survey Case studies
		2.1.6.ii Bibliometric indicators (e.g., citations, impact factor, etc.) 2.1.6.iii Respondent opinion of quality and credibility (case studies)	Bibliometric analysis Case studies
Criteria 3: Use			
3.1 What is the extent to which WHO publications are used as references and as the authoritative sources for decision-making in clinical, public health and	3.1.1 What is the perceived impact of WHO publications on the health policies, strategies and healthcare practices?	3.1.1.i Extent to which users who view WHO publications as the authoritative source of health information. 3.1.1.ii Evidence of users using a WHO publication to inform decision-making in clinical, public health and policy contexts. 3.1.1.iii Extent to which users using a WHO publication to inform policy and advocacy or to enhance programs, training/education, or research. 3.1.1.iv Extent to which users adapt publications.	Document review Internal and external Interviews External survey Case studies

Evaluation Question	Sub-question	Indicator	Line of Evidence
policy decision-making contexts?		3.1.1.v Extent to which users use a WHO publication to improve their own clinical practice or performance.	
	3.1.2 What publications and type contribute significantly to improved health outcomes at the individual and community level? Which have not?	3.1.2.i Evidence that WHO publications: a) contribute to international collaboration on policy, norms and standards, b) contribute to the enhancement of national programs and practices c) increase stakeholder awareness of health issues d) guide health research agendas and methods e) inform and update training and educational programs	Internal and external interviews Case studies External survey
	3.1.3 How can WHO foster better use of health information? Other mechanisms?	3.1.3.i Identification of information needs and preferred dissemination methods.	Internal and external interviews Case studies
Criteria 4: Implementation of Publications Policy			
4.1 What is the extent of implementation of WHO's publications policy and its influence on the impact of WHO publications?	4.1.1 What is the level of awareness and knowledge of WHO management and staff of WHO publication policy?	4.1.1.i WHO management and staff's awareness and knowledge of WHO publication policies.	Internal interview Case studies Internal survey Document review
	4.1.2 What is the level of training and information that is available and has been provided to WHO management and staff on WHO publication policy?	4.1.2.i WHO management and staff who have taken training or accessed information on WHO publication policies.	Internal interview Case studies Internal survey Document review
	4.1.3 How does the adoption of WHO's publication strategies influence the reach, perceived usefulness and use of publications?	4.1.3.i A multivariate regression analysis to determine statistically which publication strategies are most associated with a high download rate (reach), impact factor (usefulness) and translation (use).	Document review Bibliometric analysis Case studies
	4.1.4 Are there any gaps or	4.1.4.i Identification of gaps or weaknesses in publication strategies	Bibliometric analysis

Evaluation Question	Sub-question	Indicator	Line of Evidence
	weaknesses in the WHO's publications policy?	with regard to influence on reach, usefulness and use.	Internal interviews Case studies Internal survey
	4.1.5 How effective are the quality control mechanisms and monitoring systems in assessing use and relevance of publication production and impact (reach, usefulness and use)?	4.1.5.i Evidence of adherence to quality control mechanisms and WHO-wide use of a monitoring system in assessing use and relevance of publication production and impact of publications.	Document review Internal interviews Case studies Internal survey
Criteria 5: Lessons Learned			
5.1 What are the lessons that could be learned from the WHO publications process and publications policy?	5.1.1 What factors external to WHO may influence the achievement of activities, outputs and outcomes.	5.1.1.i Identification of enabling factors.	Bibliometric analysis Internal and external interviews Case studies
	5.1.2 What have been the lessons learned, positive and negative?	5.1.2.i Identification of lessons learned.	Bibliometric analysis Internal and external interviews Case studies
	5.1.3 What are the areas for improvement?	5.1.2.i. Identification of areas for improvement.	Internal and external interviews Case studies

Annex D: List of Interviewees

Category	Plan	Actual
WHO HQ	16 to 22	54
WHO Regional	7 to 10	12
WHO Country Level	7 to 10	7
External Country Level	15 to 20	18
External Regional/Global	15to 25	21
Donors	6 to 10	3
TOTAL	**84-115**	**115**

Internal Interviewees

Name	Organization Level	Country	Interview Type
Agnes Leotsakos	WHO HQ (retired)		Case study – Patient Safety
Alison Clements Hunt	WHO HQ		Strategic
Anais Legand	WHO HQ		General
Andrew Cassels	WHO HQ (retired)		Strategic & General
Andrew Lee Ball	WHO HQ		General
Angelika Tritsher	WHO HQ		Strategic & General
Benedetta Allegranzi	WHO HQ		General
Boniface Dongmo Nguimfack	WHO HQ		Case Study - HIV
Chris Dye	WHO HQ		General
Christine Feig	WHO HQ		Strategic
Colin Mathers	WHO HQ		Strategic
Cristiane de Oliveira	WHO HQ		Strategic
David Ross	WHO HQ		Case Study - HIV
Ed Kelley	WHO HQ		General
Elil Renganathan	WHO HQ		Strategic
Erin Kenny	WHO HQ		Strategic & General
Evelyn Murphy	WHO HQ		Case Study – Road Safety
Faith McLellan	WHO HQ		General
Fiona Fleck	WHO HQ		General
Gaya Gamhewage	WHO HQ		General
Gottfried Hirnschall	WHO HQ		General
Ian Roberts	WHO HQ		General
Ian Smith	WHO HQ		Strategic & General

Name	Organization Level	Country	Interview Type
Itziar Larizgoitia	WHO HQ		Strategic & Case Study – Patient Safety
Jan Ties Boerma	WHO HQ		General
Kamel Senouci	WHO HQ		General
Kimberly Parker	WHO HQ		Strategic
Laragh Gollogly	WHO HQ		Strategic & General
Laura Sminkey	WHO HQ		General
Margaret Mary Peden	WHO HQ		General
Marie-Paule Kieny	WHO HQ		General
Mary Kindhauser	WHO HQ		Strategic
Mathews Mathai	WHO HQ		General
Menno Van Hilten	WHO HQ		Strategic
Michel Zaffran	WHO HQ		Case Study - Immunization
Nick Banatvala	WHO HQ		General
Oyuntungalag Namjilsuren	WHO HQ		General
Patrick Zuber	WHO HQ		Case Study - Immunization
Paul McCarey	WHO HQ		Strategic
Philippe Duclos	WHO HQ		Strategic & General
Phillipa Easterbrook	WHO HQ		Strategic & General
Pierre Formenty	WHO HQ		General
Sylvie Briand	WHO HQ		General
Tamitza Toroyan	WHO HQ		Case Study – Road Safety
Vasee Moorthy	WHO HQ		General
Charles Raby	WHO Regional Office - SEARO	India	General
Charles Sagoe-Moses	WHO Regional Office - AFRO	Gambia	Case Study - HIV
Francis Chisaka Kasolo	WHO Regional Office - AFRO	Congo	Case Study – Ebola
Jane Nicholson	WHO Regional Office - EMRO	Egypt	Strategic & General
Jean-Bosco Ndihokubwayo	WHO Regional Office - AFRO	Congo	General
Jon Passmore	WHO Regional Office - WPRO	Philippines	General
Mamunur Rahman Malik	WHO Regional Office - EMRO	Egypt	Case Study - Ebola
Lidija Kamara	WHO HQ	Switzerland	Case Study - Immunization

Name	Organization Level	Country	Interview Type
Mamoudou Harouna Djingarey	WHO Country Office	Burkina Faso	Case Study - Immunization
Marie Villemin Partow	WHO Regional Office - WPRO	Philippines	General
Mary Stewart Burgher	WHO Regional Office - EURO	Denmark	General
Yves Turgeon	WHO Regional Office - AFRO	Congo	General
Arifuzzaman Khan	WHO Country Office	Bangladesh	General
Indrajit Hazarika	WHO Country Office	Philippines	General
Martin Taylor	WHO Country Office	China	General
Mary Kessi	WHO Country Office	Tanzania	General
Ruth Mabry	WHO Country Office	Oman	General
Victor Pavarino	WHO Country Office	Brazil	General
Ying-Ru Loy	WHO Regional Office - WPRO	Philippines	Case Study - HIV

External Interviewees at Country Level

Name	Organization	Country	Interview Type
David W Bates	Harvard T.H. Chan School of Public Health	US	Case Study – Patient Safety
Martha Hijar	Secretaria Técnica del Consejo Nacional para la Prevención de Accidentes Subsecretaría de Prevención y Promoción de la salud Guadalajara	Mexico	General
Duan Lei Lei	National Center for Chronic and Noncommunicable Disease Control and Prevention	China	General
Maria Sequi Gomez	Ministry of Transport	Spain	General
Jaleela Sayed Jawad	Ministry of Health	Bahrain	General
George Bonsu	Ministry of Health	Ghana	General
Fabio Caldas de Mesquita	Ministry of Health	Brazil	General
Yolanda Agra	Ministry of Health	Spain	General
Shaheen Mehtar	Infection Control Africa Network (ICAN)	South Africa	General
Carolina Giuffre	Hospital Británico de Buenos Aires	Argentina	General
Yogan Pillay	National Dept of Health of South Africa	South Africa	General
Abeer Aly	Ministry of Health	Kuwait	General
Justin Pendarvis	USG/OFDA	US	General
Jide Coker	West African Health Organization	Sierra Leone	General
Anton Best	Ministry of Health	Barbados	General
Tim Benson	Department of Health, Government of Western Australia	Australia	General
Preethi Pradhan	School of Health Sciences, Chitkara University	India	General
Maya Siman-Tov	Israel National Center for Trauma & Emergency Medicine Research, The Gertner Institute for Epidemiology and Health Policy Research, Sheba Medical Center	Israel	General
AliAkbar Haghdoost	Kerman University of Medical Sciences	Iran	General
Siti Haniza Mahmud	Ministry of Health	Malaysia	General

External Interviewees at Global Level

Name	Organization	Interview Type
Rosa Crestani	MSF	General
Lotte Brondum	Global Alliance of NGOs for Road Safety	General
Gayle Di Pietro	IFRC	General
Gerald Dziekan	World Self-Medication Industry (formerly with WHO)	Case Study – Patient Safety
Kari Johansen	European Center for Disease Prevention and Control	General
Noni MacDonald	Dalhousie University	General
Annette Sohn	TREAT Asia, The Foundation for AIDS Research	General
Arora Narendra Kumar	International Clinical Epidemiology Network	General
Sharon Lewin	Doherty Institute for Infection and Immunity	General
Adnan Hyder	John Hopkins,	General
David Sleet	CDC	General
Michael von Bertele	Save the Children	General
Anany Gretchko Prosper	Partners in Health	General
Hyam Nicola Bashour	Faculty of Medicine, Damascus	General
Nikki Turner	Associate Prof, University of Auckland	General
Jon S Abramson	Wake Forest Baptist Health	General
Frederick Were	University of Nairobi	General
Dede Oetomo	Gaya Nusantrara Foundation	General
Robert Steinglass	John Snow Inc	General

External Interviewees at Donor Level

Name	Organization	Interview Type
Kelly Larson	Bloomberg Philanthropies	General
Chris Beyrer	John Hopkins Center for Public Health and Human Rights	General
Deborah Birx	Office of the Global AIDS Coordinator (PEPFAR)	General

Annex E: Document Review List

Name	Evaluation Questions	Relevance, Comments
General	**1,2,3,4**	**1 = Low, 3 = High**
Study on contributions authored or co-authored by WHO staff members, and published in external publications	1, 4	2 Very focused study, but some overlap with the evaluation
HINARI Website: http://www.who.int/hinari/en/ accessed March 2, 2016	1	
WHO intranet: Accessed March 8, 2016 Publishing at WHO: https://vconnect-node1.who.int/+CSCO+1h756767633A2F2F766167656E6172672E6A75622E766167++/homes/whp/publishingwho/	4	3 Links to eManual, Information notes, Governing Body docs etc.
First WHO journal coordination meeting. 18 November 2015. WHO-HQ		
WHO Knowledge Management Strategy, WHO/EIP/KMS/2005.1	4	1
JIU Review of Management, Administration and Decentralisation in WHO. JIU/REP/2012/6	4	2
Bridging the Language Divide in Health, *Bulletin of the World Health Organization* 2015; 93: 365-366. doi: http://dx.doi.org/10.2471/BLT.15.020615		
Guidelines Related		
WHO Handbook for Guideline Development (2014), 2nd Edition.	4	Actual book, 3
GRC Meeting Minutes - 19 June 2013, 17 July 2013, 15 January 2014, 19 February 2014, March 19 2014, April 16 2014, May 21 2014, January 21 2015, February 18 2015	4	3
Oxman AD, Lavis JN, Fretheim A. Use of evidence in WHO recommendations. The Lancet. 2007; 369: 1884 -89	4	3
Sinclair D, Isba R, Kredo T, Zani B, Smith H, et al. (2013) World Health Organization Guideline Development: An Evaluation. PLoS ONE 8(5): e63715. doi:10.1371/journal.pone.0063715	4	3
Nasser, S.M.U. et al (2015) Strengthen of recommendations in WHO guidelines using GRADE was associated with uptake in national policy, Journal of Clinical Epidemiology	3	3

Name	Evaluation Questions	Relevance, Comments
http://dx.doi.org/10.1016?j.jclinepi.2014.11.006		
Burda B.U., et al., (2014) Appraisal of guidelines developed by the World Health Organization, Public Health, http://dx.doi.org/10.1016/j.puhe.2014.01.002	4	3
Alexander P.E. et al (2014) World Health Organization recommendations are often strong based on low confidence in effect estimates, Journal of Clinical Epidemiology, 67 629-634	4	3
Alexander, P.E. at all (2015) World Health Organization strong recommendations based on low-quality evidence (study quality) are frequent and often inconsistent with GRADE guidance, Journal of Clinical Epidemiology, 2015. http://dx.doi.org/10.1016/j.jclinepi.2014.10.011	4	3
Publishing Policy related documents		
WHO eManual Chapter 8, WHO Intranet	4	3
Information Note 01/2015, Clearance of information products	4	3
Information Note 16/2007, Establishment of a Guidelines Review Committee	4	3
Information Note 29/2015, Clearance for publication of WHO global, regional and country estimates	4	3
Information Note 31,/2014, Clearance process for WHO maps	4	3
Information Note 13/2007 Copyright and WHO	4	3
Information Note 14/2007, Attribution of authorship	4	3
Information Note 12/2007 Minimum criteria for WHO information products	4	3
Information Note 22/2014, Declarations of interest	4	3
Information Note 26/2008 Names of Member States	4	3
Information Note 25/2013, Transfer of external printing services to WHO Press	4	3
EB122/20, December 2007, WHO Publications	4	3
EBPBAC6/4, May 2007, WHO publication policy	4	3
EB123/7, April 2008, WHO publications policy: guidance on implementation and evaluation	4	3
EB 129/4, April 2011, WHO publications policy	4	3
EB121/6, April 2007, Multilingualism: plan of action	4	2
Evaluation Guidelines of the Office of Internal Oversight	4	2
WHO Style Guide	4	3

Name	Evaluation Questions	Relevance, Comments
Case Study on Multilingualism, Joint Inspection Unit (JIU/REP/20034)	4	2
PPCG Related Documents		
Implementation and evaluation of the WHO publications policy: update June 2010 (agenda item 7) PPCG Meeting 9th Meeting	4	2 Identifies some gaps that have now been addressed
Impact of WHO Publication, PowerPoint presentation to PPCG 11th Meeting, Nov 2010	1,2	3 Good information for 2008-09 period
Publishing Training, PowerPoint presentation to PPCG, 15th meeting, November 2011	4	3
Publishing Training, PowerPoint presentation to PPCG, 18th meeting, November 2012	4	3
Background Paper on Open Access, PPCG 11th Meeting	4	1
PPCG Meeting Minutes and Reports: 1st meeting, 9th meeting, 11th Meeting, 15th meeting	4	3
Review of recent WHO publications in relation to attribution of authorship and acknowledgements, PPCG 18th Meeting,	-	1
Launching the WHO open-access policy, PPCG 18th Meeting, November 2012	4	2 Gives timetable for implementation
Learning Pathways, PPCG 19th Meeting, April 2013	4	3
PPCG report of the 25th meeting, November 2015	4	3
Programme and various documents		
2008-09 WHP statistics revised	4	3
2010-11 Appendix 7.1 HQ Learning Activities	4	3
2010-11 Appendix 7.2 HQ Participants	4	3
2012-13 Report WHP	4	3
2013 Web Social Media Report (EURO)	1	3
Digital Analytics Report (EURO)	1	3
WHP training courses for 2012	4	3

Name	Evaluation Questions	Relevance, Comments
Proposed publications to address priority topics 2016-17 (EURO)	1,2	3
Top 50 List (Euro)	1	3
WHO training courses 2013	4	3
Publications/Information Products		
M. Doherty, et a (2015) Rapid uptake and adoption of the WHO 2013 Consolidated ARV guidelines recommendations: paving the way to achieving the 90/90/90 global target, PowerPoint presentation		1

Annex F: WHO Internal Survey Report

1.0 Demographics

1.1 Completion Rate

The internal WHO survey was introduced by the WHO DG Representative for Evaluation and Organizational Learning to: 1) regional directors of programme management (DPMs), 2) assistant directors-general and 3) directors. The first group was asked to share the survey with their divisional directors, WRs and others involved in the production of publications. Following the introduction of the internal survey, the WHO Evaluation Office emailed the survey link on behalf of TDV Global.

The internal survey was available in English. In total, there were 202 responses, 102 completed responses for a completed response rate of 50%.

Total responses	202
Completed responses	102 (50%)

1.2 Roles in WHO Publications

While individual WHO staff were involved in multiple roles related to publications, a majority of staff were involved in writing content for publications (57.7%) and nearly half of the respondents had a role in reviewing information products.

Response	Chart	Percentage	Count
Writing content for publications		57.7%	113
Clearance		33.7%	66
Reviewing		49.5%	97
Outsourcing production tasks		31.6%	62
Graphics		7.7%	15
Editing		18.4%	36
Proofreading		31.1%	61
Distribution		28.1%	55
Not applicable - no role in WHO publications		12.2%	24
Other (Please specify)		18.4%	36
		Total Responses	**196**

1.3 Level of WHO

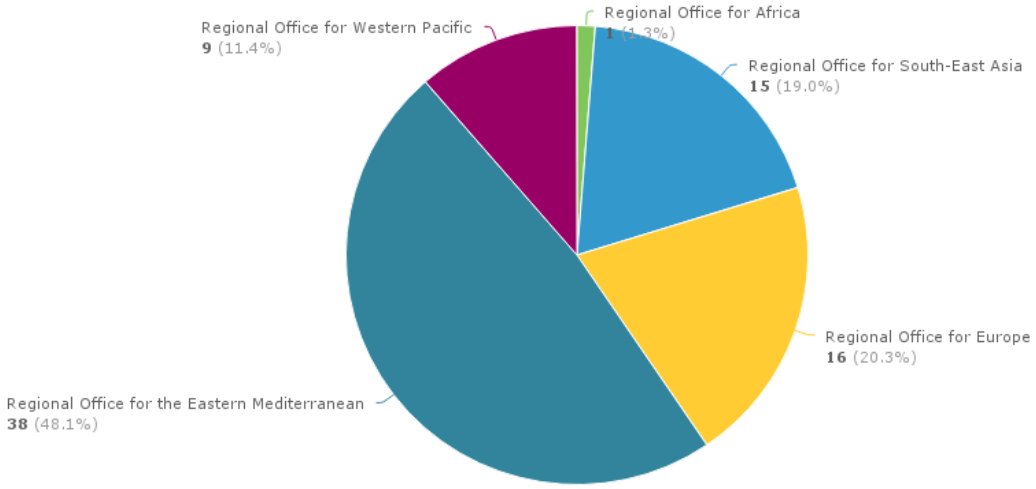
WHO staff from regional offices were represented more in the internal survey (40.5%) than staff from country offices (30.6%) and headquarters (28.9%).

Response	Chart	Percentage	Count
Headquarters		28.9%	50
Regional Office		40.5%	70
Country Office		30.6%	53
		Total Responses	**173**

1.4 Regional Office Representation

Out of all WHO staff from the six regional offices, nearly half came from EMRO (Regional Office for the Eastern Mediterranean), followed by 20.3% from EURO (Regional Office for Europe), 19% from SEARO (Regional Office for South-East Asia) and 11.4% from WPRO (Regional Office for Western Pacific).

One respondent represented AFRO (Regional Office for Africa).



1.5 Years involved with WHO publications

The majority of survey respondents (64.2%) reported having been involved in the production of WHO publications for 5 or more years.

The remaining respondents (between 5.1% and 10.8%) were involved with WHO information products from less than 1 year to 4 years.

Broken down by WHO level, most headquarter employees (76%) worked in publications for 5 or more years. The majority of regional (61.4%) and country (60.4%) office employees were also involved in publications for 5 or more years.

Response	Chart	Percentage	Count
Less than one year		10.8%	19
1 year but less than 2		5.1%	9
2 years but less than 3		6.2%	11
3 years but less than 4		6.2%	11
4 years but less than 5		7.4%	13
5 or more years		64.2%	113
		Total Responses	**176**

Response	Headquarters	Regional Office	Country Office
Less than one year	5 *10.0%*	5 *7.1%*	7 *13.2%*
1 year but less than 2	1 *2.0%*	7 *10.0%*	1 *1.9%*
2 years but less than 3	2 *4.0%*	6 *8.6%*	3 *5.7%*
3 years but less than 4	2 *4.0%*	3 *4.3%*	6 *11.3%*
4 years but less than 5	2 *4.0%*	6 *8.6%*	4 *7.5%*
5 or more years	38 *76.0%*	43 *61.4%*	32 *60.4%*

1.6 Number of Publications

Over one third (34.4%) of WHO respondents reported working on 21 or more publications, while the same number also reported having worked on 1 to 5 publications.

Broken down by WHO level, half of headquarters staff worked on 21 or more publications and 37.7% for regional office staff. Country office employees were most represented among those who had contributed from 1 to 5 publications (45.3%).

Response	Chart	Percentage	Count
1 to 5 publications		34.4%	65
6 to 10 publications		16.4%	31
11 to 15 publications		9.5%	18
16 to 20 publications		5.3%	10
21 or more publications		34.4%	65
		Total Responses	**189**

Response	Headquarters	Regional Office	Country Office
1 to 5 publications	8 *16.0%*	18 *26.1%*	24 *45.3%*
6 to 10 publications	9 *18.0%*	13 *18.8%*	8 *15.1%*
11 to 15 publications	5 *10.0%*	10 *14.5%*	3 *5.7%*
16 to 20 publications	3 *6.0%*	2 *2.9%*	4 *7.5%*
21 or more publications	25 *50.0%*	26 *37.7%*	14 *26.4%*

2.0 Findings: comparison to indicators

Criteria 1: Reach

1.1 What is the extent to which who publications reach their intended target audience(s)?

1.1.1 How does WHO target audiences?	1.1.1.i Extent to which publication policies, strategies, plans, procedures target audiences.

Summary Findings
Dissemination strategy: • The majority (54.6%) of WHO staff reported mostly/completely developing a dissemination strategy for their publication, while some (24.4%) did this somewhat or to a minor extent • Developing a dissemination strategy did not apply to 14.3% of staff surveyed, likely those working in proofreading, graphics, etc. **Reach intended audience:** • The majority (65.5%) of WHO staff think that the publication they last worked on mostly/completely reached its intended audience, and 23.6% believe this to be the case somewhat or to a minor extent

Survey Question	Findings
Q8: With regards to the last WHO publication you worked on: To what extent did you develop a specific dissemination strategy aimed at the intended audience of this publication?	54.6% - mostly/completely 24.4% - Somewhat/To a minor extent 6.7% - Not at all 14.3% - Not applicable

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
26 (21.8%)	39 (32.8%)	19 (16.0%)	10 (8.4%)	8 (6.7%)	17 (14.3%)	119

Survey Question	Findings
Q9: With regards to the last WHO publication you worked on: To what extent do you think this publication reached its intended audience?	A majority 65.5% - mostly/completely 23.6% - Somewhat/To a minor extent 2.5% - Not at all 8.4% - Not applicable

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
20 (16.8%)	58 (48.7%)	24 (20.2%)	4 (3.4%)	3 (2.5%)	10 (8.4%)	119

1.1.2 Are there gaps due to targeting?	1.1.2.i Evidence of reasons / source / cause of gaps.

Summary Findings

Understand audience:

- The vast majority (87.5%) of WHO publication staff felt that they mostly/completely understood their target audience

Any gaps in dissemination strategy:

- Some respondents (46.2%) believed that there were gaps in the dissemination strategy of their latest publication that hindered its reach to the intended audience somewhat or to a minor extent
- This did not apply to 26.1%
- A few others (16.8%) felt that there were mostly or completely gaps in the dissemination strategy

Most significant gap in dissemination strategy (qualitative responses):

- Most comments referred to poor information dissemination planning because there are no strategies. There are various related comments to this such as poor communications support that can raise awareness of the publications, questions around printing and distribution costs, and lack of other means of distribution (e.g. events, social media, etc.).
- There were many comments related to the translation of publications making dissemination difficult to non-English speaking countries.
- There were several comments about the very important role for Country Offices to play in dissemination of publications that is not being utilized or incorporated in planning.

Survey Question	Findings
Q6: With regards to the last WHO publication you worked on: To what extent do you have a clear understanding of the intended audience for this publication?	87.5% - mostly/completely 10.8% - Somewhat/To a minor extent

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
64 (53.3%)	41 (34.2%)	12 (10.0%)	1 (0.8%)	1 (0.8%)	1 (0.8%)	120

Survey Question	Findings
Q10a: With regards to the last WHO publication you worked on: To what extent were there gaps in the dissemination strategy to this publication that hindered its reach to the intended audience?	16.8% - mostly/completely 46.2% - Somewhat/To a minor extent 10.9% - Not at all 26.1% - Not applicable

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
5 (4.2%)	15 (12.6%)	32 (26.9%)	23 (19.3%)	13 (10.9%)	31 (26.1%)	119

Survey Question	Findings
Q10b: Could you describe the most significant gap(s) in the dissemination strategy of this publication? (Qualitative question)	83 qualitative responses • Most comments referred to poor information dissemination planning because there are no strategies. There are various related comments to this such as poor communications support that can raise awareness of the publications, questions around printing and distribution costs, and lack of other means of distribution (e.g. events, social media, etc.). • There were many comments related to the translation of publications making dissemination difficult to non-English speaking countries. • There were several comments about the very important role for Country Offices to play in dissemination of publications that is not being utilized or incorporated in planning.

1.1.4 How does WHO target different language groups?	1.1.4.i (Stakeholders and WHO) Perceptions of the extent to which WHO publication strategies, policies and plans target different language groups.

Summary Findings
Latest publication translated: • More than half (52.6%) of WHO staff reported that their most recent publication was not translated **Languages translated:** • Of the 55 translated publications, the most frequently translated language was French (37.7%), followed closely by Arabic (36.1%) • Chinese was the least translated language (9.8%) out of the six official WHO languages

Survey Question	Findings
Q11a: With regards to the last WHO publication you worked on: was the publication translated?	

Response	Chart	Percentage	Count
Yes		47.4%	55
No		52.6%	61
		Total Responses	**116**

Survey Question	Findings
Q11b: Into what language?	

Response	Chart	Percentage	Count
Arabic		36.1%	22
Chinese		9.8%	6
French		37.7%	23
Spanish		19.7%	12
Russian		27.9%	17
Other		27.9%	17
		Total Responses	**61**

Criteria 2: Usefulness

2.1 What is the perceived usefulness of WHO publications?

2.1.1 How does WHO respond to global strategies and priorities through its publications?	2.1.1.i Identification of publication policies, strategies and/or plans that support global health strategies and priorities.

Summary Findings
Support global health priorities: Most WHO staff (74.8%) reported that the last publication they worked on directly supported global health priorities mostly or completely, and some (20.1%) felt that it did somewhat or to a minor extent.

Survey Question	Findings
Q12: With regards to the last WHO publication you worked on: to what extent did this publication directly support global health priorities?	74.8% - mostly/completely 20.1% - Somewhat/To a minor extent 0.8% - Not at all 4.2% - Not applicable

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
56 (47.1%)	33 (27.7%)	18 (15.1%)	6 (5.0%)	1 (0.8%)	5 (4.2%)	119

2.1.2 To what degree are WHO publications based on need? Are they addressing priority needs?	2.1.2.i Evidence that WHO publications are guided by needs assessments.

Summary Findings
Understanding information needs: • Most WHO staff (80.9%) reported that they mostly or completely understood the information needs of their target audience. **Needs assessment:** • Less than half of staff (48.7%) reported that their latest publication was guided by a needs assessment and some (22.7%) did not know.

Survey Question	Findings
Q7: With regards to the last WHO publication you worked on: to what extent do you understand the information needs of the intended audience?	80.9% - mostly/completely 16.6% - Somewhat/To a minor extent 0.8% - Not at all

	1.7% - Not applicable

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
	47 (39.2%)	50 (41.7%)	16 (13.3%)	4 (3.3%)	1 (0.8%)	2 (1.7%)	120

Survey Question	Findings
Q13: With regards to the last WHO publication you worked on: was the topic of the publication guided by a needs assessment?	

Response	Chart	Percentage	Count
Yes		48.7%	58
No		28.6%	34
Do not know		22.7%	27
		Total Responses	**119**

Criteria 4: Implementation of Publications Policy

4.1 What is the extent of implementation of WHO's publications policy and its influence on the impact WHO publications?

4.1.1. What is the level of awareness and knowledge of WHO management and staff of the WHO publication policy?	4.1.1.i WHO management and staff's awareness and knowledge of WHO publication policies.

Summary Findings
Responses varied across the levels of knowledge on policies. More than half of WHO staff felt that they were mostly or completely knowledgeable and approximately one third reported they were somewhat knowledgeable on the following policies: • WHO Publications Policy (55.4%) • Clearance policies for external publications (59.1%) • Clearance policies for WHO publications containing recommendations (54.6%) • Clearance policies for advocacy publications (55.5%) • Attribution of authorship (53.6%) A majority of staff were mostly or completely knowledgeable on: • Clearance policies for technical reports (61.8%) • Copyright (67.9%) The use of WHO logo was most frequently reported to be a knowledgeable area of the publication policy (84.4% mostly/completely) WHO staff were least knowledgeable about the open access policy as less than half of the respondents were mostly or completely knowledgeable about it (49.5%) and 10% had no knowledge of it.

Survey Question	Findings
Q14: Please state your level of knowledge on the following policies:	
a. WHO Publications Policy	55.4% mostly knowledgeable/completely; 33.6% somewhat
b. Clearance policies for external publications	59.1% mostly knowledgeable/completely; 28.2% somewhat
c. Clearance policies for WHO publications containing recommendations	54.6% mostly knowledgeable/completely; 27.3% somewhat; 61.8% mostly knowledgeable/completely; 22.7%

d. Clearance policies for technical reports	somewhat
e. Clearance policies for advocacy publications	55.5% mostly knowledgeable/completely; 30.9% somewhat
f. Attribution of authorship	53.6% mostly knowledgeable/completely; 26.4%% somewhat
g. Use of WHO logo	84.4% mostly knowledgeable/completely; 11.9% somewhat
h. Copyright	67.9% mostly knowledgeable/completely; 21.1% somewhat
i. Open access	49.5% mostly knowledgeable/completely; 30.3% somewhat

	5 = Completely knowledgeable	4 = Mostly knowledgeable	3 = Somewhat knowledgeable	2 = To a minor extent knowledgeable	1 = Not at all knowledgeable	Total Responses
a. WHO Publications Policy	16 (14.5%)	45 (40.9%)	37 (33.6%)	7 (6.4%)	5 (4.5%)	110
b. Clearance policies for external publications	23 (20.9%)	42 (38.2%)	31 (28.2%)	7 (6.4%)	7 (6.4%)	110
c. Clearance policies for WHO publications containing recommendations	20 (18.2%)	40 (36.4%)	30 (27.3%)	9 (8.2%)	11 (10.0%)	110
d. Clearance policies for technical reports	23 (20.9%)	45 (40.9%)	25 (22.7%)	5 (4.5%)	12 (10.9%)	110
e. Clearance policies for advocacy publications	20 (18.2%)	41 (37.3%)	34 (30.9%)	7 (6.4%)	8 (7.3%)	110
f. Attribution of authorship	23 (20.9%)	36 (32.7%)	29 (26.4%)	12 (10.9%)	10 (9.1%)	110
g. Use of WHO logo	43 (39.4%)	49 (45.0%)	13 (11.9%)	1 (0.9%)	3 (2.8%)	109
h. Copyright	32 (29.4%)	42 (38.5%)	23 (21.1%)	6 (5.5%)	6 (5.5%)	109
i. Open access	25 (22.9%)	29 (26.6%)	33 (30.3%)	11 (10.1%)	11 (10.1%)	109

4.1.2. What is the level of training and information that is available and has been provided to WHO management and staff on the WHO publication policy?	4.1.2.i WHO management and staff who have taken training or accessed information on WHO publication policies.

Summary Findings
Clearance policies for WHO publications containing recommendations (29.4%) and attribution of authorship (33.9%) were policies most frequently reported as being 'somewhat' sufficient in information and training. Areas of the publications policy where WHO staff felt 'mostly or completely' provided with sufficient information/training were in: • WHO Publications policy (39.5%) • Clearance policies for external publications (41.3%) • Clearance policies for technical reports (41.3%) • Clearance policies for advocacy publications (39.5%) • Copyright (45.9%) • Open access (36.7%) Overall, the majority of staff felt that their training in the use of the WHO logo was mostly or completely sufficient (60.5%).

Survey Question	Findings
Q15: To what extent do you feel you have been provided with sufficient information/training on implementing the following policies?	
a. WHO Publications Policy	39.5% mostly/completely; 29.4% somewhat; 14.7% not at all
b. Clearance policies for external publications	41.3% mostly/completely; 30.3% somewhat; 15.6% not at all
c. Clearance policies for WHO publications containing recommendations	36.7% mostly/completely; 29.4% somewhat; 15.6% not at all
d. Clearance policies for technical reports	43.1% mostly/completely; 25.7% somewhat; 20.2% not at all
e. Clearance policies for advocacy publications	39.5% mostly/completely; 24.8% somewhat; 21.1% not at all
f. Attribution of authorship	33% mostly/completely; 33.9%% somewhat; 19.3% not at all
	60.5% mostly/completely; 22% somewhat; 8.3% not at

g. Use of WHO logo	all
h. Copyright	45.9% mostly/completely; 27.5% somewhat; 11% not at all
i. Open access	36.7% mostly/completely; 25.7% somewhat; 17.4% not at all

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses
a. WHO Publications Policy	11 (10.1%)	32 (29.4%)	32 (29.4%)	18 (16.5%)	16 (14.7%)	109
b. Clearance policies for external publications	10 (9.2%)	35 (32.1%)	33 (30.3%)	14 (12.8%)	17 (15.6%)	109
c. Clearance policies for WHO publications containing recommendations	10 (9.2%)	30 (27.5%)	32 (29.4%)	20 (18.3%)	17 (15.6%)	109
d. Clearance policies for technical reports	11 (10.1%)	36 (33.0%)	28 (25.7%)	12 (11.0%)	22 (20.2%)	109
e. Clearance policies for advocacy publications	10 (9.2%)	33 (30.3%)	27 (24.8%)	16 (14.7%)	23 (21.1%)	109
f. Attribution of authorship	12 (11.0%)	24 (22.0%)	37 (33.9%)	15 (13.8%)	21 (19.3%)	109
g. Use of WHO logo	24 (22.0%)	42 (38.5%)	22 (20.2%)	12 (11.0%)	9 (8.3%)	109
h. Copyright	18 (16.5%)	32 (29.4%)	30 (27.5%)	17 (15.6%)	12 (11.0%)	109
i. Open access	11 (10.1%)	29 (26.6%)	28 (25.7%)	22 (20.2%)	19 (17.4%)	109

4.1.4. Are there any gaps or weaknesses in WHO's publication policy?	4.1.4.i Identification of gaps or weaknesses in publication strategies with regard to influence on reach, usefulness and use.

Summary Findings

WHO staff most frequently reported that they did not know whether there were any gaps or weaknesses in the following WHO publication policies:

- WHO Publications Policy (43.8%)
- Clearance policies for external publications (41.9%)
- Clearance policies for WHO publications containing recommendations 43.8%)
- Clearance policies for technical reports (39.0%)
- Clearance policies for advocacy publications (41.9%)
- Attribution of authorship (38.1%)
- Copyright (34.3%)

- Open access (44.8%)

Use of the WHO logo was most frequently reported to have no gaps or weaknesses.

Survey Question	Findings
Q16: Are there any gaps or weaknesses in WHO's publication policies? **a. WHO Publications Policy** **b. Clearance policies for external publications** **c. Clearance policies for WHO publications containing recommendations** **d. Clearance policies for technical reports** **e. Clearance policies for advocacy publications** **f. Attribution of authorship** **g. Use of WHO logo** **h. Copyright** **i. Open access**	See above

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses
a. WHO Publications Policy	2 (1.9%)	5 (4.8%)	23 (21.9%)	23 (21.9%)	6 (5.7%)	46 (43.8%)	105
b. Clearance policies for external publications	3 (2.9%)	11 (10.5%)	21 (20.0%)	19 (18.1%)	7 (6.7%)	44 (41.9%)	105
c. Clearance policies for WHO publications containing recommendations	1 (1.0%)	6 (5.7%)	17 (16.2%)	25 (23.8%)	10 (9.5%)	46 (43.8%)	105
d. Clearance policies for technical reports	0 (0.0%)	9 (8.6%)	20 (19.0%)	21 (20.0%)	14 (13.3%)	41 (39.0%)	105
e. Clearance policies for advocacy publications	0 (0.0%)	12 (11.4%)	19 (18.1%)	17 (16.2%)	13 (12.4%)	44 (41.9%)	105
f. Attribution of authorship	2 (1.9%)	8 (7.6%)	20 (19.0%)	20 (19.0%)	15 (14.3%)	40 (38.1%)	105
g. Use of WHO logo	7 (6.7%)	8 (7.6%)	20 (19.0%)	19 (18.1%)	28 (26.7%)	23 (21.9%)	105
h. Copyright	4 (3.8%)	7 (6.7%)	19 (18.1%)	17 (16.2%)	22 (21.0%)	36 (34.3%)	105
i. Open access	0 (0.0%)	8 (7.6%)	17 (16.2%)	19 (18.1%)	14 (13.3%)	47 (44.8%)	105

4.1.5. How effective are the quality control mechanisms and monitoring systems in assessing use and relevance of publication production and impact (reach, usefulness and use)?	4.1.5.i Evidence of adherence to quality control mechanisms and WHO-wide use of a monitoring system in assessing use and relevance of publication production and impact of publications.

Summary Findings

Not all publication policies applied to the respondents' latest publication therefore results are based only on applicable policies.

The vast majority of WHO staff (87.5% to 90.9%) reported that they mostly or completely adhered to the following policies that were applicable to them:

- WHO Publications Policy
- Clearance policies for external publications
- Clearance policies for WHO publications containing recommendations
- Clearance policies for technical reports
- Clearance policies for advocacy publications
- Attribution of authorship
- Use of WHO logo
- Copyright
- Open access

Policies most frequently reported as 'not applicable' were:

- Clearance policies for WHO publications containing recommendations (39.4%)

- Clearance policies for technical reports (43.3%)
- Clearance policies for advocacy publications (50%)

Survey Question	Findings
Q17: With regards to the last publication you worked on: to what extent did you adhere to the following policies? **a. WHO Publications Policy** **b. Clearance policies for external publications** **c. Clearance policies for WHO publications containing recommendations** **d. Clearance policies for technical reports** **e. Clearance policies for advocacy publications** **f. Attribution of authorship** **g. Use of WHO logo** **h. Copyright** **i. Open access**	'Not applicable' removed from total sample and recalculated.

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses
a. WHO Publications Policy	62 (59.6%)	19 (18.3%)	5 (4.8%)	3 (2.9%)	0 (0.0%)	15 (14.4%)	104
b. Clearance policies for external publications	45 (43.3%)	17 (16.3%)	5 (4.8%)	3 (2.9%)	0 (0.0%)	34 (32.7%)	104
c. Clearance policies for WHO publications containing recommendations	39 (37.5%)	17 (16.3%)	6 (5.8%)	1 (1.0%)	0 (0.0%)	41 (39.4%)	104
d. Clearance policies for technical reports	36 (34.6%)	17 (16.3%)	5 (4.8%)	1 (1.0%)	0 (0.0%)	45 (43.3%)	104
e. Clearance policies for advocacy publications	31 (29.8%)	14 (13.5%)	6 (5.8%)	1 (1.0%)	0 (0.0%)	52 (50.0%)	104
f. Attribution of authorship	49 (47.1%)	14 (13.5%)	6 (5.8%)	1 (1.0%)	0 (0.0%)	34 (32.7%)	104
g. Use of WHO logo	71 (68.3%)	12 (11.5%)	5 (4.8%)	4 (3.8%)	0 (0.0%)	12 (11.5%)	104
h. WHO editorial style	63 (60.6%)	15 (14.4%)	7 (6.7%)	2 (1.9%)	2 (1.9%)	15 (14.4%)	104
i. Copyright	64 (61.5%)	11 (10.6%)	4 (3.8%)	3 (2.9%)	0 (0.0%)	22 (21.2%)	104

'Not applicable' removed:

	Completely	Mostly	Sum
a. WHO Publications Policy	62 (69.6%)	19 (21.3%)	90.90%
b. Clearance policies for external publications	45 (64.2%)	17 (24.2%)	88.4
c. Clearance policies for WHO publications containing recommendations	39 (61.9%)	17 (27%)	88.9
d. Clearance policies for technical reports	36 (61%)	17 (28.8%)	89.8
e. Clearance policies for advocacy publications	31 (59.6%)	14 (26.9%)	86.5
f. Attribution of authorship	49 (70%)	14 (20%)	90
g. Use of WHO logo	71 (77%)	12 (13%)	90
h. WHO editorial style	63 (70.7%)	15 (16.8%)	87.5
i. Copyright	64 (78%)	11 (13.4%)	91.4

Criteria 5: Lessons Learned

5.1 What are the lessons that could learned from the WHO publications process and publications policy?

5.1.3. What are the areas for improvement?	5.1.2.i Identification of areas for improvement.

Summary Findings

Issues related to publication process:
The response were overwhelmingly negative in regards to the deficiencies of the ePub system and clearances in general. The comments indicate there is a high degree of frustration with the current system, and conflicting information (what is on the intranet, what is in ePub), and this is overly complicated and needs to be streamlined. Some of the more poignant comments highlighted:

- That ePub is an electronic clearance system, but in many cases physical signatures are also sought which duplicates the system and work involved.
- There is frustration with the management level that do not know the policies and processes
- The lack of publications support causes delays in clearance because quality control only comes at the end of the process, often done by senior management that have limited time.
- There is lack of clarity on justification, role of clearances, quality control etc. for peer-reviewed articles

Issues related to production and dissemination:

- There is a lack of proper dissemination strategy and planning
- There is no awareness (even within WHO) of what is published
- There is a lack of in-house expertise and support in regards to publishing.
- There is very little monitoring information to know what is the uptake, and results, of publication

Suggestions:
There was a wide range of comments received. Most can be grouped into:

Improve dissemination - get country offices involved, leveraging existing channels, improve communications function to raise awareness of publications, improved planning and integrate that into approvals/clearances

Streamline the process - use on ePub and remove the Red Book process for approvals, general streamlining and better define processes for external, peer-reviewed publications

Staffing - increase support to the GRC, increase editorial support, increase professional communications support

Quality control - increase quality assurance processes for all types of publications

Training and Information - ensure training at country and regional level, training of core WHO

management, ensure information is easily accessible and everyone is aware

Survey Question	Findings
Q19: In your opinion, what are the main issues or gaps related to the publication process? (Qualitative question)	80 qualitative responses. The response were overwhelmingly negative in regards to the deficiencies of the ePub system and clearances in general. The comments indicate there is a high degree of frustration with the current system, and conflicting information (what is on the intranet, what is in ePub), and this is overly complicated and needs to be streamlined. Some of the more poignant comments highlighted: • That ePub is an electronic clearance system, but in many cases physical signatures are also sought which duplicates the system and work involved. • There is frustration with the management level that do not know the policies and processes • The lack of publications support causes delays in clearance because quality control only comes at the end of the process, often done by senior management that have limited time. • There is lack of clarity on justification, role of clearances, quality control etc. for peer-reviewed articles

Survey Question	Findings
Q20: In your opinion, what are the main issues or gaps related to the production and dissemination of WHO publications? (Qualitative question)	72 qualitative responses. • There is a lack of proper dissemination strategy and planning • There is no awareness (even within WHO) of what is published • There is a lack of in-house expertise and support in regards to publishing. • There is very little monitoring information to know what is the uptake, and results, of publications.

Survey Question	Findings
Q21: What would you suggest to resolve those issues? (Qualitative question)	75 qualitative responses. There was a wide range of comments received. Most can be grouped into: • **Improve dissemination** - get country offices involved, leveraging existing channels, improve communications function to raise awareness of publications, improved planning and integrate that into approvals/clearances • **Streamline the process** - use on ePub and remove the Red Book process

	for approvals, general streamlining and better define processes for external, peer-reviewed publications • **Staffing** - increase support to the GRC, increase editorial support, increase professional communications support • **Quality control** - increase quality assurance processes for all types of publications • **Training and Information** - ensure training at country and regional level, training of core WHO management, ensure information is easily accessible and everyone is aware

Annex G: WHO External Survey Report

1.0 DEMOGRAPHICS

1.1 Completion Rate

TDV Global emailed the WHO external survey to 5200 contacts from five WHO programme distribution lists (i.e., HIV, immunization, Ebola, road safety and patient safety), 102 WHO Collaborating Centre directors and 80 SEARO (South-East Asia Regional Office) publication recipients, totalling in 5382 counted contacts. Of this group approximately 850 emails were undeliverable due to non-up-to-date lists provided.

Uncounted contacts emerged from attempts to reach readers from across WHO regions. Offices such as EMRO (Eastern Mediterranean Regional Office) sent the survey link to their technical departments to forward to corresponding networks, stakeholders and counterparts in the region and also sent the survey to their knowledge management focal point to forward to counterparts in country offices asking them to forward the survey link to their distribution lists in countries on behalf of TDV. EURO (European Regional Office) sent the survey introduction letter to their Executive Manager to forward to national focal points and published a brief announcement about the survey in their two newsletters and featured it in the corporate Publications section of their website and WPRO (Western Pacific Regional Office) sent the survey to their publication recipients on behalf of TDV.

The external survey was available in English, French, Spanish and Russian. In total, there were 385 responses, 231 completed responses for a completed response rate of 60%.

Total responses	385
Completed responses	231 (60%)

1.2 Languages

Most respondents, 75.8% spoke English, the second most common language was French with 22.5% followed by 17.5% who spoke Spanish; 34.4% who spoke one or more languages other than Arabic, Chinese, French, Russian or Spanish.

Response	Chart	Percentage	Count
Arabic		6.7%	24
Chinese		2.5%	9
English		75.8%	273
French		22.5%	81
Russian		1.4%	5
Spanish		17.5%	63
Other (please specify)		34.4%	124
		Total Responses	**360**

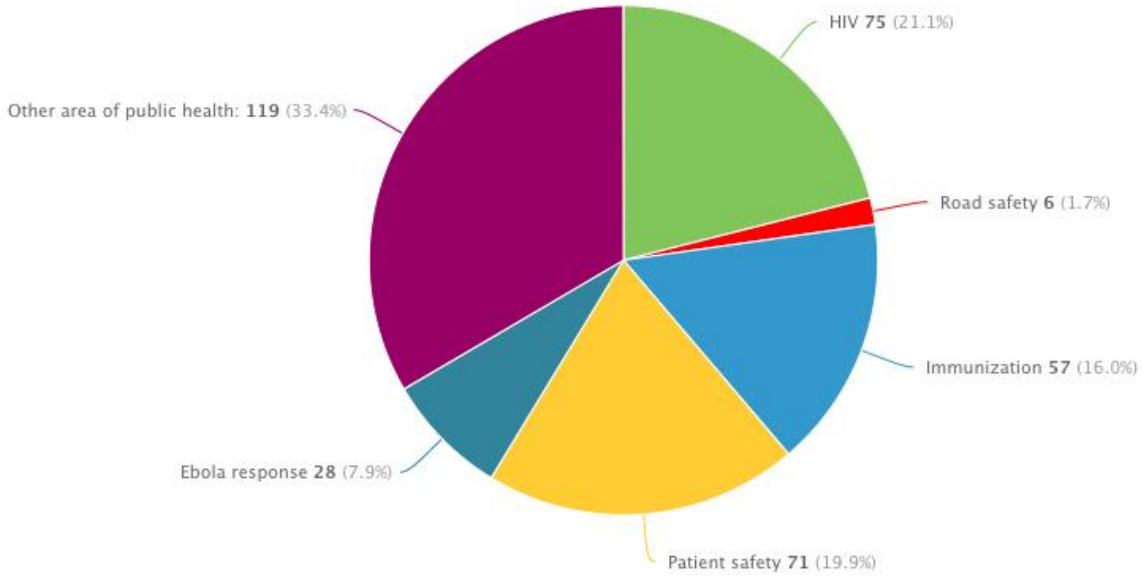
1.3 Work Institution

Respondents' work institution indicated that they mostly came from Ministries of Health and academia/research institutions, with 20.8% and 19.4% respectively.

Response	Chart	Percentage	Count
Ministry of Health (MoH)		20.8%	75
Other Ministries or governmental institution (other than MoH)		6.1%	22
Health or public health related agency		7.5%	27
Hospital or healthcare facility (public or private)		11.7%	42
Academia/Research institution		19.4%	70
UN agency		10.0%	36
NGO		11.4%	41
Other (please specify)		13.1%	47
		Total Responses	**360**

1.4 Programme Case Studies

Of the five programme case study areas, 21.1% of 356 respondents were most familiar with HIV publications by WHO, followed by 19.9% most familiar with patient safety and 16.0% for immunization. Few respondents were familiar with Ebola response (7.9%) and road safety publications (1.7%). The remaining one third of survey respondents were familiar with WHO programmes other than the five case studies listed.



1.5 Work Institution by Programme Case Study

Most notably, those who worked in hospitals or healthcare facilities were most familiar with patient safety publications (57.1%). Within the five programme case studies, respondents from Ministries of Health were accustomed to WHO reports on immunization (31.1%); UN agencies (33.3%), NGOs (26.8%)

and academic/research institutions (23.5%) were most familiar with HIV publications.

Other ministries/government and health/public health related agencies were not highly represented in the overall sample therefore rates of knowledge in the five case study areas were low.

Response	Ministry of Health (MoH)	Other Ministries or governmental institution (other than MoH)	Health or public health related agency	Hospital or healthcare facility (public or private)	Academia/Research institution	UN agency	NGO	Other (please specify)
HIV	6 *8.1%*	4 *18.2%*	5 *18.5%*	7 *16.7%*	16 *23.5%*	12 *33.3%*	11 *26.8%*	14 *30.4%*
Road safety	1 *1.4%*	0 *0%*	1 *3.7%*	0 *0%*	2 *2.9%*	0 *0%*	2 *4.9%*	0 *0%*
Immunization	23 *31.1%*	3 *13.6%*	3 *11.1%*	0 *0%*	12 *17.6%*	6 *16.7%*	8 *19.5%*	2 *4.3%*
Patient safety	15 *20.3%*	4 *18.2%*	2 *7.4%*	24 *57.1%*	9 *13.2%*	0 *0%*	8 *19.5%*	9 *19.6%*
Ebola response	1 *1.4%*	5 *22.7%*	4 *14.8%*	2 *4.8%*	4 *5.9%*	6 *16.7%*	3 *7.3%*	3 *6.5%*
Other area of public health:	28 *37.8%*	6 *27.3%*	12 *44.4%*	9 *21.4%*	25 *36.8%*	12 *33.3%*	9 *22.0%*	18 *39.1%*

2.0 FINDINGS: COMPARISON TO INDICATORS

Criteria 1: Reach

1.1 What is the extent to which who publications reach their intended target audience(s)?

1.1.2 Are there gaps due to targeting? 1.2.2.i Evidence of reasons / source / cause of gaps.

Summary Findings
Gaps in targeting: More than one third 36.3% (45) of respondents whose first language is not English, reported that the languages of WHO publications are somewhat to completely a barrier.

Survey Question	Findings
Q19b: To what extent are the languages of WHO publications a barrier for you?	Of the 124 respondents whose first language is not English, 36.3% (45) reported that the languages of WHO publications are somewhat to completely a barrier. The remaining 63.7% (79) found that WHO publication languages are to a minor extent or not at all a barrier.

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (1.6%)	16 (12.9%)	27 (21.8%)	30 (24.2%)	49 (39.5%)	124	2.13	1.13

1.1.3 To what extent is the intended reach achieved? 1.1.3.i Stakeholders' perceptions regarding the appropriate and sufficient dissemination of WHO publications.

Summary Findings
Dissemination: • Generally, respondents viewed WHO publications as fairly well-circulated. • While many survey respondents did not read the Weekly Epidemiological Record (WER), most of those who did, agreed or strongly agreed that the WER is easily accessible. • A majority of survey respondents were readers of the WHO Bulletin and most agreed or strongly agreed that the publication is easily accessible.

Survey Question	Findings
Q18: In your view, to what extent are WHO publications generally well-circulated to their audiences?	Out of the 244 respondents, nearly half 47.6% (116) believed that WHO publications are generally well or very well circulated, while 42.6% (104) found that circulation was fair.

5 = Very well	4 = Well	3 = Fair	2 = Poor	1 = Very poor	Total Responses	Mean	Std. Dev.
28 (11.5%)	88 (36.1%)	104 (42.6%)	22 (9.0%)	2 (0.8%)	244	3.48	0.84

Survey Question	Findings
Q21a: Do you read the Weekly Epidemiological Record (WER)?	Out of the 235 respondents, only a quarter 25.1% (59) read the Weekly Epidemiological Report, while the remaining three quarters 74.9% (176) do not.
21b: Please mark your level of agreement with the following statement regarding the Weekly Epidemiological Record (WER). The Weekly Epidemiological Record (WER) is: Easily accessible	Most 81.3% (48) agreed or strongly agreed that the Weekly Epidemiological Report is easily accessible, while 13.6% agreed somewhat and 5.1% disagreed or strongly disagreed with accessibility of the publication.

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Do not know	Total Responses	Mean	Std. Dev.
a. Easily accessible	18 (30.5%)	30 (50.8%)	8 (13.6%)	2 (3.4%)	1 (1.7%)	0 (0.0%)	59	4.05	0.86

Survey Question	Findings
22a: Do you read the WHO Bulletin?	Out of the 235 respondents, 62.1% (146) read the WHO Bulletin.
22b: Please mark your level of agreement with the following statement regarding the WHO Bulletin. The WHO Bulletin is: Easily accessible	Most 78.8% (115) agreed or strongly agreed that the WHO Bulletin is easily accessible, while 16.4% agreed to this somewhat and 4.8% disagreed or strongly disagreed with accessibility of the publication.

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Do not know	Total Responses	Mean	Std. Dev.
a. Easily accessible	41 (28.1%)	74 (50.7%)	24 (16.4%)	6 (4.1%)	1 (0.7%)	0 (0.0%)	146	4.01	0.82

1.1.4 How does WHO target different language groups?

1.1.4.i (Stakeholder and WHO) Perceptions of the extent to which WHO publication strategies, policies and plans target different language groups.

Summary Findings
Different language groups: more than half of the 124 non-English primary language speakers reported that WHO publications mostly or completely meet their information needs, while some (23.4%) (29) only somewhat agreed to this.

Survey Question	Findings
Q19a: If your main language is <u>not</u> English, to what extent do WHO publications meet your information needs?	Out of the 124 non-English primary language speakers, more than half 64.5% (80) reported that WHO publications mostly or completely meet their information needs, while 23.4% (29) agreed to this somewhat. The remaining 12.1% (15) thought this to a minor extent or not at all.

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Not applicable	Total Responses	Mean	Std. Dev.
20 (8.2%)	60 (24.6%)	29 (11.9%)	9 (3.7%)	6 (2.5%)	120 (49.2%)	244	4.80	1.38

Criteria 2: Usefulness

2.1 What is the perceived usefulness of WHO publications?

2.1.2 To what degree are WHO publications based on need? Are they addressing priority needs?

2.1.2.ii Extent to which audience's priority information need are met

Summary Findings
Priority information needs: • The majority of readers (66.8%) reported that WHO publications generally address their priority health information needs mostly or completely, while one third reported this 'somewhat' or 'to a minor extent'. • Most WER (83%) and WHO Bulletin (77.4%) readers agreed or strongly agreed that the publications address relevant topics.

Survey Question	Findings
21b: Please mark your level of agreement with the following statement regarding the Weekly Epidemiological Record (WER). The Weekly Epidemiological Record (WER) is: Addressing relevant topics	Out of the 59 WER readers, most 83% (49) agreed or strongly agreed that the Weekly Epidemiological Report addresses relevant topics, while 15.3% (9) agreed somewhat and 1.7% (1) disagreed. No one strongly disagreed with this statement.

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Do not know	Total Responses	Mean	Std. Dev.
Addressing relevant topics	16 (27.1%)	33 (55.9%)	9 (15.3%)	1 (1.7%)	0 (0.0%)	0 (0.0%)	59	4.08	0.70

Survey Question	Findings
22b: Please mark your level of agreement with the following statement regarding the WHO Bulletin. The WHO Bulletin is: Addressing relevant topics	Most 77.4% (113) agreed or strongly agreed that the WHO Bulletin addresses relevant topics, while 21.2% (31) agreed to this somewhat and 1.4% (2) disagreed. No one strongly disagreed with this statement.

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Do not know	Total Responses	Mean	Std. Dev.
Addressing relevant topics	38 (26.0%)	75 (51.4%)	31 (21.2%)	2 (1.4%)	0 (0.0%)	0 (0.0%)	146	4.02	0.73

Survey Question	Findings
Q24: In general, to what extent are WHO publications addressing your priority health information needs?	

5 = Completely	4 = Mostly	3= Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
24 (10.2%)	133 (56.6%)	66 (28.1%)	12 (5.1%)	0 (0.0%)	235	3.72	0.71

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.i – Degree of satisfaction with WHO publications in general (need, quality)
2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with WHO publications: • In general and when thinking of a type of WHO publication they are most familiar with, most respondents were satisfied or very satisfied with WHO publications, and a few were neutral or dissatisfied on the subject. **Usefulness:** • Most respondents (84.2%) viewed WHO publications as useful, while some found them to be only somewhat useful. **Knowledge gained:** • Most respondents (79.3%) reported gaining quite a bit/a great deal of additional knowledge from WHO publications, however some reported gaining somewhat or very little knowledge (20.7%) **Changed views:** • A majority (52.4%) reported that the WHO publication they had in mind, only somewhat or to a minor extent had changed their views on the subject matter

Survey Question	Findings
Q17a: What WHO publication are you most	144 responses were listed. Few respondents named titles of WHO publications, rather types of publications were identified such as:

familiar with?	• WHO Bulletin • Global reports/ World Health Reports • Guidelines • Policy papers • Regulatory standards • Technical report series • WER • Various health areas: TB, malaria, prison health, dementia, etc.

Survey Question	Findings
Q17b: What is your level of satisfaction with this WHO publication?	85.6% (125) of respondents, were satisfied or very satisfied, 13% neutral

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
	45 (30.8%)	80 (54.8%)	19 (13.0%)	2 (1.4%)	0 (0.0%)	146	4.15	0.69

Survey Question	Findings
Q17c: Do you find the content of this WHO publication useful?	84.2% found the content of WHO publication as mostly useful or extremely useful, while 21% found it to be somewhat useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
59 (40.4%)	64 (43.8%)	21 (14.4%)	2 (1.4%)	0 (0.0%)	146	4.23	0.74

Survey Question	Findings
Q17d: To what degree have you gained additional knowledge from this WHO publication?	79.3% quite a bit/a great deal 20.7% somewhat/very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
54 (37.2%)	61 (42.1%)	26 (17.9%)	4 (2.8%)	0 (0.0%)	145	4.14	0.80

Survey Question	Findings
Q17e: Has this WHO publication changed any of your views on the subject matter?	Mostly/completely – 42.5% Somewhat/ To a minor extent – 52.4%

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
15 (10.6%)	45 (31.9%)	59 (41.8%)	15 (10.6%)	7 (5.0%)	141	3.33	0.97

Survey Question	Findings
Q25: In general, what is your level of satisfaction with WHO publications?	

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
47 (20.1%)	151 (64.5%)	31 (13.2%)	5 (2.1%)	0 (0.0%)	234	4.03	0.65

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Most respondents (84%) were satisfied/very satisfied with the format of the WHO publication they had in mind, with a few who were neutral about it (14.6%) **Satisfaction with language:** • Most respondents (84%) felt satisfied/very satisfied with the language of WHO publication they had in mind and was viewed as appropriate and comprehensible, a few who felt neutral about it (10.4%) **Satisfaction with dissemination:** • Most were satisfied/very satisfied (77%) with the publication's method of dissemination; some were neutral (18.9%)

Survey Question	Findings
Q17g: Please rank your level of satisfaction with this WHO publication.	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses
Format and style	46 (31.9%)	75 (52.1%)	21 (14.6%)	2 (1.4%)	0 (0.0%)	144
Language (appropriate and comprehensible)	52 (36.1%)	69 (47.9%)	15 (10.4%)	7 (4.9%)	1 (0.7%)	144
Method of dissemination (print, electronic)	45 (31.5%)	65 (45.5%)	27 (18.9%)	5 (3.5%)	1 (0.7%)	143

Criteria 3: Use

3.1 What is the extent to which WHO publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publications on the health policies, strategies and healthcare practices?	3.1.1.i Extent to which users who view WHO publications as the authoritative source of health information. 3.1.1.ii Evidence of users using a WHO publication to inform decision-making in clinical, public health and policy contexts. 3.1.1.iii Extent to which users using a WHO publication to inform policy and advocacy or to enhance programs, training/education, or research. 3.1.1.iv Extent to which users adapt publications. 3.1.1.v Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings

Used at work:

- Most readers used a WHO publication in their work, but to varying degrees
- Most WHO readers (75.1%) used a publication quite a bit or a great deal in their work, while some others only did so somewhat or very little (24.1%)

Use of WHO publications:

- A vast majority of survey respondents agree/strongly agree that:
  - WHO publications in general are an authoritative source of health information,
  - they have used it to inform their decision-making
  - they have used it to inform advocacy or enhance programmes, research
- In terms of adapting a WHO publication and using it to improve practice/performance, a majority (64.7%) reported having done so, however a few (13.2%) had not.

Use of Weekly Epidemiological Record (WER):

- Most (76.3%) WER readers agree/strongly agree that the publication used as an authoritative source for decision-making, while some (22%) found this to be only somewhat true

Use of WHO Bulletin:

- While a majority of WHO Bulletin readers (55.8%) agree or strongly agree that the publication is used as an authoritative source for decision-making, some only agree with this somewhat (32.4%) while a few (9.7%) disagree/strongly disagree

Survey Question	Findings
Q17f: Have you used the information from this WHO publication in your work?	75.1% - quite a bit/great deal 24.1% - somewhat/ very little 4.8% - very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
55 (37.9%)	54 (37.2%)	28 (19.3%)	7 (4.8%)	1 (0.7%)	145	4.07	0.91

Survey Question	Findings
Q20 Please mark your level of agreement with the following statements:	
a. WHO publications are the authoritative source of health information.	82.8% agree/strongly; 13.9% somewhat
b. I have used a WHO publication to inform decision-making in clinical, public health and/or policy contexts.	85.2% agree/strongly; 12.3% somewhat
c. I have used a WHO publication to inform advocacy and/or to enhance programmes, training, research.	83.2% agree/strongly; 13.1% somewhat;
d. I have adapted a WHO publication (e.g., modified to another medium, training, translation, etc.).	64.7% agree/strongly; 22.1% somewhat; 13.2 disagree/strongly disagree
e. I have used a WHO publication to improve my own clinical practice or performance.	65.5% agree/strongly; 21.3% somewhat; 13.1% disagree/strongly disagree
Q21b: Please mark your level of agreement with the following statement regarding the Weekly Epidemiological Record (WER) The Weekly Epidemiological Record is: Used as an authoritative source for decision-making	76.3% agree/strongly; 22% somewhat; 1.7% disagree/strongly disagree
Q22b: Please mark your level of agreement with the following statement regarding the WHO Bulletin. The WHO Bulletin is: Used as an authoritative source for decision-making	55.8% agree/strongly; 32.4% somewhat; 9.7% disagree/strongly disagree

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Total Responses	Mean	Std. Dev.
a. WHO publications are the authoritative source of health information.	91 (37.3%)	111 (45.5%)	34 (13.9%)	7 (2.9%)	1 (0.4%)	244	4.16	0.80
b. I have used a WHO publication to inform decision-making in clinical, public health and/or policy contexts.	113 (46.3%)	95 (38.9%)	30 (12.3%)	4 (1.6%)	2 (0.8%)	244	4.28	0.81
c. I have used a WHO publication to inform advocacy and/or to enhance programmes, training, research.	110 (45.1%)	93 (38.1%)	32 (13.1%)	7 (2.9%)	2 (0.8%)	244	4.24	0.85
d. I have adapted a WHO publication (e.g., modified to another medium, training, translation, etc.).	74 (30.3%)	84 (34.4%)	54 (22.1%)	26 (10.7%)	6 (2.5%)	244	3.80	1.07
e. I have used a WHO publication to improve my own clinical practice or performance.	76 (31.1%)	84 (34.4%)	52 (21.3%)	23 (9.4%)	9 (3.7%)	244	3.80	1.09

	Strongly agree	Agree	Somewhat agree	Disagree	Strongly disagree	Do not know	Total Responses	Mean	Std. Dev.
WER used as an authoritative source for decision-making	19 (32.2%)	26 (44.1%)	13 (22.0%)	1 (1.7%)	0 (0.0%)	0 (0.0%)	59	4.07	0.78
WHO Bulletin used as an authoritative source for decision-making	26 (17.9%)	55 (37.9%)	47 (32.4%)	12 (8.3%)	2 (1.4%)	3 (2.1%)	145	3.69	0.98

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:

a) contribute to policy, norms and standards.

b) contribute to the enhancement of national programs and practices

c) increase stakeholder awareness of health issues

d) guide health research agendas and methods

e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• A majority of readers mostly or completely agreed that the WHO publication they had in mind contributed to
  ○ leadership on critical health issues (74.5%)
  ○ setting policy, norms and standards (73.1%)
  ○ the enhancement of programmes and practices (67.6%), while nearly at third of readers agreed with this somewhat or to a minor extent
  ○ increasing stakeholder awareness (70.8%)
  ○ guiding health research agendas and methods (56.8%), but to varying degrees as 36.2% believed this somewhat or to a minor extent; a few did not know
  ○ informing and updating training/education programs (59.3%), with over a third agreeing with this somewhat or to a minor extent
  ○ facilitating health monitoring and assessing health trends (65.2%), however some (26.9%) felt this was only somewhat/to a minor extent true

Survey Question	Findings
Q17h: Please indicate whether this WHO publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	41 (29.1%)	64 (45.4%)	22 (15.6%)	9 (6.4%)	2 (1.4%)	3 (2.1%)	141	4.01	0.96
Contribute to setting policy, norms and standards	49 (34.8%)	54 (38.3%)	22 (15.6%)	11 (7.8%)	3 (2.1%)	2 (1.4%)	141	4.00	1.04
Contribute to the enhancement of national programmes and practices	37 (26.1%)	59 (41.5%)	28 (19.7%)	11 (7.7%)	4 (2.8%)	3 (2.1%)	142	3.87	1.05
Increase stakeholder awareness of health issues	32 (22.9%)	67 (47.9%)	28 (20.0%)	11 (7.9%)	1 (0.7%)	1 (0.7%)	140	3.86	0.91
Guide health research agendas and methods	29 (20.6%)	51 (36.2%)	33 (23.4%)	18 (12.8%)	2 (1.4%)	8 (5.7%)	141	3.79	1.13
Inform and update training and education programmes	23 (16.4%)	60 (42.9%)	34 (24.3%)	13 (9.3%)	3 (2.1%)	7 (5.0%)	140	3.77	1.06
Facilitate health monitoring and assessing health trends	26 (18.4%)	66 (46.8%)	23 (16.3%)	15 (10.6%)	5 (3.5%)	6 (4.3%)	141	3.79	1.11

3.1.3. How can WHO foster better use of health information? Other mechanisms?

3.1.3.i Identification of information needs and preferred dissemination methods.

Summary Findings
Encourage use of WHO health information: • A majority (59%) believe that WHO encourages the use of its health information mostly/completely. • There is room for improvement, however as some (40.1%) found that WHO encouraged the use of its health information only somewhat or to a minor extent.

Survey Question	Findings
Q23: In your view, to what extent does WHO encourage the use of its health information in any way?	59% mostly/completely 40.1% somewhat/to a minor extent

5 = Completely	4 = Mostly	3= Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
32 (13.7%)	106 (45.3%)	71 (30.3%)	23 (9.8%)	2 (0.9%)	234	3.61	0.87

Criteria 5: Lessons Learned

5.1 What are the lessons that could learned from the WHO publications process and publications policy?

5.1.1. What factors external to WHO may influence the achievement of activities, outputs and outcomes.

5.1.1.i Identification of enabling factors.

Survey Question	Findings
Q26: What are the major assets/benefits of WHO publications? (Qualitative question)	179 qualitative responses. The frequent comments received were related to the fact that WHO publications are an authoritative source of information and guidance, because they are up-to-date information, evidence-based and impartial. • Guidelines and recommendations were specifically mentioned as being useful, for research, practice and policy setting. • The fact that WHO information is accessible and free was also stated frequently. • The relevance of the information and addressing priority needs was mentioned, but not as frequently as other factors above.

5.1.3. What are the areas for improvement?

5.1.3.i Identification of areas for improvement

Survey Question	Findings

Q27: Do you have any suggestions to improve the reach, usefulness or use of WHO publications? (Qualitative question)	165 qualitative responses.
	Findings on Reach:
	• Improve the search tool on WHO Website, and perhaps introduce a proper taxonomy of publications so relationships can be found
	• Do proper information dissemination strategies that include better upfront planning to target audiences and appropriate use of channels such as social media, electronic and print, but also use of distribution agents such as regional, country offices, collaborating centres.
	  ○ notifications/alerts of new publications
	  ○ sign-up on website for distribution lists
	  ○ PubMed type of indexing/notification
	  ○ more modernized approach to IM/IT
	• Translation of products into French, Spanish and Portuguese would greatly improve reach
	Findings on Use:
	• Some call for simplification of documents - shorter, more summarized, with graphs and info graphics
	Findings on Usefulness:
	• There is a question of relevance raised if things are delayed to long, and calls to make information available faster:

3.0 FINDINGS: PRODUCT CASE STUDY COMPARISON TO INDICATORS

Product Title	Programme	Category
1) Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006)	HIV	Technical publications
2) Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010)	HIV	Guidelines
3) First United Nations Global Road Safety Week: a toolkit for organizers of events (2006)	Road safety	Advocacy materials
4) Strengthening Road safety legislation: a summary for government decision-makers (2014)	Road safety	Technical publications
5) Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013)	Immunization	WHO HQ and Region-based journals
6) Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011)	Immunization	External publication: peer-reviewed journals
7) WHO guidelines for safe surgery: safe surgery saves lives (2009)	Patient safety	Guidelines
8) Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)	Patient safety	External publication: peer-reviewed journals
9) Contact tracing during an outbreak of Ebola virus disease (2014)	Ebola response	Technical publications
10) Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014)	Ebola response	WHO HQ and Region-based journals

Product 1 - Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006): 26 survey respondents reported having read this publication • Almost all readers (92%) were satisfied/very satisfied with the technical publication and 88% found it mostly/extremely useful • Quite a bit/a great deal of knowledge was gained by most readers (84%) • A majority found that the publication changed their views only somewhat (56%) and for some others (24%) to a minor extent

Survey question 7a: Have you read the technical document entitled Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006)?

Response	Chart	Percentage	Count
Yes		44.8%	26
No		55.2%	32
		Total Responses	**58**

Survey Question	Findings
Q7b: What is your level of satisfaction with the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006)?	Out of 25 respondents who have read Product 1, 92% (23) were satisfied or very satisfied.

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
9 (36.0%)	14 (56.0%)	1 (4.0%)	0 (0.0%)	1 (4.0%)	25	4.20	0.87

Survey Question	Findings
Q7c: Do you find the content of the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006) useful?	88% of respondents found the content of Product 1 as mostly useful or extremely useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1 = Not at all useful	Total Responses	Mean	Std. Dev.
6 (24.0%)	16 (64.0%)	3 (12.0%)	0 (0.0%)	0 (0.0%)	25	4.12	0.60

Survey Question	Findings
Q7d: To what degree have you gained additional knowledge from the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006)?	84% - quite a bit/a great deal

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
6 (24.0%)	15 (60.0%)	4 (16.0%)	0 (0.0%)	0 (0.0%)	25	4.08	0.64

Survey Question	Findings
Q7e: Has the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006) changed any of your views on the subject matter?	

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
1 (4.0%)	3 (12.0%)	14 (56.0%)	6 (24.0%)	1 (4.0%)	25	2.88	0.83

2.1.4 Does the format, language and dissemination affect perception of usefulness?	2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • All readers were satisfied/very satisfied with the format of Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries **Satisfaction with language:** • Almost all felt that the language of the technical publication was appropriate and comprehensible and a few were neutral (12%) **Satisfaction with dissemination:** • Most (75%) were satisfied/very satisfied with the publication's method of dissemination; a few were neutral (12%)

Survey Question	Findings
Q7g: Please rank your level of satisfaction with the following features of the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	6 (24.0%)	19 (76.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	25	4.24	0.44
Language (appropriate and comprehensible)	8 (32.0%)	14 (56.0%)	3 (12.0%)	0 (0.0%)	0 (0.0%)	25	4.20	0.65
Method of dissemination (print, electronic)	6 (24.0%)	15 (60.0%)	3 (12.0%)	1 (4.0%)	0 (0.0%)	25	4.04	0.73

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?	3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Almost all readers used the publication in their work, but to varying degrees • Nearly half of readers (48%) somewhat used the publication in their work, while 48% did so quite a bit/a great deal

Survey Question	Findings
Q7f: Have you used the information from the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006) in your work?	

	5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
	3 (12.0%)	9 (36.0%)	12 (48.0%)	1 (4.0%)	0 (0.0%)	25	3.56	0.77

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Most readers mostly/completely agreed that the publication contributed to
  ○ leadership on critical health issues (79.1%)
  ○ setting policy, standards (83.3%)
  ○ the enhancement of programmes and practices (79.2%)
  ○ increasing stakeholder awareness (83.3%)
  ○ informing and updating training/education programs (82.6%)
  ○ facilitating health monitoring and assessing health trends (75%)
• A majority of readers (66.7%) mostly/completely agreed that the publication guided health research agendas and methods, however some felt this was only somewhat true (29.2%)

Survey Question	Findings
Q7h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership	8 (33.3%)	11 (45.8%)	4 (16.7%)	0 (0.0%)	0 (0.0%)	1 (4.2%)	24	4.25	0.79

on critical health issues and priorities									
Contribute to setting policy, norms and standards	8 (33.3%)	12 (50.0%)	4 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	24	4.17	0.70
Contribute to the enhancement of national programmes and practices	7 (29.2%)	12 (50.0%)	4 (16.7%)	1 (4.2%)	0 (0.0%)	0 (0.0%)	24	4.04	0.81
Increase stakeholder awareness of health issues	8 (33.3%)	12 (50.0%)	3 (12.5%)	1 (4.2%)	0 (0.0%)	0 (0.0%)	24	4.12	0.80
Guide health research agendas and methods	4 (16.7%)	12 (50.0%)	7 (29.2%)	1 (4.2%)	0 (0.0%)	0 (0.0%)	24	3.79	0.78
Inform and update training and education programmes	3 (13.0%)	16 (69.6%)	4 (17.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	23	3.96	0.56
Facilitate health monitoring and assessing health trends	7 (29.2%)	11 (45.8%)	6 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	24	4.04	0.75

Product 2 - Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings

Satisfaction with Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010):

38 survey respondents reported having read this publication.

- Almost all readers (95.1%) were satisfied/very satisfied with the guideline and almost all found it mostly/extremely useful (97.5%)
- Quite a bit/a great deal of knowledge was gained by most readers (89.8%)
- Perceptions varied on whether the publication changed their views, slightly more than half of readers reported having changed their views, while 23.1% reported this was only somewhat the case and 23% to a minor extent/not at all

Survey question 8a: Have you read the guideline entitled Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010)?

Response	Chart	Percentage	Count
Yes		67.9%	38
No		32.1%	18
		Total Responses	**56**

Survey Question	Findings
Q8b: What is your level of satisfaction with the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010)?	95.1% (39) of respondents who have read Product 2, were satisfied or very satisfied.

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
15 (36.6%)	24 (58.5%)	2 (4.9%)	0 (0.0%)	0 (0.0%)	41	4.32	0.57

Survey Question	Findings
Q8c: Do you find the content of the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010) useful?	97.5% found the content of Product 2 as mostly useful or extremely useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1 = Not at all useful	Total Responses	Mean	Std. Dev.
18 (45.0%)	21 (52.5%)	1 (2.5%)	0 (0.0%)	0 (0.0%)	40	4.42	0.55

Survey Question	Findings
Q8d: To what degree have you gained additional knowledge from the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010)?	% - quite a bit/a great deal

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
12 (30.8%)	23 (59.0%)	3 (7.7%)	1 (2.6%)	0 (0.0%)	39	4.18	0.68

Survey Question	Findings
Q8e: Has the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010) changed any of your views on the subject matter?	

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
7 (17.9%)	14 (35.9%)	9 (23.1%)	7 (17.9%)	2 (5.1%)	39	3.44	1.14

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Almost all readers were satisfied/very satisfied with the format of Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach, with a few who were neutral (8.1%) **Satisfaction with language:** • Almost all felt that the language of the technical publication was appropriate and comprehensible and a few were neutral (8.1%) **Satisfaction with dissemination:** • Most (83.7%) were satisfied/very satisfied with the publication's method of dissemination; a few were neutral/dissatisfied (16.2%)

Survey Question	Findings
Q8g: Please rank your level of satisfaction with the following features of the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	13 (35.1%)	21 (56.8%)	3 (8.1%)	0 (0.0%)	0 (0.0%)	37	4.27	0.61
Language (appropriate and comprehensible)	17 (45.9%)	17 (45.9%)	3 (8.1%)	0 (0.0%)	0 (0.0%)	37	4.38	0.64
Method of dissemination (print, electronic)	16 (43.2%)	15 (40.5%)	4 (10.8%)	2 (5.4%)	0 (0.0%)	37	4.22	0.85

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying degrees • The vast majority of readers (82.1%) used the publication in their work quite a bit/great deal, while 17.9% did so somewhat/very little

Survey Question	Findings
Q8f: Have you used the information from the publication Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach (2010) in your work?	82.1% - quite a bit/great deal 17.9% - somewhat/very little

	5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
	18 (46.2%)	14 (35.9%)	5 (12.8%)	2 (5.1%)	0 (0.0%)	39	4.23	0.87

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Almost all readers mostly/completely agreed that the publication contributed to
  ○ leadership on critical health issues (92.1%)
  ○ setting policy, standards (97.4%)
  ○ the enhancement of programmes and practices (92.1%)
• Most readers mostly/completely agreed that the publication contributed to
  ○ increasing stakeholder awareness (84.2%)
  ○ informing and updating training/education programs (84.2%)
• A majority of readers (71%) mostly/completely agreed that the publication guided health research agendas and methods, however some felt this was only somewhat true (21.1%) and 5.2% to a minor extent/not at all
• A majority of readers (73.7%) mostly/completely agreed that the publication contributed to facilitating health monitoring and assessing health trends, while a few (18.4%) somewhat agreed

Survey Question	Findings
Q8h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	16 (42.1%)	19 (50.0%)	2 (5.3%)	0 (0.0%)	0 (0.0%)	1 (2.6%)	38	4.42	0.64
Contribute to setting policy, norms and standards	25 (65.8%)	12 (31.6%)	1 (2.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	38	4.63	0.54
Contribute to the	21 (55.3%)	14 (36.8%)	3 (7.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	38	4.47	0.65

enhancement of national programmes and practices									
Increase stakeholder awareness of health issues	15 (39.5%)	17 (44.7%)	5 (13.2%)	1 (2.6%)	0 (0.0%)	0 (0.0%)	38	4.21	0.78
Guide health research agendas and methods	11 (28.9%)	16 (42.1%)	8 (21.1%)	1 (2.6%)	1 (2.6%)	1 (2.6%)	38	4.00	0.99
Inform and update training and education programmes	16 (42.1%)	16 (42.1%)	6 (15.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	38	4.26	0.72
Facilitate health monitoring and assessing health trends	6 (15.8%)	22 (57.9%)	7 (18.4%)	1 (2.6%)	0 (0.0%)	2 (5.3%)	38	4.03	0.82

Product 3 - First United Nations Global Road Safety Week: a toolkit for organizers of events (2006)

2.1.3 Are users satisfied with the publications produced by WHO?	2.1.3.ii – Degree of satisfaction with a publication (need, quality) 2.1.3.iii – Degree of satisfaction by users who rate the content as useful 2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication 2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings

Satisfaction with First United Nations Global Road Safety Week: a toolkit for organizers of events (2006):

3 survey respondents reported having read this publication.

- All 3 readers (100%) were very satisfied with the advocacy publication and all readers found it mostly/extremely useful
- All readers found that they had gained quite a bit/a great deal of knowledge
- All readers stated that the publication changed their views only somewhat

Survey question 9a: Have you read the advocacy document entitled First United Nations Global Road Safety Week: a toolkit for organizers of events (2006)?

Response	Chart	Percentage	Count
Yes		100.0%	3
No		0.0%	0
		Total Responses	**3**

Survey Question	Findings
Q9b: What is your level of satisfaction with the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006)?	Out of 3 respondents who have read Product 3, 100% (3) were very satisfied with it.

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean
	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	5.00

Survey Question	Findings
Q9c: Do you find the content of the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006) useful?	

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1 = Not at all useful	Total Responses	Mean
2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67

Survey Question	Findings
Q9d: To what degree have you gained additional knowledge from the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006)?	

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean
2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67

Survey Question	Findings
Q9e: Has the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006) changed any of your views on the subject matter?	

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
0 (0.0%)	0 (0.0%)	3 (100.0%)	0 (0.0%)	0 (0.0%)	3	3.00	0.00

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • All readers were very satisfied with the format of First United Nations Global Road Safety Week: a toolkit for organizers of events **Satisfaction with language:** • All readers were very satisfied with the language of the advocacy publication as appropriate and comprehensible

Satisfaction with dissemination:

- All readers were satisfied/very satisfied with the publication's method of dissemination

Survey Question	Findings
Q9g: Please rank your level of satisfaction with the following features of the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	5.00	0.00
Language (appropriate and comprehensible)	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	5.00	0.00
Method of dissemination (print, electronic)	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	0.58

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: All 3 readers used the publication in their work, but to varying degrees (somewhat to a great deal)

Survey Question	Findings
Q9f: Have you used the information from the publication First United Nations Global Road Safety Week: a toolkit for organizers of events (2006) in your work?	

	5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
	1 (33.3%)	1 (33.3%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	3	4.00	1.00

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• A majority of readers (66.7%) mostly agreed that the publication contributed to leadership on critical health issues, while one reader 33.3% felt this was somewhat true
• All 3 readers mostly agreed/completely agreed that the publication contributed to:
  ○ setting policy, standards
  ○ the enhancement of programmes and practices
  ○ increasing stakeholder awareness
  ○ informing and updating training/education programs
• A majority of readers (66.7%) only somewhat agreed that the publication guided health research agendas and methods, however some (1) felt this was mostly true (33.3%)
• A majority of readers (66.7%) completely agreed that the publication contributed to facilitating health monitoring and assessing health trends, however some (1) felt this was only somewhat true (33.3%)

Survey Question	Findings
Q9h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	0 (0.0%)	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	3.67	0.58
Contribute to setting policy, norms and standards	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Contribute to the enhancement of national programmes and practices	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	0.58
Increase stakeholder	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58

awareness of health issues									
Guide health research agendas and methods	0 (0.0%)	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	3.33	0.58
Inform and update training and education programmes	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	0.58
Facilitate health monitoring and assessing health trends	2 (66.7%)	0 (0.0%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	1.15

Product 4 - Strengthening Road Safety legislation: A summary for government decision-makers (2014)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings

Satisfaction with Strengthening Road safety legislation: a summary for government decision-makers (2014):

3 survey respondents reported having read this publication.

- All 3 readers (100%) were satisfied/very satisfied with the advocacy publication and all readers found it mostly/extremely useful
- All readers found that they had gained quite a bit/a great deal of knowledge
- A majority of readers stated that the publication changed their views only somewhat (66.7%) and 33.3% stated that it completely changed their views

Survey question 10a: Have you read the technical document entitled Strengthening Road safety legislation: a summary for government decision-makers (2014)?

Response	Chart	Percentage	Count
Yes		100.0%	3
No		0.0%	0
		Total Responses	**3**

Survey Question	Findings
Q10b: What is your level of satisfaction with the publication Strengthening Road safety legislation: a summary for government decision-makers (2014)?	Out of 3 respondents who have read Product 4, 100% were satisfied or very satisfied.

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean
2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67

Survey Question	Findings
Q10c: Do you find the content of the publication Strengthening Road safety legislation: a summary for government decision-makers (2014) useful?	

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	0.58

Survey Question	Findings
Q10d: To what degree have you gained additional knowledge from the publication Strengthening Road safety legislation: a summary for government decision-makers (2014)?	

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58

Survey Question	Findings
Q10e: Has the publication Strengthening Road safety legislation: a summary for government decision-makers (2014) changed any of your views on the subject matter?	

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
1 (33.3%)	0 (0.0%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	3	3.67	1.15

2.1.4 Does the format, language and dissemination affect perception of usefulness?	2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • All 3 readers were satisfied/very satisfied with the format of Strengthening Road safety legislation: a summary for government decision-makers **Satisfaction with language:** • All readers were satisfied/very satisfied with the language of the technical publication as appropriate and comprehensible • **Satisfaction with dissemination:** • All readers were very satisfied with the publication's method of dissemination

Survey Question	Findings
Q10g: Please rank your level of satisfaction with the following features of the publication Strengthening Road safety legislation: a summary for government decision-makers (2014).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Language (appropriate and comprehensible)	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Method of dissemination (print, electronic)	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	5.00	0.00

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?	3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • All 3 readers reported using the publication in their work quite a bit.

Survey Question	Findings
Q10f: Have you used the information from the publication Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries (2006) in your work?	

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
0 (0.0%)	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.00	0.00

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• All 3 readers mostly/completely agreed that the publication contributed to
  ○ leadership on critical health issues
  ○ setting policy, standards
  ○ the enhancement of programmes and practices
  ○ increasing stakeholder awareness
  ○ facilitating health monitoring and assessing health trends
  ○ guided health research agendas and methods
• A majority of readers (66.6%) mostly/completely agreed that the publication contributed to informing and updating training/education programs, however one person felt this was only somewhat true (33.6%)

Survey Question	Findings
Q10h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Contribute to setting policy, norms and standards	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Contribute to the enhancement of national programmes and practices	1 (33.3%)	2 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.33	0.58
Increase stakeholder awareness of health issues	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Guide health research agendas and methods	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58
Inform and update training and education programmes	1 (33.3%)	1 (33.3%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.00	1.00
Facilitate health monitoring and assessing health trends	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3	4.67	0.58

Product 5 - Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings

Satisfaction with Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013):

21 survey respondents reported having read this publication.

- Almost all readers were satisfied/very satisfied with the journal
- Most found the content to be mostly useful or extremely useful, while some (22.7%) only found it to be somewhat useful or marginally useful
- Almost all readers gained knowledge from the journal ranging from some to a great deal of knowledge
- Perceptions varied on whether the publication changed their views, slightly more than half of readers reported having changed their views, while 38.1% reported this was only to a minor extent/not at all

Survey question 11a: Have you read the journal entitled Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013)?

Response	Chart	Percentage	Count
Yes		40.4%	21
No		59.6%	31
		Total Responses	**52**

Survey Question	Findings
Q11b: What is your level of satisfaction with the publication Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013)?	90.9% (20) of respondents who have read Product 5, were satisfied or very satisfied.

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
5 (22.7%)	15 (68.2%)	2 (9.1%)	0 (0.0%)	0 (0.0%)	22	4.14	0.56

Survey Question	Findings
Q11c: Do you find the content of the publication Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013) useful?	77.3% found the content of Product 5 as mostly useful or extremely useful, while 22.7% found it to be somewhat useful or marginally useful

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
6 (27.3%)	11 (50.0%)	4 (18.2%)	1 (4.5%)	0 (0.0%)	22	4.00	0.82

Survey Question	Findings
Q11d: To what degree have you gained additional knowledge from the publication Economic benefits of keeping vaccines at ambient temperature during	61.9% - quite a bit/a great deal 38.1% somewhat/very little

mass vaccination: the case of meningitis A vaccine in Chad (2013)?	

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
7 (33.3%)	6 (28.6%)	6 (28.6%)	2 (9.5%)	0 (0.0%)	21	3.86	1.01

Survey Question	Findings
Q11e: Has the publication Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013) changed any of your views on the subject matter?	Mostly/completely – 52.4% Somewhat – 9.5% To a minor extent/not at all – 38.1%

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
6 (28.6%)	5 (23.8%)	2 (9.5%)	6 (28.6%)	2 (9.5%)	21	3.33	1.43

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Most readers were satisfied/very satisfied with the format of Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad, with a few who were neutral (15%) **Satisfaction with language:** • Most felt that the language of the journal was appropriate and comprehensible and some readers were neutral (20%) **Satisfaction with dissemination:** • Most were satisfied/very satisfied with the publication's method of dissemination; some were neutral (21.1%)

Survey Question	Findings
Q11g: Please rank your level of satisfaction with the following features of the publication Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	8 (40.0%)	9 (45.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)	20	4.25	0.72
Language (appropriate and comprehensible)	6 (30.0%)	10 (50.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	20	4.10	0.72
Method of dissemination (print, electronic)	4 (21.1%)	11 (57.9%)	4 (21.1%)	0 (0.0%)	0 (0.0%)	19	4.00	0.67

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying degrees • Nearly half (42.8%) used the publication quite a bit/a great deal in their work, while the same rate reported using somewhat or very little in their work; 14.3% did not use it at all for work.

Survey Question	Findings
Q11f: Have you used the information from the publication Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad (2013) in your work?	42.8% - quite a bit/great deal 42.8 - somewhat/ very little 14.3% - not at all

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
4 (19.0%)	5 (23.8%)	4 (19.0%)	5 (23.8%)	3 (14.3%)	21	3.10	1.37

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Almost all readers mostly/completely agreed that the publication contributed to
  ○ leadership on critical health issues (95%)
• Most readers mostly/completely agreed that the publication contributed to
  ○ setting policy, standards (85%)
  ○ the enhancement of programmes and practices (85%)
  ○ increasing stakeholder awareness (75%)
  ○ guided health research agendas and methods (78.9%)
  ○ facilitating health monitoring and assessing health trends (75%)
• A majority of readers (70%) mostly/completely agreed that the publication informed and updated training/education programs, however some felt this was only somewhat true (20%) and 10% to a minor extent

Survey Question	Findings
Q11h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	6 (30.0%)	13 (65.0%)	1 (5.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	20	4.25	0.55
Contribute to setting policy, norms and standards	9 (45.0%)	8 (40.0%)	3 (15.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	20	4.30	0.73
Contribute to the enhancement of national programmes and practices	11 (55.0%)	8 (40.0%)	1 (5.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	20	4.50	0.61
Increase stakeholder awareness of health issues	6 (30.0%)	11 (55.0%)	2 (10.0%)	1 (5.0%)	0 (0.0%)	0 (0.0%)	20	4.10	0.79
Guide health research agendas and methods	8 (42.1%)	7 (36.8%)	4 (21.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	19	4.21	0.79
Inform and update training and education programmes	6 (30.0%)	8 (40.0%)	4 (20.0%)	2 (10.0%)	0 (0.0%)	0 (0.0%)	20	3.90	0.97
Facilitate health monitoring and assessing health trends	6 (30.0%)	9 (45.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	1 (5.0%)	20	4.20	0.83

Product 6 - Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011): • Overall, most readers (85.7%) were satisfied/very satisfied with the journal and found the content to be mostly or extremely useful, while some (20%) only found it to be somewhat useful • All readers gained knowledge from the journal ranging from some (40%) to quite a bit/a great deal (60%) • All readers reported that the publication had changed their views but to varying degrees, half of readers reported having changed their views mostly/completely, while the other half reported this occurred somewhat/to a minor extent

Survey question 12a: Have you read the journal entitled Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011)?

Response	Chart	Percentage	Count
Yes		39.2%	20
No		60.8%	31
		Total Responses	**51**

Survey Question	Findings
Q12b: What is your level of satisfaction with the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011)?	85.7% (18) of respondents who have read Product 6, were satisfied or very satisfied.

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
	8 (38.1%)	10 (47.6%)	2 (9.5%)	1 (4.8%)	0 (0.0%)	21	4.19	0.81

Survey Question	Findings
Q12c: Do you find the content of the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011) useful?	80% found the content of Product 6 as mostly useful or extremely useful, while 20% found it to be somewhat useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
4 (20.0%)	12 (60.0%)	4 (20.0%)	0 (0.0%)	0 (0.0%)	20	4.00	0.65

Survey Question	Findings
Q12d: To what degree have you gained additional knowledge from the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011)?	60% - quite a bit/a great deal 40% somewhat

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
5 (25.0%)	7 (35.0%)	8 (40.0%)	0 (0.0%)	0 (0.0%)	20	3.85	0.81

Survey Question	Findings
Q12e: Has the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011) changed any of your views on the subject matter?	Mostly/completely – 50% Somewhat/ To a minor extent – 50%

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (10.0%)	8 (40.0%)	5 (25.0%)	5 (25.0%)	0 (0.0%)	20	3.35	0.99

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Most readers were satisfied/very satisfied with the format of Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011), with a few who were neutral about it (10.5%) **Satisfaction with language:** • The vast majority of readers felt satisfied/very satisfied with the language of the journal as appropriate and comprehensible **Satisfaction with dissemination:** • Most were satisfied/very satisfied with the publication's method of dissemination; some were neutral (21.1%)

Survey Question	Findings
Q12g: Please rank your level of satisfaction with the following features of the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	6 (31.6%)	10 (52.6%)	2 (10.5%)	0 (0.0%)	1 (5.3%)	19	4.05	0.97
Language (appropriate and comprehensible)	10 (52.6%)	7 (36.8%)	1 (5.3%)	1 (5.3%)	0 (0.0%)	19	4.37	0.83
Method of dissemination (print, electronic)	4 (21.1%)	11 (57.9%)	4 (21.1%)	0 (0.0%)	0 (0.0%)	19	4.00	0.67

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying degrees • A majority of readers only used the publication somewhat or very little in their work, while some

did quite a bit/a great deal

Survey Question	Findings
Q12f: Have you used the information from the publication Sustaining GAVI-supported vaccine introductions in resource-poor countries (2011) in your work?	30% - quite a bit/great deal 65% - somewhat/ very little 5% - not at all

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (10.0%)	4 (20.0%)	7 (35.0%)	6 (30.0%)	1 (5.0%)	20	3.00	1.08

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:

- Most readers felt that the publication contributed to the following health outcomes, but to varying degrees (somewhat to completely)
  - leadership on critical health issues (79%)
  - setting policy, standards (78.9%)
  - the enhancement of programmes and practices (89.5%)
  - increasing stakeholder awareness (88.9%)
- Most readers felt that the journal guided health research agendas and methods, but to varying degrees
  - nearly half felt that the journal somewhat/to a minor extent (44.5%) guided health research agendas and methods, while others (44.4%) felt this was mostly/completely the case
- Most readers felt that the journal informed and updated training/education programs, but to varying degrees
  - nearly half felt that the journal somewhat/to a minor extent (44.5%) informed and updated training/education programs, while others (44.4%) felt this was mostly/completely the case
- A majority of readers mostly/completely agreed that the publication contributed to
  - facilitating health monitoring and assessing health trends (61.1%), however some (22.2%) felt this was only somewhat/to a minor extent true

Survey Question	Findings
Q12h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	4 (21.1%)	9 (47.4%)	2 (10.5%)	2 (10.5%)	0 (0.0%)	2 (10.5%)	19	4.11	1.10
Contribute to setting policy, norms and standards	6 (31.6%)	7 (36.8%)	2 (10.5%)	2 (10.5%)	0 (0.0%)	2 (10.5%)	19	4.21	1.13
Contribute to the enhancement of national programmes and practices	6 (31.6%)	8 (42.1%)	3 (15.8%)	0 (0.0%)	1 (5.3%)	1 (5.3%)	19	4.11	1.10
Increase stakeholder awareness of health issues	5 (27.8%)	8 (44.4%)	3 (16.7%)	0 (0.0%)	1 (5.6%)	1 (5.6%)	18	4.06	1.11
Guide health research agendas and methods	4 (22.2%)	4 (22.2%)	5 (27.8%)	3 (16.7%)	1 (5.6%)	1 (5.6%)	18	3.56	1.34
Inform and update training and education programmes	4 (22.2%)	4 (22.2%)	7 (38.9%)	1 (5.6%)	1 (5.6%)	1 (5.6%)	18	3.67	1.24
Facilitate health monitoring and assessing health trends	4 (22.2%)	7 (38.9%)	2 (11.1%)	2 (11.1%)	2 (11.1%)	1 (5.6%)	18	3.67	1.41

Product 7 - WHO guidelines for safe surgery: safe surgery saves lives (2009)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with WHO guidelines for safe surgery: safe surgery saves lives (2009): • Almost all readers (94.6%) were satisfied/very satisfied with the Safe Surgery guideline • Most guideline readers found the content to be mostly or extremely useful (86.1%) and found that they gained knowledge quite a bit/a great deal (77.2%) • A majority of readers reported that the publication had changed their views but to varying degrees, 74.3% reported having changed their views mostly/completely and 22.9% only somewhat

Survey question 13a: Have you read the guideline entitled WHO guidelines for safe surgery: safe surgery saves lives (2009)?

Response	Chart	Percentage	Count
Yes		61.7%	37
No		38.3%	23
		Total Responses	**60**

Survey Question	Findings
Q13b: What is your level of satisfaction with the publication WHO guidelines for safe surgery: safe surgery saves lives (2009)?	94.6% (18) of respondents who have read Product 7, were satisfied or very satisfied.

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
	14 (37.8%)	21 (56.8%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37	4.32	0.58

Survey Question	Findings
Q13c: Do you find the content of the publication WHO guidelines for safe surgery: safe surgery saves lives (2009) useful?	86.1% found the content of Product 7 as mostly useful or extremely useful, while 13.9% found it to be somewhat useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
13 (36.1%)	18 (50.0%)	5 (13.9%)	0 (0.0%)	0 (0.0%)	36	4.22	0.68

Survey Question	Findings
Q13d: To what degree have you gained additional knowledge from the publication WHO guidelines for safe surgery: safe surgery saves lives (2009)?	77.2% - quite a bit/a great deal 22.9% somewhat

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
15 (42.9%)	12 (34.3%)	8 (22.9%)	0 (0.0%)	0 (0.0%)	35	4.20	0.80

Survey Question	Findings
Q13e: Has the publication WHO guidelines for safe surgery: safe surgery saves lives (2009) changed any of your views on the subject matter?	Mostly/completely – 74.3% Somewhat/ To a minor extent – 22.9%

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
9 (25.7%)	17 (48.6%)	8 (22.9%)	0 (0.0%)	1 (2.9%)	35	3.94	0.87

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Almost all readers were satisfied/very satisfied with the format of WHO guidelines for safe surgery: safe surgery saves lives (2009), with a few who were neutral about it (8.6%) **Satisfaction with language:** • The vast majority of readers felt satisfied/very satisfied with the language of the journal as

appropriate and comprehensible (88.5%)

Satisfaction with dissemination:

- The vast majority satisfied/very satisfied with the publication's method of dissemination (82.9%); a few were neutral (17.1%)

Survey Question	Findings
Q13g: Please rank your level of satisfaction with the following features of the publication WHO guidelines for safe surgery: safe surgery saves lives (2009).	Satisfaction with format: 91.4 Satisfaction with language: 88.5 Satisfaction with dissemination: 82.9

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	12 (34.3%)	20 (57.1%)	3 (8.6%)	0 (0.0%)	0 (0.0%)	35	4.26	0.61
Language (appropriate and comprehensible)	13 (37.1%)	18 (51.4%)	4 (11.4%)	0 (0.0%)	0 (0.0%)	35	4.26	0.66
Method of dissemination (print, electronic)	12 (34.3%)	17 (48.6%)	6 (17.1%)	0 (0.0%)	0 (0.0%)	35	4.17	0.71

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying degrees • Most guideline readers used the publication quite a bit/a great deal in their work (77.2%), while some only did somewhat/to a minor extent

Survey Question	Findings
Q13f: Have you used the information from the publication WHO guidelines for safe surgery: safe surgery saves lives (2009) in your work?	77.2% - quite a bit/great deal 20% - somewhat/ very little 2.9% - not at all

	5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
	17 (48.6%)	10 (28.6%)	3 (8.6%)	4 (11.4%)	1 (2.9%)	35	4.09	1.15

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Most readers felt that the guideline completely/mostly contributed to
  ○ leadership on critical health issues (80%)
• Most readers felt that the guideline contributed to the following health outcomes, but to varying degrees (somewhat to completely)
  ○ setting policy, standards (94.2%)
  ○ the enhancement of programmes and practices (91.1%)
  ○ increasing stakeholder awareness (100%)
  ○ guided health research agendas and methods (94.1%)
  ○ informing and updating training/education programs (100%)
  ○ facilitating health monitoring and assessing health trends (97%),

Survey Question	Findings
Q13h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	10 (28.6%)	18 (51.4%)	3 (8.6%)	1 (2.9%)	0 (0.0%)	3 (8.6%)	35	4.31	0.87
Contribute to setting policy, norms and standards	12 (35.3%)	11 (32.4%)	9 (26.5%)	1 (2.9%)	0 (0.0%)	1 (2.9%)	34	4.09	0.93
Contribute to the enhancement of national programmes and practices	7 (20.6%)	18 (52.9%)	6 (17.6%)	2 (5.9%)	0 (0.0%)	1 (2.9%)	34	3.97	0.87
Increase stakeholder awareness of health issues	11 (32.4%)	18 (52.9%)	5 (14.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	34	4.18	0.67

Guide health research agendas and methods	10 (29.4%)	13 (38.2%)	9 (26.5%)	2 (5.9%)	0 (0.0%)	0 (0.0%)	34	3.91	0.90
Inform and update training and education programmes	9 (26.5%)	16 (47.1%)	9 (26.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	34	4.00	0.74
Facilitate health monitoring and assessing health trends	10 (29.4%)	17 (50.0%)	6 (17.6%)	1 (2.9%)	0 (0.0%)	0 (0.0%)	34	4.06	0.78

Product 8 - Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings

Satisfaction with Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011):

- Most readers (78.6%) were satisfied/very satisfied with the journal, while some felt neutral about it (21.4%)
- A majority of readers found the content to be mostly or extremely useful (71.4%) and reported that they gained quite a bit/a great deal of knowledge (71.4%)
- Half of the journal readers reported that the publication had changed their views mostly/completely and nearly half (42.9%) only felt that the journal somewhat changed their views

Survey question 14a: Have you read the journal entitled Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)?

Response	Chart	Percentage	Count
Yes		25.0%	14
No		75.0%	42
		Total Responses	**56**

Survey Question	Findings
Q14b: What is your level of satisfaction with the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)?	78.6% (18) of respondents who have read Product 8, were satisfied or very satisfied; 21.4% neutral

5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
2 (14.3%)	9 (64.3%)	3 (21.4%)	0 (0.0%)	0 (0.0%)	14	3.93	0.62

Survey Question	Findings
Q14c: Do you find the content of the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)**?**	71.4% found the content of Product 8 as mostly useful or extremely useful, while 21.4% found it to be somewhat useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
2 (14.3%)	8 (57.1%)	3 (21.4%)	1 (7.1%)	0 (0.0%)	14	3.79	0.80

Survey Question	Findings
Q14d: To what degree have you gained additional knowledge from the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011)**?**	71.4% - quite a bit/a great deal 28.6% somewhat/very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
3 (21.4%)	7 (50.0%)	2 (14.3%)	2 (14.3%)	0 (0.0%)	14	3.79	0.97

Survey Question	Findings
Q14e: Has the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011) changed any of your views on the subject matter?	Mostly/completely – 50% Somewhat – 42.9%

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
	1 (7.1%)	6 (42.9%)	6 (42.9%)	0 (0.0%)	1 (7.1%)	14	3.43	0.94

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • Almost all readers were satisfied/very satisfied with the format of Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011), with a few who felt neutral about it (14.3%) **Satisfaction with language:** • The vast majority of readers felt satisfied/very satisfied with the language of the journal as appropriate and comprehensible (92.9%) **Satisfaction with dissemination:** • The vast majority satisfied/very satisfied with the publication's method of dissemination (85.7%); a few were neutral (14.3%)

Survey Question	Findings
Q14g: Please rank your level of satisfaction with the following features of the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	2 (14.3%)	10 (71.4%)	2 (14.3%)	0 (0.0%)	0 (0.0%)	14	4.00	0.55
Language (appropriate and comprehensible)	4 (28.6%)	9 (64.3%)	1 (7.1%)	0 (0.0%)	0 (0.0%)	14	4.21	0.58
Method of dissemination (print, electronic)	3 (21.4%)	9 (64.3%)	2 (14.3%)	0 (0.0%)	0 (0.0%)	14	4.07	0.62

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying degrees • A majority reported that they used the journal article in their work only somewhat or very little (57.1%), while some readers used it quite a bit/great deal (42.9%). This is likely because the publication was a description of a project and did not provide recommendations.

Survey Question	Findings
Q14f: Have you used the information from the publication Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) (2011) **in your work?**	42.9% - quite a bit/great deal 57.1% - somewhat/ very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (14.3%)	4 (28.6%)	5 (35.7%)	3 (21.4%)	0 (0.0%)	14	3.36	1.01

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Most readers felt that the journal completely/mostly contributed to
  ○ leadership on critical health issues (78.6%)
• A majority of readers reported that the journal completely/mostly contributed to
  ○ setting policy, norms and standards (70.6%)
  ○ the enhancement of programmes and practices (57.2%)
  ○ guided health research agendas and methods (71.5%)
  ○ informing and updating training/education programs (64.3%)

- facilitating health monitoring and assessing health trends (71.5%)

- A vast majority of readers reported that the journal completely/mostly contributed to
  - increasing stakeholder awareness (85.7%)

Survey Question	Findings
Q14h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	2 (14.3%)	9 (64.3%)	2 (14.3%)	0 (0.0%)	1 (7.1%)	0 (0.0%)	14	3.79	0.97
Contribute to setting policy, norms and standards	3 (21.4%)	6 (42.9%)	4 (28.6%)	0 (0.0%)	1 (7.1%)	0 (0.0%)	14	3.71	1.07
Contribute to the enhancement of national programmes and practices	2 (14.3%)	6 (42.9%)	4 (28.6%)	1 (7.1%)	1 (7.1%)	0 (0.0%)	14	3.50	1.09
Increase stakeholder awareness of health issues	4 (28.6%)	8 (57.1%)	1 (7.1%)	1 (7.1%)	0 (0.0%)	0 (0.0%)	14	4.07	0.83
Guide health research agendas and methods	4 (28.6%)	6 (42.9%)	3 (21.4%)	0 (0.0%)	1 (7.1%)	0 (0.0%)	14	3.86	1.10
Inform and update training and education programmes	2 (14.3%)	7 (50.0%)	4 (28.6%)	0 (0.0%)	1 (7.1%)	0 (0.0%)	14	3.64	1.01
Facilitate health monitoring and assessing health trends	4 (28.6%)	6 (42.9%)	3 (21.4%)	0 (0.0%)	1 (7.1%)	0 (0.0%)	14	3.86	1.10

Product 9 - Contact tracing during an outbreak of Ebola virus disease (2014)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with Contact tracing during an outbreak of Ebola virus disease (2014): • Most readers (81.8%) were satisfied/very satisfied with the technical publication, with the remaining 18.2% neutral about it • Almost all readers found the content to be mostly or extremely useful (90.9%) • While all readers gained some knowledge from the publication, the amount varied. Slightly more than half of readers reported that they gained quite a bit/a great deal of knowledge (54.6%), while 45.5% felt they only gained some or very little knowledge • A majority of readers (60%) reported that the publication had only somewhat changed their views, however some did not change their views at all (20%) while other did mostly/completely (20%)

Survey question 15a: Have you read the technical document entitled Contact tracing during an outbreak of Ebola virus disease (2014)?

Response	Chart	Percentage	Count
Yes		50.0%	11
No		50.0%	11
		Total Responses	**22**

Survey Question	Findings
Q15b: What is your level of satisfaction with the publication Contact tracing during an outbreak of Ebola virus disease (2014)?	81.8% (9) of respondents who have read Product 9, were satisfied or very satisfied; 18.2% neutral

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean	Std. Dev.
	3 (27.3%)	6 (54.5%)	2 (18.2%)	0 (0.0%)	0 (0.0%)	11	4.09	0.70

Survey Question	Findings
Q15c: Do you find the content of the publication Contact tracing during an outbreak of Ebola virus disease (2014) useful?	90.9% found the content of Product 9 as mostly useful or extremely useful, while 9.1% found it to be somewhat useful.

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean	Std. Dev.
3 (27.3%)	7 (63.6%)	1 (9.1%)	0 (0.0%)	0 (0.0%)	11	4.18	0.60

Survey Question	Findings
Q15d: To what degree have you gained additional knowledge from the publication Contact tracing during an outbreak of Ebola virus disease (2014)?	54.6% - quite a bit/a great deal 45.5% somewhat/very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
1 (9.1%)	5 (45.5%)	4 (36.4%)	1 (9.1%)	0 (0.0%)	11	3.55	0.82

Survey Question	Findings
Q15e: Has the publication Contact tracing during an outbreak of Ebola virus disease (2014) changed any of your views on the subject matter?	Mostly/completely – 20% Somewhat – 60% Not at all – 20%

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean	Std. Dev.
1 (10.0%)	1 (10.0%)	6 (60.0%)	0 (0.0%)	2 (20.0%)	10	2.90	1.20

2.1.4 Does the format, language and dissemination affect perception of usefulness?

2.1.4.i Degree of satisfaction by users with regards to the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • While a majority of readers were satisfied/very satisfied with the format of Contact tracing during an outbreak of Ebola virus disease (2014), some felt neutral about it (36.4%) **Satisfaction with language:** • Most readers felt satisfied/very satisfied with the language of the publication as appropriate and

comprehensible (81.8%)

Satisfaction with dissemination:

- Most readers reported being satisfied/very satisfied with the publication's method of dissemination (81.9%)

Survey Question	Findings
Q15g: Please rank your level of satisfaction with the following features of the publication Contact tracing during an outbreak of Ebola virus disease (2014).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean	Std. Dev.
Format and style	2 (18.2%)	5 (45.5%)	4 (36.4%)	0 (0.0%)	0 (0.0%)	11	3.82	0.75
Language (appropriate and comprehensible)	3 (27.3%)	6 (54.5%)	2 (18.2%)	0 (0.0%)	0 (0.0%)	11	4.09	0.70
Method of dissemination (print, electronic)	4 (36.4%)	5 (45.5%)	1 (9.1%)	1 (9.1%)	0 (0.0%)	11	4.09	0.94

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?

3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: • Most readers used the publication in their work, but to varying amounts • Some reported using the technical document in their work quite a bit/great deal (45.5%), while others used it somewhat/very little (45.5%)

Survey Question	Findings
Q15f: Have you used the information from the publication Contact tracing during an outbreak of Ebola virus disease (2014) in your work?	45.5% - quite a bit/great deal 45.5% - somewhat/ very little

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean	Std. Dev.
2 (18.2%)	3 (27.3%)	4 (36.4%)	1 (9.1%)	1 (9.1%)	11	3.36	1.21

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• Most readers felt that the technical publication completely/mostly contributed to
  ○ increasing stakeholder awareness (81.8%)
  ○ informing and updating training/education programs (81.8%)
• A majority of readers reported that the publication completely/mostly contributed to
  ○ leadership on critical health issues (63.6%)
  ○ setting policy, norms and standards (63.7%)
  ○ the enhancement of programmes and practices (72.8%)
  ○ facilitating health monitoring and assessing health trends (63.7%), with 27.3% somewhat/to a minor extent
• A majority of readers reported that the publication only somewhat or to a minor extent guided health research agendas and methods (54.6%), while some felt that this was the case mostly/completely (45.5%)

Survey Question	Findings
Q15h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean	Std. Dev.
Contribute to WHO leadership on critical health issues and priorities	1 (9.1%)	6 (54.5%)	4 (36.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11	3.73	0.65
Contribute to setting policy, norms and standards	2 (18.2%)	5 (45.5%)	4 (36.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11	3.82	0.75
Contribute to the enhancement of national programmes and practices	3 (27.3%)	5 (45.5%)	2 (18.2%)	1 (9.1%)	0 (0.0%)	0 (0.0%)	11	3.91	0.94
Increase stakeholder awareness of health issues	2 (18.2%)	7 (63.6%)	2 (18.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11	4.00	0.63

Guide health research agendas and methods	2 (18.2%)	3 (27.3%)	5 (45.5%)	1 (9.1%)	0 (0.0%)	0 (0.0%)	11	3.55	0.93
Inform and update training and education programmes	3 (27.3%)	6 (54.5%)	2 (18.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11	4.09	0.70
Facilitate health monitoring and assessing health trends	2 (18.2%)	5 (45.5%)	2 (18.2%)	1 (9.1%)	0 (0.0%)	1 (9.1%)	11	4.00	1.10

Product 10 - Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014)

2.1.3 Are users satisfied with the publications produced by WHO?

2.1.3.ii – Degree of satisfaction with a publication (need, quality)
2.1.3.iii – Degree of satisfaction by users who rate the content as useful
2.1.3.iv – Degree of satisfaction by users who report knowledge gained from a publication
2.1.3.v – Degree of satisfaction by users who report that a publication changed their views

Summary Findings
Satisfaction with Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014): Only one survey respondent reported having read this journal • Overall, the respondent was satisfied with the publication and found it mostly useful • The respondent reported to have gained quite a bit of knowledge • The journal somewhat changed their views on the subject matter

Survey question 16a: Have you read the journal entitled Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014)?

Response	Chart	Percentage	Count
Yes		4.5%	1
No		95.5%	21
		Total Responses	**22**

Survey Question	Findings
Q16b: What is your level of satisfaction with the publication Preventing the introduction of Ebola	

virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014)?	

	5 = Very satisfied	4 = Satisfied	3 = Neutral	2 = Dissatisfied	1 = Very dissatisfied	Total Responses	Mean
	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00

Survey Question	Findings
Q16c: Do you find the content of the publication Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014) useful?	

5 = Extremely useful	4 = Mostly useful	3 = Somewhat useful	2 = Marginally useful	1= Not at all useful	Total Responses	Mean
0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00

Survey Question	Findings
Q16d: To what degree have you gained additional knowledge from the publication Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014)?	

	5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean
	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00

Survey Question	Findings
Q16e: Has the publication Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014) changed any of your views on the subject matter?	

5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Total Responses	Mean
0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	1	3.00

2.1.4 Does the format, language and

2.1.4.i Degree of satisfaction by users with regards to

dissemination affect perception of usefulness?	the format, language and support (e.g., web only, print) of a publication

Summary Findings
Satisfaction with format: • The respondent reported being satisfied with the format of Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014) **Satisfaction with language:** • The respondent felt satisfied with the language of the publication as appropriate and comprehensible **Satisfaction with dissemination:** • The respondent was very satisfied with the publication's method of dissemination

Survey Question	Findings
Q16g: Please rank your level of satisfaction with the following features of the publication Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014).	

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Total Responses	Mean
Format and style	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Language (appropriate and comprehensible)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Method of dissemination (print, electronic)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	5.00

3.1 What is the extent to which who publications are used as references and as the authoritative sources for decision-making in clinical, public health and policy decision-making contexts?

3.1.1. What is the perceived impact of WHO publication on the health policies, strategies and healthcare practices?	3.1.1.v – Extent to which users use a WHO publication to improve their own clinical practice or performance.

Summary Findings
Perceived impact: This journal was reported as used very little in the respondent's work

Survey Question	Findings
Q16f: Have you used the information from the publication Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key (2014) in your work?	

5 = A great deal	4 = Quite a bit	3 = Somewhat	2 = Very little	1 = Not at all	Total Responses	Mean
0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	1	2.00

3.1.2. What publication and type contribute to improved health outcomes at the individual and community level? Which have not?

3.1.2.i – Evidence that WHO publications:
a) contribute to policy, norms and standards.
b) contribute to the enhancement of national programs and practices
c) increase stakeholder awareness of health issues
d) guide health research agendas and methods
e) inform and update training educational programs

Summary Findings

Contribution to health outcomes:
• The one respondent felt that the journal mostly contributed to
  ○ increasing stakeholder awareness
  ○ informing and updating training/education programs
  ○ leadership on critical health issues
  ○ setting policy, norms and standards
  ○ the enhancement of programmes and practices
  ○ facilitating health monitoring and assessing health trends
  ○ guided health research agendas and methods

Survey Question	Findings
Q16h: Please indicate whether this publication contributes to the health outcomes listed below.	

	5 = Completely	4 = Mostly	3 = Somewhat	2 = To a minor extent	1 = Not at all	Do not know	Total Responses	Mean
Contribute to WHO leadership on critical health issues and priorities	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Contribute to setting policy, norms and standards	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Contribute to the enhancement of national programmes and practices	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Increase stakeholder awareness of health issues	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Guide health research agendas and methods	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Inform and update training and education programmes	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00
Facilitate health monitoring and assessing health trends	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1	4.00

Supplementary Qualitative Questions

Survey Question	Findings
Q26: What are the major assets/benefits of WHO publications? (qualitative question)	179 responses • The frequent comments received were related to the fact that WHO publications are an authoritative source of information and guidance, because they are up-to-date information, evidence-based and impartial. • Guidelines and recommendations were specifically mentioned as being useful, for research, practice and policy setting. • The fact that WHO information is accessible and free was also stated frequently. • The relevance of the information and addressing priority needs was mentioned, but not as frequently as other factors above

Survey Question	Findings
Q27: Do you have any suggestions to improve	165 responses

the reach, usefulness or use of WHO publications? (qualitative question)	**Reach:**
	• improve the search tool on WHO Website, and perhaps introduce a proper taxonomy of publications so relationships can be found
	• Do proper information dissemination strategies that include better upfront planning to target audiences and appropriate use of channels such as social media, electronic and print, but also use of distribution agents such as regional, country offices, collaborating centres.
	  ○ notifications/alerts of new publications
	  ○ sign-up on website for distribution lists
	  ○ PubMed type of indexing/notification
	  ○ more modernized approach to IM/IT
	• Translation of products into French, Spanish and Portuguese would greatly improve reach
	
	Use:
	• Some call for simplification of documents - shorter, more summarized, with graphs and infographics
	
	Usefulness:
	• There is a question of relevance raised if things are delayed to long, and calls to make information available faster

Annex H: Programme Case Studies

1.0 Introduction and Background

The evaluation conducted five "programme" case studies, taking a body of knowledge as its focus. Each programmatic case study used multiple lines of evidence such as interviews, document review, bibliometric study, and external survey. For each programme area, two WHO publications were selected as separate but related product case studies. The product case studies served as a line of evidence for the each programme case study, as well as serving as its own line of evidence for the overall evaluation. The product case studies used interviews, document review, online survey and bibliometric studies.

The case studies assessed the evaluation questions as per the Evaluation Matrix.

Table H1: Case study comparison

	Programme Case Study	Product Case Studies
Quantity	5	10
Evaluation Criteria	• Reach, Use, Usefulness	• Implementation of the Publication Process
Lines of Evidence	• Document review • Interviews • Bibliometric study • Online survey • Product case studies	• Document review • Interviews • Bibliometric study • Online survey

In consultation with the Evaluation Commissioner, subjects of the programme case studies were selected based on representativeness, materiality and readiness. The proposed programmatic case studies include:

GPW Category	Programme Area	Case Study Subject
Communicable diseases	HIV and hepatitis Vaccine-preventable diseases	**HIV** **Immunization**
Noncommunicable diseases	Violence and injuries	**Road Safety**
Health systems	Integrated people-centred health services	**Patient safety**
Preparedness, surveillance and response	Emergency risk and crisis management	**Ebola response**

2.0 Findings: comparison to indicators

The findings for each case study, by evaluation question are presented below.

Criteria 1: Reach

1.1.1 How does WHO target audiences

HIV	For HIV, the target audience is generally well defined. Guidelines are viewed as the critical publications for the HIV area. The main audiences for guidelines are national programme managers and policy makers in LMIC who are responsible for developing national policies and overseeing adaptation and development of country level guidelines. A number of other audiences were also identified including clinicians, donors, CSOs, academics; sometimes shorter documents are developed to target other audiences However, there is disagreement amongst some interviewees in terms of whether the role of WHO is to target health care workers on the ground (e.g. with guidelines). Even if guidelines are intended for the country level, people on the ground will ask for these, and then the length and complexity of the guidelines is an issue. A shorter summary document would assist with this audience. The process of involvement of stakeholders in the development of guidelines who are also key in the implementation at the country level assists with implementation of guidelines; this process is key to translation and implementation of guidelines from the countries implementing as it reflects real world of guideline implementation. In addition, workshops and dissemination meetings are held with countries on the new guidelines once released.
Immunization	There are multiple audiences, but the primary target is LMIC Countries, and particularly immunization managers and policy makers at country level. Different products target different groups. A communication strategy is needed to be clearer on who is targeted and why and with which product. More needs assessments could be done to assess what the target audience is seeking and to get feedback on products. Dissemination of a list of documents would be useful.
Road Safety	The Road Safety programme is a partnership programme that brings together a range of stakeholders and sectors. The target audience is therefore broader than traditional

	WHO-MoH audience. Consultation with stakeholder groups is done through the programme mechanism, the UN Road Safety Collaboration. The programme products demonstrate differentiation in targets - for policy makers, for media, for technical staff, indicating a degree of matching products to needs.
Patient Safety	The Patient Safety programme targets audiences by looking at the potential impact and focus of a publication with three big sets of audiences: clinicians, policy-makers and patient organizations. Another common method is by working through regional focal points who are linked to country focal points. The programme products tend to target MoHs engaged in quality improvement.
Ebola	Ebola outbreak was geographically and disease focused, so identifying target audience was clear for outbreak response o Technical publications were focused at first responders, practitioners from all actors including all levels of MoH, NGOs etc. - o Priority topics changed as the outbreak evolved moving from case management, contact tracing, IPC to community responses, decommissioning etc. o Website divided into health care professionals, partners, public o WHO Journal articles more broadly targeted with a policy bias

1.1.2 Are there gaps due to targeting

HIV	The target of guidelines is LMIC. This can leave a gap for high income countries, but LMIC is viewed as the target countries. There is a question of whether the role of WHO is to target operational materials at the health worker level (e.g. training materials) or if these are better produced by local organizations or others with expertise in the local context. For some interviewees, they feel that some operational guidance has to be produced to facilitate implementation. Challenges remain in reaching local levels, if this is in fact a target audience of WHO. NGOs need to be aware of guidelines so that they can assist in implementation – as they play key roles in implementing services in country. Suggestions to fill gaps include using social media, mobile technologies (e.g. mobile Apps). The committees involved in guideline development are large, and from around the

	globe, and represent different populations. This can be difficult to manage and ensure everyone is engaged. One interviewee felt that more representation was needed from those in high burden countries. High costs for implementing guidelines may be viewed as a challenge – so communicating long-term cost benefits of implementing guidelines may be useful. It is not simply a matter of developing guidelines, but ensuring information for multiple audiences, and cascading this information to these audiences.
Immunization	A detailed dissemination plan conducted ahead of time would assist with targeting. Use social media and new technology for dissemination. Timely release of document is critical. Improve the website and online access. Downloading documents can be slow; hard copies are needed in some areas where internet is slow. Email documents out to key stakeholders to ensure they are aware of them. There are opportunities to further target the private sector, universities.
Road Safety	Multi-sectoral nature and multi-stakeholder means there are challenges, and new stakeholders always being identified both globally and nationally. There is upfront planning on who the target is and planning for information dissemination. The program does have social media channels available beyond the WHO corporate (because it is a Secretariat for the Decade of Action) and a communications officer.
Patient Safety	There are criticisms about focusing too much on MoHs where documents do not get disseminated due to insufficient capacity in regional and country offices leading to incomplete targeting. Recommendations to fill this gap include 1) reaching more frontline staff in healthcare facilities, 2) producing publications at the hospital level for clinical leadership on how to create and manage quality programs and 3) targeting the private sector
Ebola	The was a wide audience in terms of technical knowledge (e.g. policy makers, doctors, front-line community workers), and there were gaps in appropriate format for target audience, e.g., producing very technical documents for operational level workers

1.1.3 To what extent it he intended reach achieved?

HIV	"HIV documents are accessed less often than the rest of the sample" (bibliometrics), however the interviewees noted that HIV documents are generally widely disseminated via multiple channels but there are multiple areas for improvement identified. Guidelines are typically launched at international meetings. Regional dissemination meetings to release the information and discuss the new guidelines may also be conducted, and these are viewed as important. This was confirmed via one of the documents too (Sagoe-Moses). Passive dissemination is not enough, but resources are needed to build capacity in countries to be aware of, adapt, and implement the guidelines. Using technology and social media more may be useful, as well as more active dissemination. From the bibliometrics, social media (e.g. Twitter) was not used to raise awareness of the products in the case study. Multiple channels are used and multiple versions for different audiences are ideal. The detailed guidelines are still critical, but a short policy brief is also useful. Having the schedule for when updated guidelines will be coming out is also important.
Immunization	Insufficient resources are a limitation to dissemination. More active dissemination plans are needed, including lists of stakeholders to send documents. Ensure search engines can be used to quickly find information. Develop different formats of documents for different audiences (e.g. shorter versions). According to the bibliometrics, although the immunization documents were the most likely to be closed access, they were also the most likely to be sought via downloads and views. Documents concerning Immunization or Health Policy & Planning are accessed most commonly. Of the selected program case study areas, Immunization documents have greater impact than the total set of analysed documents.
Road Safety	Dissemination can be done better. There is distribution and dissemination planning, but many partners or stakeholders do not know when something is produced. There could be a better process for notifications of new publications. There are two websites (UN Collaboration, and WHO's) and WHO documents are not consistent

	between them. The program, as a Secretariat of a partnership, does have it owns social media (FB, Twitter, Website) which does help to disseminate and raise awareness. Almost all documents are open access (96%) and there is evidence of views and downloads each year that are relatively high compared to the other WHO programmes that were assessed, however mean impact factors, citations, grey citations are lower than the overall sample.
Patient Safety	The patient safety (PS) programme has been on hold for the past 6 months as the department is re-examining the direction the programme is heading. Before that, overall, patient safety publications and promotional materials were well disseminated globally, especially hand hygiene by the patient safety team From a grassroots level, there are still people who work at the grassroots level are unaware of PS publications, inferring a gap in target audiences. PS publications coming from global strategies (i.e., hand hygiene) are very well disseminated, however those that are not, must be searched for on WHO's website. At the programme level, almost all patient safety publications were open access (99%). Of the two patient safety products, the Safe surgery guideline was open access, with 194 grey citations. The IBEAS paper published in an academic journal was closed access, with only 3 peer-reviewed citations. Possibly due to the PS programme being on hold and no major publications for the time being, there was very little social media presence. The number of PS views + downloads was 1101, with 26 views per year and 371 downloads per year.
Ebola	There were challenges in dissemination given connectivity issues in the field, wide range of actors and therefore target audiences, limited hard copies. Push: 94% of publications are open access. Almost no social media presence Pull: Slightly higher than the population in terms of views and downloads Regarding referrals - deviates from mean of population in that less likely to be cited in peer-reviewed articles, but more likely to be cited in grey literature

1.1.4 How does WHO target different language groups?

HIV	For non-English speakers, language is a major barrier. Translation delays are also an issue. There is not a clear consensus about whether it is WHO's role (or country level WHO or regional level WHO, or country itself once adaptation of guidelines done) to translate documents. Finding resources to do translations is also an issue, since donors are not willing to pay.
Immunization	Lack of resources for translation, and cost is a concern. However, translating more documents into other languages would have a better impact by increasing value and reach. However, translation can be slow and sometimes the translation can be poor quality.
Road Safety	It is difficult to see any systematic approach to translation - e.g. there are a series of three publications on "strengthening road safety legislation", the first was translated into 5 official languages, the second just English and French, the third is English only. Of 33 publications, 10 are in English only (30%)
Patient Safety	Language of publications is an issue. Documents are generally in English which is fine for countries that use it in their healthcare facilities or among their policy makers. However work in sector collaborations need to be in all WHO languages. Often official WHO translators are too busy or the quality of some other translations is below expectations.
Ebola	No findings.

1.1.5 Are there significant differences in reach across the language groups?

HIV	Most HIV documents sampled are in English, with about 1 in 5 in French, followed by Spanish (16%), and Russian (12%), and Arabic (10%). Other languages are less than 10%.
Immunization	Most documents (assessed as part of the bibliometrics) are in English (97%) with almost half (43%) in French. Almost 3 in 10 (29%) are in Spanish. 18% each are in Chinese, Russian, and Arabic. There are multiple views in Chinese, followed by French.
Road Safety	There are differences in reach across language groups because many publications (approx 30%) are English only. When publication are translated, there is evidence of pull dissemination (views and downloads) and referrals (citations) that are

	comparable to English publications, which indicates there is a demand for these publication in other languages.
Patient Safety	English accounted for almost all available patient safety publications (97%), while some were also in French (43%) and Spanish (27%). Italian, Portuguese, Chinese, Japanese, Russian and Arabic were only available between 0% and 17% of patient safety publications. When patient safety publications are translated into French, Spanish, Russian and Chinese there is evidence of statistically significant relationships between language and impact counts (i.e., views, downloads and referrals) which indicates a need for these publication in other languages. With the two PS products, guidelines are not translated due to the length (Safe surgery), and external peer-reviewed journals are published in English (IBEAS).
Ebola	Very low percentage of publications were translated into French (20%) or Portuguese (1%). This is concerning given the geographic region impacted by Ebola.

Criteria 2: Usefulness

2.1.1 How does WHO respond to global strategies and priorities through its publications?

HIV	A consultative process is used to develop guidelines, but WHO sets the agenda in some cases based on new evidence. WHO is responsive in some areas but slow to address others. What WHO addresses in HIV is also influenced by funding.
Immunization	Latest evidence is a key driver, and SAGE is also a key influencer. WHO is viewed as a leader on some areas (e.g. new vaccines) but can be slow in other areas (e.g. health systems). There were some issues raised that WHO may listen to the loudest voice and may not be a leader/may not be anticipating needs.
Road Safety	It aligns to Decade of Action on Road Safety
Patient Safety	WHO responds very quickly to global pandemics such as H1N1 & Ebola. There are 6 separate global strategies currently put out by WHO that build on national policies and high priority health areas targeted through publications.
Ebola	Not applicable , no findings

2.1.2 To what degree are WHO publications based on needs? Are they addressing priority needs?

HIV	New science, and the need to update recommendations, drives the development of HIV guidelines. There is no formal process of needs assessment, but STAC informally advises and the HIV area works with various stakeholders. The HIV area is generally responsive and accommodating. They are not necessarily out front and leading edge, as it is based on the evidence. But they are effective and responsive.
Immunization	Advisory committees help with priority setting. There was a suggestion that WHO can be more inclusive with their working groups. Resources are an issue. As above, WHO can be viewed as responding quickly in some areas (e.g. vaccine hesitancy, pain after immunization, P3 partners, immunization anxiety clusters), yet be slow getting on board in others.
Road Safety	Road safety was a globally identified need, not a country level identified need. The UN Road Safety Collaboration partnership has been the means to continue to identify needs
Patient Safety	In general, WHO publications are mostly based on needs of target audiences. In patient safety, expert clinical and policy advisers were consulted to identify gaps in

	need. There are also consultations at regional offices on specific issues based on need/demand from countries.
Ebola	In an emergency, timing is an important issue to addressing needs and WHO guidance was often delayed. WHO did institute rapid guidance processes but this did not meet stakeholder needs.

2.1.3 Are users satisfied with the publications produced by WHO?

HIV	Satisfaction is generally high based on interviews and on external survey of 2 products. The utility of the documents was also found to be high in the surveys, and the majority felt they gained quite a bit/great deal of knowledge. The publications changed views for the guidelines (more than ½ reporting) but the systematic review, 56% said “only somewhat”. This may mean the guidelines had more influence on views than the systematic review of evidence, but this cannot be confirmed by the data available. From the interviews, challenges to satisfaction include: the GRADE process (and the role of observational data), whether guidelines are realistic for countries, how to address slow adopters, and suggestions for other formats (e.g. videos, summaries, meetings).
Immunization	Generally, users are satisfied with the publications (survey and interviews). Publications are seen as credible, evidence-based, well respected, and influential. For the survey, the vast majority gained knowledge form the journal articles, and most found the content useful. There were mixed views on whether the publication changed their views, with one article mixed, and another all readers reporting they had their views changed (but to varying extents).
Road Safety	Limited survey respondents (3) did state "very satisfied" with the publications they have accessed. Because of the lack of research from developing countries, some of the publications may rely on evidence and practices from developed countries that are not applicable or appropriate to a developing country context. There may be a lack of awareness (and dissemination) of the publications.
Patient Safety	Overall user satisfaction of WHO publications is quite high based on interviews

	The external survey indicated a high satisfaction rate among almost all readers of the safe surgery guideline and most IBEAS readers. The majority of readers found both products to be useful and reported gaining knowledge from them. The guideline changed views for the majority of readers but only half of the IBEAS audience.
Ebola	Timing of the publications was the main factor impacting on satisfaction. Most readers themselves were very satisfied/very satisfied (81%) with the publications, with 90% finding the content mostly or extremely useful

2.1.4 Does the format, language and dissemination affect perceptions of usefulness?

HIV	The survey results showed for both publications there is general satisfaction about the format, language, and dissemination. However, a small percentage rated various aspects neutral for each product. Dissemination of guidelines is done by various means, including dissemination meetings with countries (as noted in the interviews and one document reviewed). Interviewees noted that different formats would be useful for different audiences (e.g. social media, short documents, facts sheets, podcasts, videos, etc.). More plain language can be useful but the detailed guidelines are also needed so that countries can view the evidence and the literature review behind recommendations; hence, other formats would have to be in addition to the detailed guidelines.
Immunization	Sometimes language can be a challenge for readers, in terms of length, abbreviations, technical level. However, others note that the technical language is needed to be useful. Some suggest alternative formats (e.g. video, slide sets, mobile phone formats, etc.) for different audiences' needs. There is also a question on whether WHO has a role in operational materials. For the survey, there is general satisfaction on the format, language, and dissemination. However, some were neutral on these aspects – and the qualitative interview findings above may help to understand some issues that need to be addressed.
Road Safety	From interviews there was no consensus view on format of publications. From the survey, respondents were satisfied with the format.
Patient Safety	The usefulness of a publication is largely impacted by format, language and support. WHO must make an effort on the readability and layout of publications. This also includes the need for documents to be short, concise with clear strategic objectives.

	Dissemination via internet is the easiest method, however internet access is a barrier for some. For the two products, the majority of readers were satisfied/very satisfied with format, language and dissemination.
Ebola	In an emergency situation, publication are often involved at community level, so there is an increasing need for better knowledge translation and communication support that is appropriate to the context (social, cultural, anthropological). Dissemination strategies need to be developed for situations where passive electronic posting is not appropriate.

2.1.5 Is there a comparative advantage of WHO publications over those published by other stakeholders?

HIV	WHO has a comparative advantage and a niche by playing a normative role providing guidelines. WHO is credible, has scientific integrity, and uses a systematic approach to evidence. WHO has a strong, recognizable brand and position of WHO's position on a topic is important, as WHO is viewed as a credible leader and expert. One niche for WHO is the guidance.
Immunization	Who is viewed as having a comparative advantage particularly in guidance. The documents are viewed as being high quality, and as having legitimacy. WHO has a good reputation for evidence-based work.
Road Safety	It is recognized that WHO is not the lead expert in all areas related to Road Safety. Its publications complement others and are coordinated through the UN Collaboration.
Patient Safety	The general sentiment regarding the comparative advantage of WHO publications is that WHO targets countries globally, something that other stakeholders do not focus on. WHO is also a recognized and trusted authority on health issues.
Ebola	There were other publications being used by stakeholders, often due to delays in receiving WHO information.

2.1.6 What is the quality level of WHO publications (credible, authoritative, trustworthy, reputable)? Any shortcomings?

HIV	WHO is viewed as having a high quality, rigorous process using GRADE. There has been improvement over time in the HIV area in terms of quality of publications.

	Challenges with GRADE, and the reliance on RCTs, are a concern. In addition, additional formats are requested to reach more audiences given the technical nature of the documents. Bibliometrics showed that HIV documents (analysed as art of the bibliometrics) were poorly cited in the academic literature, but well cited in the grey literature. Nothing from the interviews tends to illustrate why this might be the case, as WHO HIV's documents are viewed as being high quality and evidence-based.
Immunization	WHO is viewed as having high quality publications. They have been seen to have made improvements over time in the immunization area. The evidence-base is critical (e.g. references, peer review, GRADE) but GRADE is also a challenge given issues with observational studies. SAGE has a positive reputation and others are trying to replicate this.
Road Safety	Overall the products are of high quality, although there is variation across the different regional publications.
Patient Safety	WHO publications are generally seen as high quality however it can depend on the document. Some criticisms include: 1) a needed balance of evidence and real life implementation, 2) readability (too science-based and not fully transferable), 3) conflict between recommendations from WHO offices. By programme, patient safety was cited much more in the grey literature than in peer-reviewed citations.
Ebola	In general stakeholders view the publications of being high quality, especially the guidance documents. The quality of other types of publications may vary, specifically advocacy materials.

Criteria 3: Use

3.1.1 What is the perceived impact of WHO publications on the health policies, strategies and healthcare practices?

HIV	The survey found readers used the work but in varying degrees, with higher percentages reporting using the guidelines in their work quite a bit/a great deal compared to the systematic review. Interviewees felt that the impact of WHO was very high/significant, and were referred to in key meetings and resolutions. Governments pay attention and use these, and WHO's voice has legitimacy. Internal staff interviews as well as one

	document indicated that guideline uptake at the country level has been positive. However, adopting a recommendation and implementation are different stories, and there are challenges in some countries (e.g. barriers in working with key populations) and other external barriers that will be noted below.
Immunization	Impact of WHO publications in immunization is felt to be high in general. Recommendations from WHO are viewed as carrying weight and drive decisions at country level. Impact information is collected each year. With added resources, better KT and implementation could occur. For both products, most readers used the publication in their work, but to varying degrees. While 43% used the Chad publication quite a bit/a great deal, 14% did not use it. For the GAVI article, majority of readers only used the publication somewhat or very little in their work.
Road Safety	There has been progress made in road safety legislation, with 17 countries revising legislation over the 2011-14 period. This may be attributable to the road safety program as a whole of which publications have an important role.
Patient Safety	Patient safety publications have a large impact and have driven much of the world's policy on safety. For example, over 20 000 hospitals signed up globally to improve hand hygiene and 130 countries signed up to address it at the Ministry level. The Safe Surgery Checklist which was developed from the guideline, is another example of a large impact on healthcare practices where over 5000 hospitals signed up to use the checklist in their first years. Regarding the two PS products, most readers used the guideline quite a bit/a great deal in their work. The IBEAS paper was used only somewhat or very little by the majority of readers in their work, likely because the publication was a description of a research study and did not provide recommendations.
Ebola	There was uptake and use of their guidance, which was put into practice: IPC, decommissioning of sites, safe burial, contact tracing health system recovery.

3.1.2 What publications and type contribute significantly to improved health outcomes at the individual and community level? Which have not?

HIV	There are many examples provided in the interviews where guidelines have resulted in changes that improve health. The majority of the survey respondents felt that the publications contributed to health outcomes, with generally higher percentages for

	the guidelines. There were lower percentages (but still majority mostly/completely agreeing) that the publications guided health research agendas and methods. (This finding may correlate with the above that HIV documents are less cited in academic literature – perhaps WHO HIV documents are viewed more from an implementation/practice point of view).
Immunization	Generally, it is felt that WHO immunization has an impact on mortality and public health. However, attribution to WHO can be difficult. WHO's work Is highly valued, and helps to build country capacity and performance. Some examples of impact are in the areas of vaccine hesitancy, vaccines in pregnancy, reaching hard to reach, pain mitigation, polio end game. From the case studies, it appears that the articles contributed to health outcomes across a number of areas (e.g. leadership), but less so in informing and updating training/education programs. The GAVI article also had lower percentages reporting they felt the journal guided health research agendas and methods and contributed to facilitating health monitoring and assessing health trends
Road Safety	The Global Report, subsequent Global Status Reports and the technical manuals (Green books) are the most impactful. Survey respondents indicated that publications had shown leadership on critical health issues (at least to some degree), contributed to policy and enhancement of programs.
Patient Safety	Hand hygiene publications were widely reported to have contributed to improved health outcomes as over 50 countries adopted the strategy worldwide, Ex. the Global Action Plan on Antimicrobial Resistance. Both the Safe surgery guideline and the IBEAS paper were reported to have contributed to leadership on critical health issues completely or mostly and other health outcomes.
Ebola	Limited evidence.

3.1.3 How can WHO foster better use of health information? Other mechanisms?

HIV	Interviewees suggested that WHO should consider the target audience and how best to reach them, and use more social media and technology for dissemination, as well as other formats such as fact sheets, slide sets, podcasts, and videos. A more active dissemination strategy for publications would be useful. Ensuring gaps in information (e.g. cost savings if guidelines implemented) can help to influence finance ministers to

	make changes.
Immunization	Suggestions for improvement include improving website accessibility and searchability, reducing the number of documents, ensuring the target for the product is identified from the start, being active in the dissemination and communication including using a distribution list, using other tool (e.g. infographics, apps, mobile phone, data visualization). A regular feedback loop from users (e.g., to comment on products) is also suggested.
Road Safety	WHO can improve segmentation of audiences and targeting, and planning for knowledge translation activities and dissemination.
Patient Safety	Recommendations to foster better use of WHO's health information include 1) developing a proper dissemination strategy through newsletters or regular updates, 2) a WHO country office in all member states for increased visibility, 3) social media advertising to remind stakeholders of key publications at country level and 4) a more user-friendly web interface.
Ebola	There has to be more thought on knowledge translation activities, including matching dissemination formats and channels to the target audience.

Criteria 4: Implementation of Publications Policy

4.1.1 What is the level of awareness and knowledge of WHO management and staff of WHO publication policy?

HIV	Staff have a general understanding of the basic policy, but not a detailed understanding. Certain staff (e.g. those coordinating publications) are more likely to understand the publication policy, as are those who have been at WHO for a long time. EPub does not seem to have been rolled out in the regions. Funding restrictions also contradict the publication policy (e.g. funder only funds English publication, and not translation to other languages).
Immunization	No findings
Road Safety	No findings, limited response.
Patient Safety	There is a complete consensus among product case study interviewees that the majority of staff lack knowledge of the WHO publication policy.
Ebola	No findings

4.1.2 What is the level of training and information that is available and has been provided to WHO management and staff on WHO publication policy?

HIV	There was a mixed point of view, where some felt there was training available, and others felt there was not. The publication policy is viewed as very complicated.
Immunization	No findings.
Road Safety	No findings, limited response.
Patient Safety	Product case study interviewees reported that training on the WHO publication policy is available while others were not aware or had come across this.
Ebola	No findings

4.1.4 Are there any gaps or weaknesses in the WHO's publications policy?

HIV	The publication policy is bureaucratic, complex, and long, but many felt it was clear.

	There is a lack of monitoring of publications, and uptake and implementation should be measured. Translation into other languages is also an issue.
Immunization	There is a mixed reaction, with some noting no major issues while others say there are too many rules. People have questions they don't know the answer to, and they would also like to know who is realising what documents (past and future) so that duplication can be reduced. Suggestions are made on the need to track use, uptake, and implementation of publications.
Road Safety	No findings.
Patient Safety	The WHO publication policy is seen as unclear with different approaches across departments, it is considered too time-consuming and bureaucratic by staff.
Ebola	No findings.

4.1.5 How effective are the quality control mechanisms and monitoring systems in assessing use and relevance of publication production and impact (reach, usefulness and use)?

HIV	Quality is generally considered to be strong, but can take a long time. Translations can take a long time. Monitoring is viewed as weak, informal, and ad hoc, and more monitoring is required. However, the slide set provided shows that some monitoring is done on guidelines by HIV at the country level. There is a reliance on countries providing data for the monitoring that is done, and this quality may vary.
Immunization	Quality control is viewed generally positively. There are a lack of systems in place to monitor document impact, use, implementation, and there is no time or resources to do this systematically. Impact is difficult to assess. Informal feedback is sought. There are a few cases of documents provided where previous impact has been evaluated to some extent. However, routine, systematic collection of data would be useful.
Road Safety	Quality control has been good, and there is some monitoring of product dissemination but it is limited.
Patient Safety	Quality control is seen as 100% effective if done through the Guidelines Review Committee (GRC) as the GRC is very thorough. Scientific reports with recommendations are always externally peer-reviewed before published in a journal. There is, however much variance in final publication clearance, some publications are considered substandard possibly because of limited resources in country offices.

Ebola	Emergencies need a two-track process, which eventually resulted in rapid guideline process. There is no systematic and consistent monitoring. Some new initiatives are just starting in terms of Google analytics

Criteria 5: Lessons Learned

5.1.1 What factors external to WHO may influence the achievement of activities, outputs and outcomes

HIV	A number of external factors influence, including: • Lack of funding at WHO, as well as at country level for implementation of guidelines (e.g. new drugs) • Donor priorities • Legal and human rights barriers for vulnerable populations • Stigma/discrimination • Delays at country level in implementation of guidelines • Training of health workers
Immunization	External influences include: funders influencing where funding is spent, multiple agendas (political, pharma industry, anti-vaxxers), lack of resources, and GAVI funding decisions. Broader health information systems in country are also challenge, as is corruption at the country levels.
Road Safety	If there is a lack of expertise or experience in developing countries, then best practices and research from developed countries is used and that may not be appropriate for the developing world.
Patient Safety	External factors to WHO that could influence the achievement of activities, outputs and outcomes were reported to be: • funding which influences how targets and goals are set and how objectives and outcomes are achieved. • national policies and government interest, as it largely effects the uptake of a programme • culture influences whether a health practice is easily adaptable or accepted
Ebola	No findings.

5.1.2 What have been the lessons learned, positive and negative?

HIV	The move to consolidated guidelines is viewed positively. A clear dissemination strategy targeting the different audiences with different formats is viewed as important. The GRADE process is viewed positively, and WHO publications are viewed as being high quality, but the issues of how/when to incorporate observational studies

	was identified as a key issue to solve.
Immunization	Packaging materials for targeted audiences is important. Publications need to be updated in a timely manner. WHO should use more social media and discuss WHO documents at key meetings.
Road Safety	Lesson learned include: • Need for further segmentation of audiences and products • Need to incorporate communication to ensure dissemination (pull)
Patient Safety	Lessons learned varied, and included 1) needing to know the audience and how to engage policy makers, 2) being able to trace the impact of a publication, 3) the audience is MoH, the institutions, the WHO Collaborating Centres, professional associations – not billions of individuals, 4) WHO publishes too much and it's not always useful, 5) global campaigns have a great effect.
Ebola	Major lessons learned: • Timing is essential and there is a gap between identifying a need and producing guidance that cannot go unanswered. • The engagement of a technical document management position is critical. • Adaptation at local level, with social and anthropological expertise, needs to be paired with the technical expertise.

5.1.3 What are the areas for improvement?

HIV	A clear monitoring and evaluation plan to show impact is important. The funding for the development of guidelines should not stop at the completion of the guidelines, but should also include dissemination. It is important to understand what is happening at the country level. A clear dissemination plan, as well as feedback loop (surveying stakeholders, and getting their feedback) should be systematically applied.
Immunization	Short, concise documents are ideal. The time to release documents can be too long. There may be too many documents released as well. An assessment of whether it is worth it to develop a publication should be made. The grading of evidence may be simplified.
Road Safety	Areas for improvement include better dissemination planning
Patient Safety	Areas for improvements included, the need for quick access to WHO information and for WHO to revise quickly as well as a confirmation that a guideline is still valid. The inclusion of healthcare managers and professionals was recommended as well as

	shortening the format of publications.
Ebola	There is a need for improving our approach to knowledge translation, and communications.

Annex I: Product Case Studies

1.0 Introduction and Background

The evaluation conducted five "programme" case studies, taking a body of knowledge as its focus. Each programmatic case study used multiple lines of evidence such as interviews, document review, bibliometric study, and external survey. For each programme area, two WHO publications were selected as separate but related product case studies. The product case studies served as a line of evidence for the each programme case study, as well as serving as its own line of evidence for the overall evaluation. The product case studies used interviews, document review, online survey and bibliometric studies.

The case studies assessed the evaluation questions as per the Evaluation Matrix.

Table I1: Case study comparison

	Programme Case Study	Product Case Studies
Quantity	5	10
Evaluation Criteria	• Reach, Use, Usefulness	• Implementation of the Publication Process
Lines of Evidence	• Document review • Interviews • Bibliometric study • Online survey • Product case studies	• Document review • Interviews • Bibliometric study • Online survey

In consultation with the Evaluation Commissioner, subjects of the programme case studies were selected based on representativeness, materiality and readiness. The proposed programmatic case studies include:

GPW Category	Programme Area	Case Study Subject
Communicable diseases	HIV and hepatitis Vaccine-preventable diseases	**HIV** **Immunization**
Noncommunicable diseases	Violence and injuries	**Road Safety**
Health systems	Integrated people-centred health services	**Patient safety**
Preparedness, surveillance and response	Emergency risk and crisis management	**Ebola response**

Based on the programme case studies, the following publications were selected as randomly as possible and still cover the various types of publications:

i. **Advocacy Materials**
   - First United Nations Global Road Safety Week : a toolkit for organizers of events (2006) **(Road Safety)**

ii. Technical Publications

- Preventing HIV/AIDS in young people : a systematic review of the evidence from developing countries / editors: David Ross, Bruce Dick, Jane Ferguson (WHO No. 44285, IRIS No. 26724) **(HIV)**
- Strengthening Road safety legislation: a summary for government decision-makers (2014) **(Road Safety)**
- Recherche des contacts pendant une flambée de maladie virus Ébola (2014) (WHO No. 161145, IRIS No. 10665/163) **(Ebola)**

iii. Guidelines

- Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach - 2010 version (WHO No. 45540) **(HIV)**
- WHO guidelines for safe surgery: safe surgery saves lives (2009) **(Patient Safety)**

iv. WHO (HQ and Regional) Journals

- Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad - Bulletin of the World Health Organization (2013) 92:86-92 **(Immunization)**
- Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key - Eastern Mediterranean Health Journal (2014) 20:656-660 **(Ebola)**

v. External Publications

- Sustaining GAVI-supported vaccine introductions in resource-poor countries - Vaccine (2011) 29:3149–3154 **(Immunization)**
- Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS) - BMJ Quality Safety (2011) 20:1043-1051 **(Patient Safety)**

The product case studies did not produce a standalone report, but rather the information collected was integrated as lines of evidence for the programme case studies. Please **see Annex G: External Survey** for specific questions asked of external respondents in terms of each product, and **Annex H: Programme Case Studies**. There were approximately 2 interviews conducted per product with the authors/edit and the findings of these interviews have been integrated into the programme case study findings.

Finally, bibliometrics produced some limited data on the product case studies. That is found below:

2.0 Bibliometric Analysis: Product Case Studies

The bibliometric findings for each product are presented below.

2.1 Summary of Product Case Studies

Product	Where published	Access status	Year	# pages	Journal impact indicator: citations per document	Journal's SJR impact indicator	Journal's H-index
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	East Mediterr Health J.	Open access	2014	4	0.6	0.33	35
Recherche des contacts pendant une flambée de maladie virus Ébola	AFRO Regional Office	Open access	2014	30	n/a	n/a	n/a
WHO Guidelines for Safe Surgery 2009	HQ	Open access	2009	124	n/a	n/a	n/a
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	HQ	Open access	2006	92	n/a	n/a	n/a
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	HQ	Open access	2006	12	n/a	n/a	n/a
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	BMJ Quality and Safety	Closed access	2011	8	4.38	2.59	33
First United	HQ	Open	2006	23	n/a	n/a	n/a

Product	Where published	Access status	Year	# pages	Journal impact indicator: citations per document	Journal's SJR impact indicator	Journal's H-index
Nations Global Road Safety Week : a toolkit for organizers of events		access					
Strengthening road safety legislation: a summary for government decision-makers	HQ	Open access		14	n/a	n/a	n/a
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	Bulletin of the World Health Organization	Open access		6	4.97	2.82	123
Sustaining GAVI-supported vaccine introductions in resource-poor countries	Vaccine	Closed access		5	3.39	2.04	142

2.2 Indicators for Reach (Push)

Product	a. Copies Distributed (estimated by mean number of views + downloads)	Extent of Open access	Social Media Presence (estimated by mean number of tweets and retweets)
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	n/a	Closed access	0
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	n/a	Open access	0
Recherche des contacts pendant une flambée de maladie virus	n/a	Open access	0

Product	a. Copies Distributed (estimated by mean number of views + downloads)	Extent of Open access	Social Media Presence (estimated by mean number of tweets and retweets)
Ébola			
First United Nations Global Road Safety Week: a toolkit for organizers of events	1354	Open access	10
Strengthening Road safety legislation: a summary for government decision-makers	857	Open access	0
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	n/a	Open access	0
WHO Guidelines for Safe Surgery 2009	n/a	Open access	0
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	n/a	Open access	0
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	n/a	Open access	0
Sustaining GAVI-supported vaccine introductions in resource-poor countries	n/a	Closed access	0

2.3 Indicators for Reach (Pull)

Product	Pull Peer-reviewed citations	Pull Grey citations	Pull Views	Pull Downloads	Push Social media
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	3	0	unavailable	unavailable	0
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	1	0	unavailable	unavailable	0
Recherche des contacts pendant une flambée de maladie virus Ébola	0	0	unavailable	unavailable	0
First United Nations Global Road Safety Week: a toolkit for organizers of events	0	0	210	1144	10
Antiretroviral drugs for treating	306	0	unavailable	unavailable	0

Product	Pull Peer-reviewed citations	Pull Grey citations	Pull Views	Pull Downloads	Push Social media
pregnant women and preventing HIV infection in infants					
WHO Guidelines for Safe Surgery 2009	0	194	unavailable	unavailable	0
Strengthening Road safety legislation: a summary for government decision-makers	9	0	251	606	0
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	162	0	unavailable	unavailable	0
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	11	0	unavailable	unavailable	0
Sustaining GAVI-supported vaccine introductions in resource-poor countries	11	0	unavailable	unavailable	0

2.4 Reach (Referrals)

Product	a. Mean Impact Factor (peer reviewed citation rate)	b. Mean peer reviewed citation rate per year	c. Mean number of grey citations	d. Mean grey citation rate per year	e. Number of Google hits
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS)	3	1	0	0	183
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	1	1	0	0	134
Recherche des contacts pendant une flambée de maladie virus Ébola	0	0	0	0	64500
First United Nations Global Road Safety	3	0	0	0	223

Product	a. Mean Impact Factor (peer reviewed citation rate)	b. Mean peer reviewed citation rate per year	c. Mean number of grey citations	d. Mean grey citation rate per year	e. Number of Google hits
Week: a toolkit for organizers of events					
Strengthening Road safety legislation: a summary for government decision-makers	9	0	0	0	6
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	306	34	0	0	8690
WHO Guidelines for Safe Surgery 2009	0	0	194	28	10500
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	162	18	0	0	2530
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	11	11	0	0	183
Sustaining GAVI-supported vaccine introductions in resource-poor countries	11	3	0	0	201

Annex J: Bibliometric Study

1.0 INTRODUCTION AND BACKGROUND

1.1 Objectives

Using a sample of WHO publications largely extracted from the IRIS database, we statistically assessed WHO publications and journals for their reach and usefulness, as defined by various measurements of impact.

1.2 Methods: Sampling Strategy

The full set of IRIS documents was provided by WHO headquarters, according to the following breakdown. Based on this distribution, weights were computed:

Year	AFRO	EMRO	EURO	HQ Journal Articles	HQ Publications	HQ Technical Documents	SEARO	WPRO	Total	Weight
2005	56	416	56	295	269	262	124	45	1523	0.098
2006	81	380	119	287	254	223	121	61	1526	0.098
2007	53	443	65	332	256	179	128	53	1509	0.097
2008	39	470	69	133	220	170	137	48	1286	0.083
2009	75	460	48	140	243	241	158	58	1423	0.091
2010	40	602	31	108	268	235	138	48	1470	0.094
2011	394	506	28	109	366	177	121	34	1735	0.11
2012	66	486	18	148	317	189	45	41	1310	0.084
2013	92	548	44	0	297	289	43	70	1383	0.089
2014	124	78	85	0	248	473	53	53	1114	0.072
2015	67	154	68	0	245	450	106	0	1090	0.070
TOTAL	1087	4543	631	1552	2983	2888	1174	511	15369	
Weight	0.07	0.29	0.04	0.10	0.19	0.19	0.08	0.03	0.07	

Using these weights and a projected sample size of approximately 1000, the following initial sampling strategy was imputed:

Year	AFRO	EMRO	EURO	HQ Journal Articles	HQ Publications	HQ Technical Documents	SEARO	WPRO	Total
2005	4	27	4	19	17	17	8	3	97
2006	5	24	8	18	16	14	8	4	97
2007	3	28	4	21	16	11	8	3	96
2008	2	30	4	8	14	11	9	3	82
2009	5	29	3	9	16	15	10	4	91
2010	3	38	2	7	17	15	9	3	94
2011	25	32	2	7	23	11	8	2	111
2012	4	31	1	9	20	12	3	3	84
2013	6	35	3	0	19	18	3	4	88
2014	8	5	5	0	16	30	3	3	71

2015	4	10	4	0	16	29	7	0	70
TOTAL	69	290	40	99	190	184	75	33	981

In addition, all guidelines, selected flagship products, and selected case studies were forced into the analysis, bringing the total sample size to 1502. Estimations of impact and reach were performed by manually searching the Internet for each document title and establishing its social media presence, and various types of citation rates.

1.2.1 Flagship Products

For the period 2005-2016, flagship products were identified and forced into the total sample of 1502. The following 19 documents were those identified and labelled as flagship documents:

- World Health Report 2005
- World Health Report 2006
- World Health Statistics 2006
- World Health Report 2007
- World Health Statistics 2007
- World Health Statistics 2008
- World Health Report 2008
- World Health Statistics 2009
- Strengthening health security by implementing the International Health Regulations (2009)
- World Health Statistics 2010
- World Health Report 2010
- World Report on Disability 2011
- World Malaria Report 2011
- World Health Statistics 2011
- World Health Statistics 2012
- World Health Report 2013
- World Health Statistics 2013
- World Health Statistics 2014
- World Health Statistics 2015

1.3 Case Study Analysis

Special bibliometric attention was given to the documents and document types selected as case studies for our accompanying qualitative analysis. The ten product case study documents are as follows:

ID	Year	Title	Product type	Subject	Case Study Category
65	2011	Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	External	Health promotion	Patient safety
216	2014	Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced	External	Preparedness	Ebola

ID	Year	Title	Product type	Subject	Case Study Category
		preparedness is the key			
279	2014	Recherche des contacts pendant une flambée de maladie virus Ébola	Technical	Preparedness	Ebola
1072	2006	First United Nations Global Road Safety Week: a toolkit for organizers of events	Technical	NCDs	Road safety
527	2006	Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	Guidelines	Communicable disease	HIV
595	2009	WHO Guidelines for Safe Surgery 2009	Guidelines	Health systems	Patient safety
765	2006	Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	Regional journal	Communicable disease	HIV
1501	2014	Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	Technical	Communicable disease	Immunization
1502	2011	Sustaining GAVI-supported vaccine introductions in resource-poor countries	External	Communicable disease	Immunization
771	2014	Strengthening road safety legislation: a summary for government decision-makers	Technical	NCDs	Road safety

Whereas, the case study program areas that were examined were:

Program area	Number of documents examined
Immunization	30
Road safety	74
Patient safety	95
Ebola	99
HIV/AIDS	51
Total	**349**

The following is a summary of the characteristics of the product case study documents:

Title	Where published	Access status	Year	# pages	Journal impact indicator: citations per document	Journal's SJR impact indicator	Journal's H-index
Preventing the introduction of Ebola virus into	East Mediterr Health J.	Open access	2014	4	0.6	0.33	35

Title	Where published	Access status	Year	# pages	Journal impact indicator: citations per document	Journal's SJR impact indicator	Journal's H-index
the Eastern Mediterranean Region: enhanced preparedness is the key							
Recherche des contacts pendant une flambée de maladie virus Ébola	Brazzaville Regional Office	Open access	2014	30	n/a	n/a	n/a
WHO Guidelines for Safe Surgery 2009	HQ	Open access	2009	124	n/a	n/a	n/a
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	HQ	Open access	2006	92	n/a	n/a	n/a
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	HQ	Open access	2006	12	n/a	n/a	n/a
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	BMJ Quality and Safety	Closed access	2011	8	4.38	2.59	33
First United Nations Global Road Safety Week : a toolkit for organizers of events	HQ	Open access	2006	23	n/a	n/a	n/a
Strengthening road safety legislation: a	HQ	Open access		14	n/a	n/a	n/a

Title	Where published	Access status	Year	# pages	Journal impact indicator: citations per document	Journal's SJR impact indicator	Journal's H-index
summary for government decision-makers							
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	Bulletin of the World Health Organization	Open access		6	4.97	2.82	123
Sustaining GAVI-supported vaccine introductions in resource-poor countries	Vaccine	Closed access		5	3.39	2.04	142

1.4 Statistical Analysis

We employed descriptive, graphical and multivariate statistical analyses to determine trends of impact and associations with subcategories of product type, program area, and subject area. Most commonly employed were monotonic correlations, one-way ANOVA, independent samples t-tests, and multiple linear regressions.

1.5 Limitations

There were certain challenges working with the information from IRIS.

- The data extracted from the IRIS database were exceptionally poor, or "dirty". Data were often entered in wrong registers (e.g. author listed as publisher, number of pages entered as ISBN number, etc.) Frequently, there were incorrect data. For example, the year of publication was very often incorrectly entered in the IRIS database. Many ISBN numbers are incorrect;
- A further challenge is the multilingual nature of documents. Non-Roman alphabet characters are not legible in most digital files. Exploration of universal font sets, or a standardized Romanized alphabet, may be indicated;
- Moreover, if a document is published in multiple languages, it is inconsistently entered as either a different document or as the same document with different versions. A policy should be enacted to make such entries standardized;

- Often, there are incorrect digital links. For instance, a stated URL may point to the wrong document, or one URL suffices for several documents; and
- Many WHO documents benefit from their own dedicated URL, which includes various versions and supporting materials. However, view/download data are only available for IRIS documents.

2.0 FINDINGS: COMPARISON TO INDICATORS

Criteria 1: Reach

1.1 What is the extent to which who publications reach their intended target audience(s)?

1.1.3 To what extent is the intended reach achieved?

1.1.3.ii **Primary Distribution (Push)**
a. Number of copies/links distributed to existing emailing lists
b. Extent of Open Access
c. Social media presence
1.1.3.iii **Secondary Distribution (Pull)**
a. Altmetrics/cybermetrics (download rates in various social media functions)
b. Number of file downloads
1.1.3.iv **Referrals (Impact)**
a. Impact factor per year
b. Eigenfactor scores
c. Secondary citation rate, expected citation rate
d. Number of instances that publications are indexed or archived in selected bibliographic databases
e. Number of postings of publications by other web sites or links to products from other web sites (case studies only)

Summary Findings
WHO-branded journals are competitive, though competitor journals have greater impact and prestige. WHO guidelines are well cited, but not as well as comparable guidelines produced by CDC. So-called flagship products are the most impactive, though they have a "shelf life", meaning that they become less cited as time progresses, more so than other document types. Documents published in English are significantly more likely to be viewed or downloaded than those not published in English. Immunization documents are the most likely to be not "open access" (though limitedly so), but also among the most accessed and shared.

1.1.3ii Primary Distribution (Push)

Indicators used for push are:

a) Number of copies/links distributed
b) Extent of Open Access
c) Social media presence - the number of times the title of a given document was mentioned on Twitter. This information was collected using Twitter's search function. Please note that in most cases, it is the mean numbers of each indicator type that is reported, and not the total amount.

Views and download data were extracted from WHO's IRIS system, peer-reviewed citations from Google Scholar, grey citations from Google, and social media presence from Twitter. Google Scholar is a considered a comprehensive scholastic search engine which would capture all electronic citations, perhaps erring toward overestimating impact. Google as a measure of grey literature presence is ideal in that it allows for distinguishing between scholastic citation (via Google Scholar) and non-scholastic (via

the main Google search function), with the latter having sufficient nuance to distinguish news reports and blogs from machine-generated meta-citations and from Twitter content.

A useful way to consider these data is to first examine each column from each table independently, to identify the greatest and least impactive document types. As well, for a given document type, different types of impact can be read across the row of each table. For example, peer-review citation rate can be considered a measurement of documents' value to the academic community; grey citation rate can be considered a measure of documents' value to the formal lay community (e.g., journalists); tweet rate can be considered an expression both of casual interest to non-specialists and the extent to which organizations (including WHO) and individuals feel that a document should be shared; and view and download rates --particularly the latter-- can be considered measurements of interest in given documents, sufficient to compel an individual to seek out the full source texts.

Findings
Almost all of the examined documents were freely available online. The exceptions were those publications available only in closed access academic journals. Few documents enjoyed a strong social media presence. But those that did tended to be the large flagship products, such as World Health Statistics reports. We employed proxy estimates of the desired indicators. For distribution, we used the number of views and downloads, since all products were electronic. For social media presence, we relied on tweets and re-tweets. And for open access, we defined closed access as any instance of a document published in a journal that resides behind a pay wall, i.e. a traditional academic journal.

	a. Copies Distributed (estimated by mean number of views + downloads)	Extent of Open access	Social Media Presence (estimated by mean number of tweets and retweets)
Advocacy material	425	100%	1
Technical publications	723	100%	7
WHO and region based journals	878	15%	4
Guidelines	2645	100%	5
External publications	843	N/A[1]	4
Flagships Publications	2065	100%	126
Total Population	1246	97%	5
Analysis: Almost all documents are openly accessible. Guidelines and flagship products are accessed more frequently than the overall sample, while flagship products are the most tweeted.			
Road Safety	2699	96%	4
Patient Safety	1101	99%	1
HIV	1194	100%	1
Immunization	3874	90%	3
Ebola	954	94%	1
Analysis: The immunization documents were the most likely to be closed access, but also the most likely to be sought via downloads and views.			
Prevalence of adverse	n/a	Closed access	0

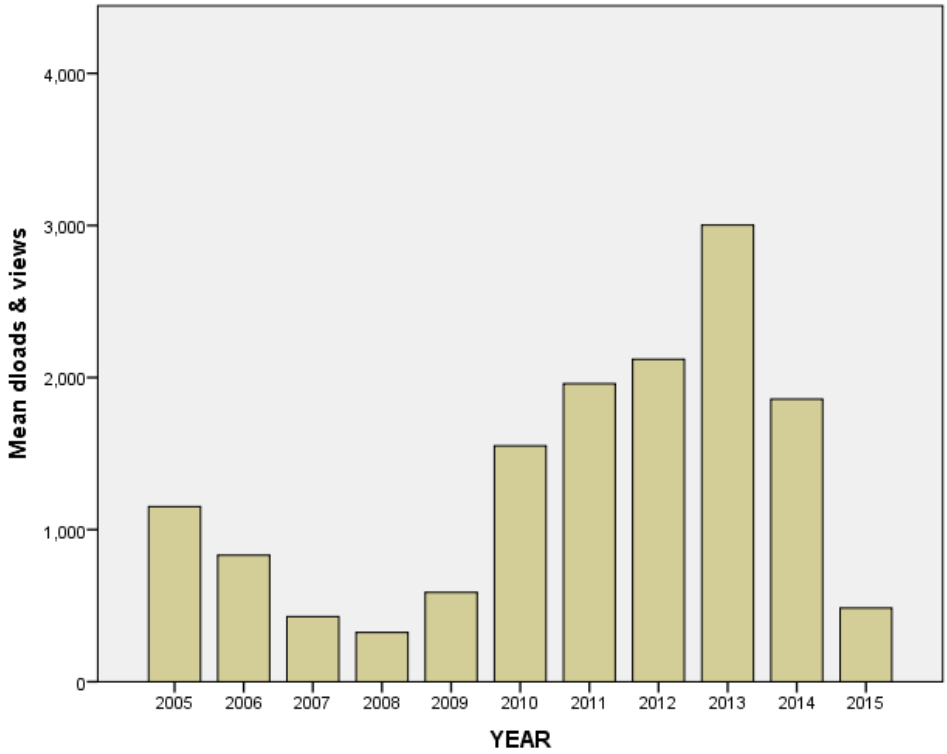
[1] External publications are variably open or closed access. It is impossible to estimate that extent.

	a. Copies Distributed (estimated by mean number of views + downloads)	Extent of Open access	Social Media Presence (estimated by mean number of tweets and retweets)
events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).			
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	n/a	Open access	0
Recherche des contacts pendant une flambée de maladie virus Ébola	n/a	Open access	0
First United Nations Global Road Safety Week: a toolkit for organizers of events	1354	Open access	10
Strengthening Road safety legislation: a summary for government decision-makers	857	Open access	0
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	n/a	Open access	0
WHO Guidelines for Safe Surgery 2009	n/a	Open access	0
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	n/a	Open access	0
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	n/a	Open access	0
Sustaining GAVI-supported vaccine introductions in resource-poor countries	n/a	Closed access	0

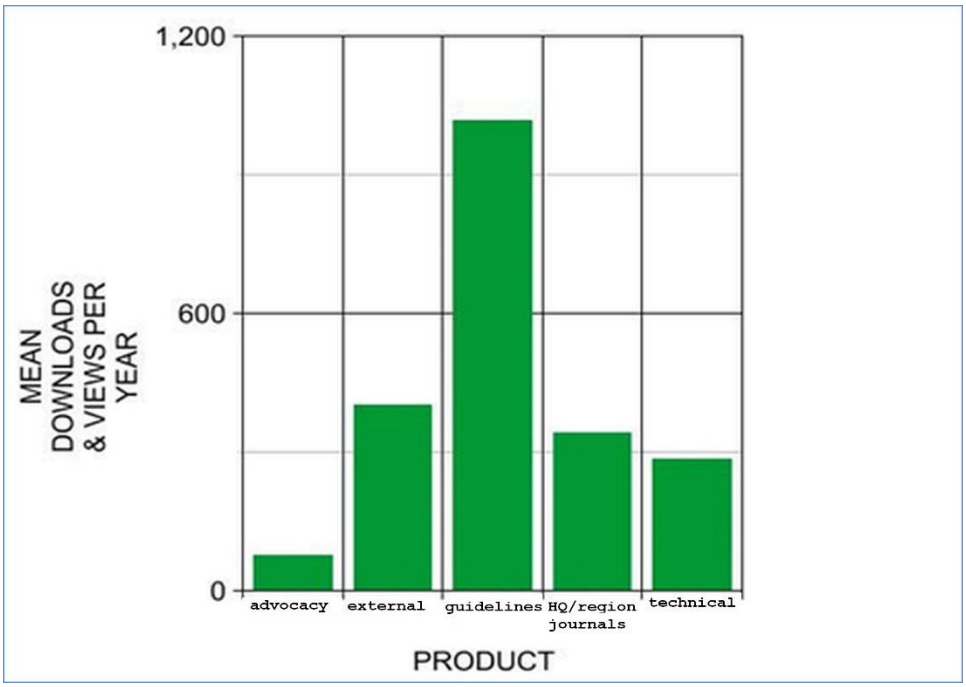
1.1.3iii Secondary Distribution (Pull)

Indicators used for pull are:
a. Altmetrics/cybermetrics (download rates in various social media functions)
b. Number of file downloads

Findings
Downloads and views are only available for documents accessed through IRIS. The sole altmetrics/cybermetrics indicators explored were mentions on Twitter (both tweets and retweets). In terms of downloads and views (combined), an interesting chronological trend was observed, wherein since 2010, a steady increase in access was noticed. The slight decline in the last two years is likely due to publications from those years being available for a shorter duration. Both guidelines and flagship products were unsurprisingly more downloaded and viewed than were other documents.

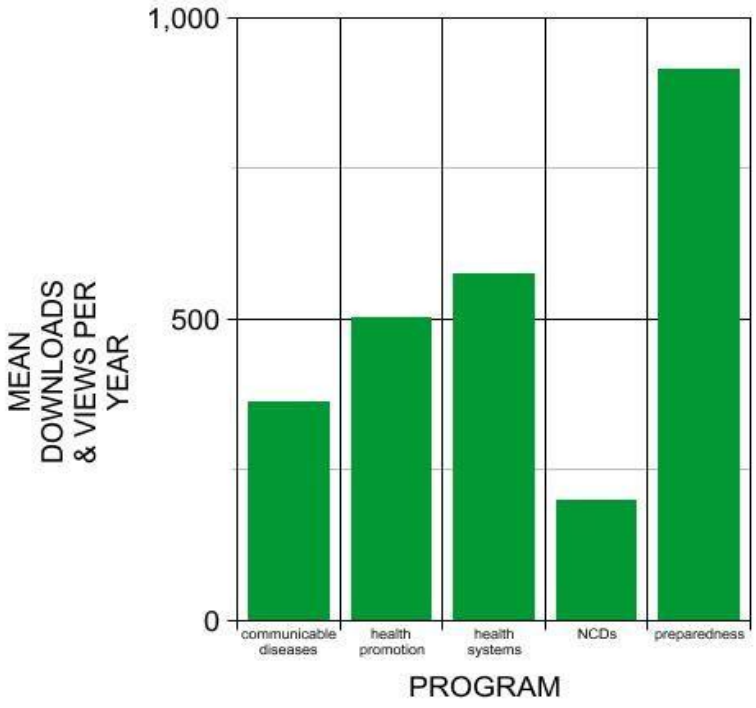


Guidelines are statistically more likely ($p<0.001$) to achieve great reach, in terms of mean downloads & views per year:

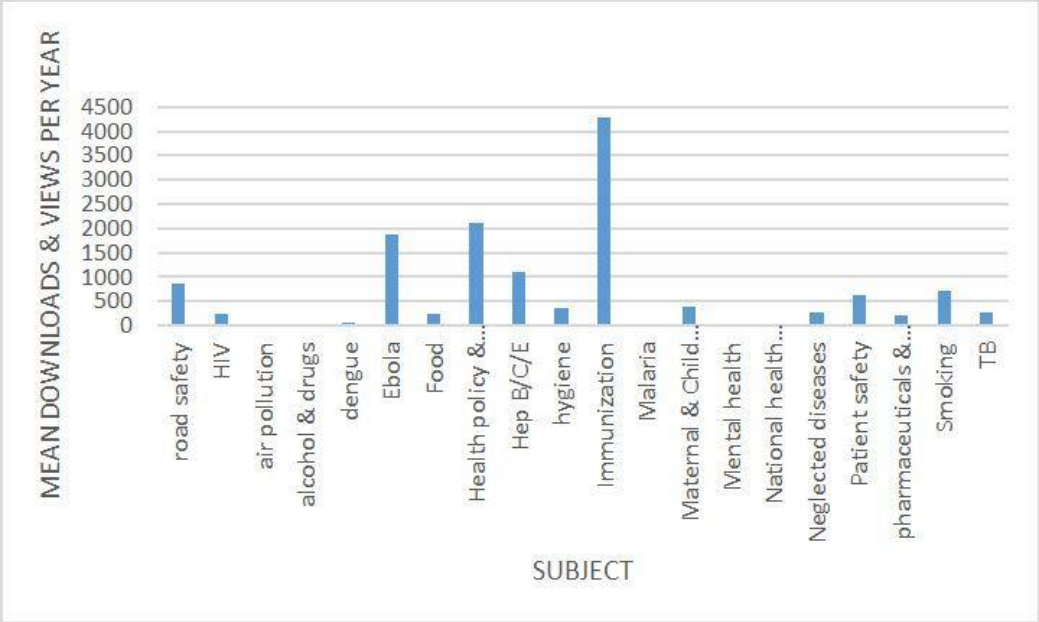


Note: the WHO Bulletin and Weekly Epidemiological Record (WER) are WHO HQ journals.

Similarly, documents concerning preparedness are more likely to be viewed ($p<0.001$), while documents focusing on non-communicable diseases are not as accessed as those in other programs:



Documents concerning Immunization are accessed most commonly.



Among product case studies, the peer reviewed citations ranged from 0 to 306, with a mean of 50. Grey citations ranged from 0 to 194, with a mean of 24.

	a. Mean number of views + downloads	b. Mean number of views per year	c. Mean number of downloads per year
Advocacy material	425	8	69
Technical publications	723	22	261
WHO and region based journals	878	21	320
Guidelines	2645	31	985
External Publications	843	25	375
Flagships Publications	2065	13	706
Total Population	1246	25	334
Analysis: When the duration documents presence on-market was considered (access rates per year), it was found that flagship products tended to be viewed less often than the rest of the sample, but were downloaded at a much greater rate. This suggests that those seeking flagship products are not simply curious browsers, but are seeking reference materials.			
Road Safety	2699	19	511
Patient Safety	1101	26	371
HIV	1194	13	159
Immunization	3874	86	1228
Ebola	954	52	589
Analysis: Interestingly, HIV documents are accessed less often than the rest of the sample.			
Prevalence of adverse events in the hospitals of	n/a	n/a	n/a

	a. Mean number of views + downloads	b. Mean number of views per year	c. Mean number of downloads per year
five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).			
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	n/a	n/a	n/a
Recherche des contacts pendant une flambée de maladie virus Ébola	n/a	n/a	n/a
First United Nations Global Road Safety Week: a toolkit for organizers of events	1354	23	127
Strengthening Road safety legislation: a summary for government decision-makers	857	251	606
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	n/a	n/a	n/a
WHO Guidelines for Safe Surgery 2009	n/a	n/a	n/a
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	n/a	n/a	n/a
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	n/a	n/a	n/a
Sustaining GAVI-supported vaccine introductions in resource-poor countries	n/a	n/a	n/a

Title	Pull *Peer-reviewed citations*[2]	Pull *Grey citations*[3]	Pull *Views*	Pull *Downloads*	Push *Social media*
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS).	3	0	unavailable	unavailable	0
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	1	0	unavailable	unavailable	0
Recherche des contacts pendant une flambée de maladie virus Ébola	0	0	unavailable	unavailable	0
First United Nations Global Road Safety Week: a toolkit for organizers of events	0	0	210	1144	10
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	306	0	unavailable	unavailable	0
WHO Guidelines for Safe Surgery 2009	0	194	unavailable	unavailable	0
Strengthening Road safety legislation: a summary for government decision-makers	9	0	251	606	0
Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries	162	0	unavailable	unavailable	0
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	11	0	unavailable	unavailable	0
Sustaining GAVI-supported vaccine introductions in resource-poor countries	11	0	unavailable	unavailable	0

[2] Peer-reviewed citations are the number of times the given document has been officially cited in academic literature. This information was collected from Google Scholar, sometimes via third party software, Harzing's "Publish or Perish".

[3] Grey citations refer to the number of times that the given document was mentioned or linked-to in non-academic spaces on the Internet, such as in news articles, NGO websites, or personal blogs. This information was collected using Google searches.

Program case studies

Among the 349 program case studies, peer reviewed citations ranged from 0 to 2968, while grey citations ranged from 0 to 50800. Their mean values are presented below:

Program area	N	Mean Peer reviewed citations	Mean Grey citations
Immunization	30	168	1353
Road safety	74	46	45
Patient safety	95	30	388
Ebola	99	33	116
HIV/AIDS	51	25	1019
p-value (ANOVA)		0.006	0.196

1.1.3.iv Referrals (Impact)

Indicators used for referrals are:

a) Impact factor per year
b) Eigenfactor scores
c) Secondary citation rate, expected citation rate
d) Number of instances that publications are indexed or archived in selected bibliographic databases
e) Number of postings of publications by other web sites or links to products from other web sites (case studies only)

Findings
Please note that Eigenfactor scores refer to the impact and reach of journals (defined by total citations from that journal over a specific time period), whereas impact factors can refer to the impact and reach of individual articles. Across all domains and languages, WHO flagship products are the most impactive. In particular, the World Health Statistics reports, International Classification of Functioning, Disability and Health, and Basic Epidemiology are the best cited products.

	a. Mean Impact Factor (peer reviewed citation rate)	b. Mean peer reviewed citation rate per year	c. Mean number of grey citations	d. Mean grey citation rate per year	e. Number of Google hits
Advocacy material	11	1	1	1	n/a
Technical publications	106	22	155	31	n/a
WHO and region based journals	42	18	564	93	n/a
Guidelines	53	20	245	163	n/a
External publications	27	7	309	82	n/a
Flagships Publications	546	169	971	145	n/a
Total Population	57	17	298	90	n/a

Analysis: While flagship products are cited at a much higher rate than other products, when the time spent on-

	a. Mean Impact Factor (peer reviewed citation rate)	b. Mean peer reviewed citation rate per year	c. Mean number of grey citations	d. Mean grey citation rate per year	e. Number of Google hits
market is considered, the difference diminishes somewhat, suggesting that flagship products are more likely than other types of documents to have a limited "shelf life." This is not surprising given that flagship products tend to be reference materials that need regular updating, such as World Health Statistics.					
Road Safety	46	12	45	21	n/a
Patient Safety	31	9	388	0	n/a
HIV	25	3	1019	0	n/a
Immunization	179	61	1353	1	n/a
Ebola	33	1	116	0	n/a
Analysis: Of the selected program case study areas, Immunization documents have greater impact than the total set of analysed documents.					
Prevalence of adverse events in the hospitals of five Latin American countries: results of the "Iberoamerican study of adverse events" (IBEAS)	3	1	0	0	183
Preventing the introduction of Ebola virus into the Eastern Mediterranean Region: enhanced preparedness is the key	1	1	0	0	134
Recherche des contacts pendant une flambée de maladie virus Ébola	0	0	0	0	64500
First United Nations Global Road Safety Week: a toolkit for organizers of events	3	0	0	0	223
Strengthening Road safety legislation: a summary for government decision-makers	9	0	0	0	6
Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants	306	34	0	0	8690
WHO Guidelines for Safe Surgery 2009	0	0	194	28	10500
Preventing HIV/AIDS	162	18	0	0	2530

	a. Mean Impact Factor (peer reviewed citation rate)	b. Mean peer reviewed citation rate per year	c. Mean number of grey citations	d. Mean grey citation rate per year	e. Number of Google hits
in young people: a systematic review of the evidence from developing countries					
Economic benefits of keeping vaccines at ambient temperature during mass vaccination: the case of meningitis A vaccine in Chad	11	11	0	0	183
Sustaining GAVI-supported vaccine introductions in resource-poor countries	11	3	0	0	201

Additional Analysis - Reach of Flagship Publications

(Not in evaluation matrix)

Findings
WHO flagship products are the most impactive titles across all language groups. They are particularly well shared through Twitter, which ironically does not translate to a significant increase in grey literature citations. However, flagship products are cited in the academic literature significantly more than are non-flagship products.

We used the following impact indicators to establish reach: social media (tweets and re-tweets) view rates and download rates (from the IRIS website). Similarly, usefulness was measured using the impact indicators of peer-reviewed and grey literature citation rates. For most impactive publications overall, four titles topped the list:

Most impactive publications:

Impact Measurement	Most Impactive Title
Views	"Basic Epidemiology" 2013
Downloads	"Basic Epidemiology" 2013
Social Media	"World Health Statistics" 2014
Peer-reviewed Citations	"International Classification of Functioning, Disability and Health" 2015
Grey Citations	"World Health Statistics" 2005

For the selected so-called "flagship" publications, their overall impact statistics were broken down as per the following table:

Collection	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
"World health statistics" 2005	77	73	2	648	120000
"World Health Report" 2005	0	0	1	8	0
"World Health Statistics" 2006	34	56	0	0	2
"World Health Report" 2006	386	650	0	0	40
"World Health Report" 2007	51	666	0	290	7
"World Health Statistics" 2007	45	67	0	0	0
"World Health Report" 2008	77	0	0	0	0
"World Health Statistics" 2008	0	0	5	1218	6
"World Health Statistics" 2009	0	0	9	8	29
"Strengthening health security by implementing the International Health Regulations" 2009	0	0	1	0	18000
"World Health Statistics" 2010	0	0	56	3311	11
"World Health Report" 2010	0	0	18	1	0
"World Malaria Report" 2011	72	118	0	0	0
"World Health Statistics" 2011	0	0	77	33	41
"World Report on Disability" 2011	252	13452	7	1093	28
"World Health Statistics" 2012	53	4036	>1000	6	60
"World Health Statistics" 2013	58	47	0	1096	0
"World Health Report" 2013	0	0	120	3311	35
"World Health Statistics" 2014	53	19054	>1000	2	95
"World Health Statistics" 2015	0	0	96	1	92
p-value (c.f. non-flagship)	0.400	0.401	<0.001*	<0.001*	0.436

1.1.5 Are there significant differences in reach across the language groups?

1.1.5.i Reach information (push, pull, referral), by language group.

Findings

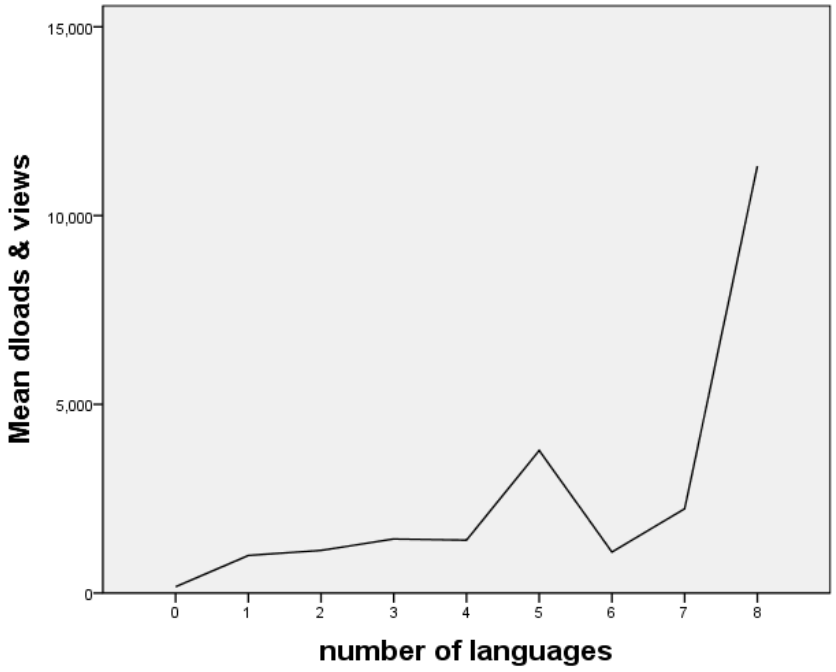
There are no demonstrable differences across language groups. However, unsurprisingly, the documents with the most reach (in terms of downloads and views) are those published in the most languages. Those published in English (which constituted 93% of the sample) had significantly higher download & view rates.

Across most language groups, a handful of titles are most impactful, and they tend to be the large flagship products, e.g. World Health Statistics. No clear trends emerge from language-specific analyses. However, Immunization and Road Safety documents tend to be the most downloaded and cited in the grey literature.

Mentions	Published in English	Not published in English	p-value
Mean social media	5	12	0.488
Mean peer reviewed	62	37	0.571
Mean grey literature	252	957	0.248

Mean downloads & views	1307	123	<0.001

There is a relationship between the number of languages in which a document is published, and the extent of its reach, with the two phenomena significantly well correlated (r_s=0.317, p<0.001). It should be noted that the curve shown in Figure 3 is a depiction of a general trend. From 0 to 6 languages, the mean downloads and views are somewhat stable, with the slight peak at 5 languages trivial in comparison to the dramatic increase at 7 languages. Thus, the decline in downloads and views at 6 languages should be seen as expected variation within the sample's error range. It seems likely that the increase in access at 7 languages is due to the popularity of the flagship products, which tend to be released in multiple languages. Therefore, if the number of languages per publication is seven or greater, access rates increase tremendously, as demonstrated in the figure below.



Impact Factors by Language

Mean impact statistics across language groups (English excluded since a trivial number of sampled documents were not available in English)

Language	Peer-reviewed citations	Grey citations	Downloads	Social media	Views
Italian	358	19	1748	21	208
French	84	415	1489*	10	90
Spanish	90	746	1534	11	87*
Russian	95	191	2307	7*	86*
Arabic	129	231	1488	12	73
Portuguese	59	249	4205	1	114

Chinese	144*	191	3180*	3	105*

*statistically significant (independent samples t-test)

Most impactive publications by language:

Chinese

Impact Measurement	Most Impactive Title
Views	"Basic Epidemiology" 2013
Downloads	"Basic Epidemiology" 2013
Social Media	"World Health Statistics" 2014
Peer-reviewed Citations	"International Classification of Functioning, Disability and Health" 2015
Grey Citations	"Three Ways To Save Lives" 2010

French

Impact Measurement	Most Impactive Title
Views	"Basic Epidemiology" 2013
Downloads	"Basic Epidemiology" 2013
Social Media	"World Health Statistics" 2014
Peer-reviewed Citations	"International Classification of Functioning, Disability and Health" 2015
Grey Citations	"World Health Statistics" 2005

Portuguese

Impact Measurement	Most Impactive Title
Views	"Basic Epidemiology" 2013
Downloads	"Basic Epidemiology" 2013
Social Media	"World Health Statistics" 2014
Peer-reviewed Citations	"International Classification of Functioning, Disability and Health" 2015
Grey Citations	"World Health Statistics" 2005

Spanish

Impact Measurement	Most Impactive Title
Views	"Modern food biotechnology, human health and development: an evidence-based study" 2011
Downloads	"Community-based rehabilitation guidelines" 2010
Social Media	"World Health Statistics" 2014
Peer-reviewed Citations	"World Health Report" 2013
Grey Citations	"World Health Statistics" 2005

Russian

Impact Measurement	Most Impactive Title
Views	"Modern food biotechnology, human health and development : an evidence-based study" 2011
Downloads	"Community-based rehabilitation guidelines" 2010
Social Media	"World Health Statistics" 2012
Peer-reviewed Citations	"World Health Statistics" 2010

Grey Citations "Three Ways to Save Lives" 2010

Relationship between language and product type, in terms of mean impact counts, with one-way analysis of variance (ANOVA) interpretation:

French (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Advocacy material	54	674	1	16	1
External publications	85	1099	1	38	278
Guidelines	86	2516	11	71	19
WHO HQ & Regional journals	111	1639	1	73	1498
Technical publications	84	818	19	133	173

Portuguese (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Advocacy material	97	1607	0	3	0
External publications	81	2985	1	13	1008
Guidelines	87	6135	3	45	3
WHO HQ & Regional journals	227	5367	1	131	32
Technical publications	114	1983	1	137	2

Spanish (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Advocacy material	90	1200	0	2	0
External publications	80	1525	1	13	866
Guidelines	77	2672	3	180	18
WHO HQ & Regional journals	96	970	1	50	2465
Technical	92	1115	28	172	242

publications

Russian (*statistically significant):

	Views	Downloads*	Social Media	Peer reviewed Citations	Grey citations
Advocacy material	97	1607	0	3	0
External publications	84	2356	1	13	48
Guidelines	90	4878	2	76	36
WHO HQ & Regional journals	86	1208	1	34	87
Technical publications	83	798	20	192	458

Chinese (*statistically significant):

	Views	Downloads*	Social Media	Peer reviewed Citations	Grey citations
Advocacy material	41	397	0	0	0
External publications	106	1656	1	75	29
Guidelines	97	5784	2	88	5
WHO HQ & Regional journals	208	5850	1	105	87
Technical publications	76	817	7	261	191

Relationship between language and subject, in terms of mean impact counts, with analysis of variance interpretation):

French (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Communicable disease	91	956	1	83	12
Health promotion	76	1303	1	41	247
Health systems	89	1730	19	105	887
NCDs	82	1055	4	147	13
Preparedness	117	2134	17	54	415

Portuguese (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Communicable disease	91	1679	0	44	0
Health promotion	95	4234	2	22	27
Health systems	88	5430	2	83	18
NCDs	90	2231	1	98	1
Preparedness	275	6460	1	117	1863

Spanish (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Communicable disease	93	1011	1	31	1
Health promotion	79	1635	1	55	334
Health systems	93	2026	27	132	1320
NCDs	80	1015	6	163	9
Preparedness	85	986	1	40	1581

Russian (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Communicable disease	84	987	1	37	60
Health promotion	84	2790	1	58	490
Health systems	93	3250	19	136	32
NCDs	72	1522	7	186	320
Preparedness	88	1455	1	32	190

Chinese (no significant differences):

	Views	Downloads	Social Media	Peer reviewed Citations	Grey citations
Communicable disease	106	1434	1	135	63
Health promotion	95	3242	1	85	776
Health systems	89	3227	3	137	7
NCDs	69	1797	12	327	33
Preparedness	198	5823	1	100	24

Relationship between language and program area type, in terms of mean impact counts:

French (*statistically significant, ANOVA):

	Views	Downloads	Social Media	Peer reviewed Citations*	Grey citations
Road safety	60	2987	1	48	7
HIV/AIDS	72	408	1	56	1
Air pollution	61	167	1	1215	0
Dengue	139	116	1	0	1
Ebola	96	2537	1	86	80
Food	97	61	1	5	0
Health policy & planning	198	8112	1	15	1
Hep B/C/E	71	833	0	0	1
Hygiene	54	100	14	197	13345
Immunization	227	5627	2	141	1761
Malaria	87	307	0	0	0
MCH	57	188	1	25	50
Mental health	105	535	0	1	0
Neglected diseases	60	858	0	0	0
Patient safety	68	612	2	45	8
Pharma & Biologicals	130	810	0	0	32
Smoking	87	1267	1	29	44
TB	58	1026	2	12	3

Spanish (*statistically significant):

	Views	Downloads*	Social Media	Peer reviewed Citations*	Grey citations
Road safety	63	6720	3	52	1
HIV/AIDS	59	1011	1	68	2
Air pollution	61	167	1	1215	0
Dengue	143	508	1	0	1
Ebola	86	1329	1	48	17
Food	97	61	1	5	0
Health policy & planning	134	10900	1	45	1
Hep B/C/E	65	830	1	0	1
Hygiene	52	56	13	247	17158
Immunization	66	834	2	67	2767
Malaria	87	307	0	0	0
MCH	45	74	1	37	75
Mental health	105	535	0	1	0
Neglected diseases	60	858	0	0	0
Patient safety	73	593	2	51	11
Pharma & Biologicals	150	936	0	0	21
Smoking	89	1463	1	34	53
TB	70	1298	1	12	2

Russian (*statistically significant):

	Views*	Downloads	Social Media	Peer reviewed Citations*	Grey citations
Road safety	51	3795	1	19	39
HIV/AIDS	87	4757	1	96	1
Air pollution	61	167	1	1215	0
Dengue	314	218	1	0	2
Ebola	103	4497	1	43	29
Food	0	0	0	0	0
Health policy & planning	133	20900	1	45	1
Hep B/C/E	37	21	1	0	0
Hygiene	38	38	0	5	10
Immunization	61	597	3	105	217
Malaria	0	0	0	0	0
MCH	59	98	3	46	1
Mental health	65	32	1	0	0
Neglected diseases	78	1659	0	0	0
Patient safety	68	691	0	84	114
Pharma & Biologicals	92	855	0	0	35
Smoking	80	7437	1	41	1
TB	58	1025	1	12	3

Chinese (*statistically significant):

	Views	Downloads	Social Media	Peer reviewed Citations*	Grey citations
Road safety	67	6039	1	38	1
HIV/AIDS	77	336	0	74	2
Air pollution	61	167	1	1215	0
Dengue	314	218	1	0	2
Ebola	131	6244	1	69	41
Food	151	24904	0	72	0
Health policy & planning	0	0	0	0	0
Hep B/C/E	65	830	0	0	1
Hygiene	0	0	9	8	29
Immunization	514	13906	3	361	58
Malaria	0	0	0	0	0
MCH	0	0	0	0	0
Mental health	0	0	0	0	0
Neglected diseases	78	1659	0	0	0
Patient safety	84	782	3	37	15
Pharma & Biologicals	98	934	0	0	123
Smoking	51	1501	0	83	0
TB	62	1539	1	2	3

Role of Language in Product Case Studies

Nine of the 10 product case studies are available in English only, while one document is available in both English and French.

Role of Language in Program Case Studies

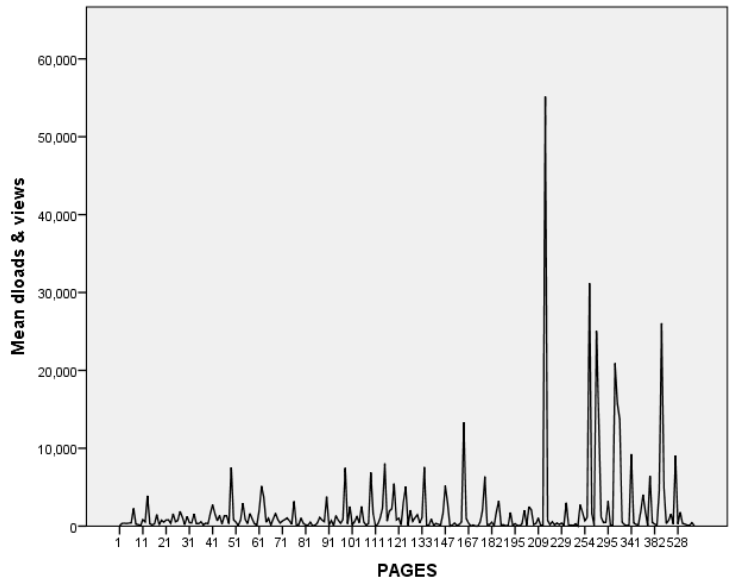
Of 349 documents in our sample that corresponded to the program areas of Immunization, Road Safety, Patient Safety, Ebola, and HIV/AIDS, the following table summarizes the percentages of each that are available in each of the nine most commonly reported languages.

Language	Immunization	Road safety	Patient safety	Ebola	HIV/AIDS	p-value (Chi square)
English	97%	91%	97%	95%	93%	0.004
French	43%	27%	43%	20%	18%	0.001
Spanish	29%	12%	27%	17%	16%	0.074
Italian	4%	1%	0	0	2%	0.287
Portuguese	11%	7%	10%	1%	6%	0.111
Chinese	18%	11%	16%	6%	8%	0.160
Japanese	4%	1%	10%	0	2%	0.004
Russian	18%	19%	17%	8%	12%	0.238
Arabic	18%	5%	14%	6%	10%	0.135

1.1.6 Does the support (e.g., web only, print) affect reach? If so, is the right media being used?

1.1.6.ii Reach information by support (e.g., web only, print).

Findings
All of the analysed documents were available electronically. Bibliometrically, from these data it is not possible to ascertain whether format has a statistical relationship with reach or impact. As well, there is a slight correlation (r_s =0.236, p<0.001) between the number of pages a document has and how often it is accessed, suggesting that larger documents have a greater reach. This is likely an artefact brought forth by the lengthy and well cited flagship products.



Criteria 2: Usefulness

2.1 What is the perceived usefulness of WHO publications?

2.1.5 Is there a comparative advantage of WHO publications over those published by other stakeholders?

2.1.5.ii Citations and impact factors.

Summary Findings
Documents published by WHO employees for WHO platforms have more views and are cited more than those published in external platforms, such as peer-reviewed journals. As well, WHO-branded journals, such as the *WHO Bulletin*, boast competitive h-indices on the academic literature. When compared to non-WHO branded journals focusing on similar global health content, however, the non-WHO journals were found to have significantly better h- and g-indices. Similarly, when WHO guidelines were compared with a random sample of CDC-branded guidelines, the latter were found to have significantly higher academic citation rates.

We explored this question in two ways. First, we assessed "external" publications, i.e. those produced by WHO employees in external journals or platforms, relative to internal publications. Second, we compared WHO-branded journals to comparable non-WHO journals for overall impact.

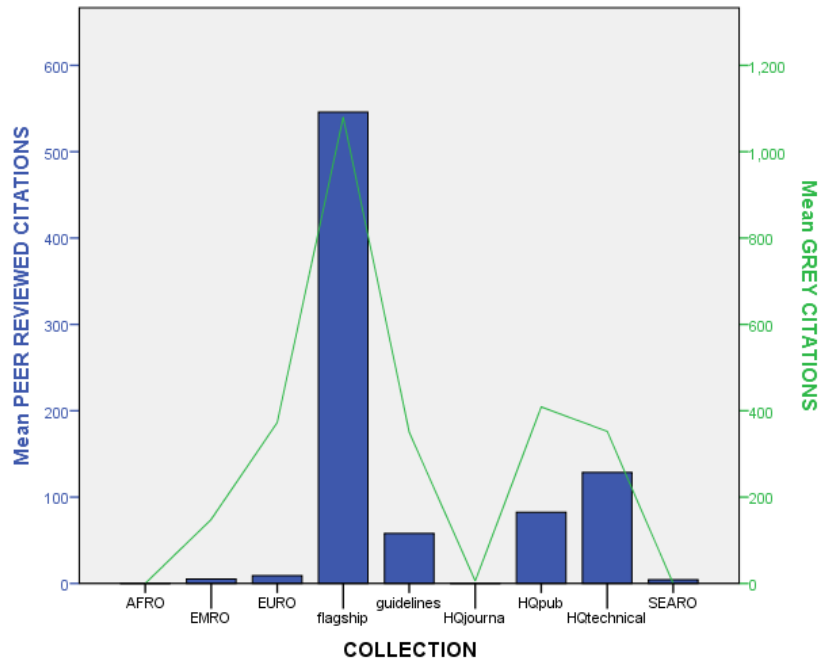
Comparing WHO publications in internal vs external venues

Internal documents have statistically higher impact, in terms of views and peer-reviewed citations.

Impact Indicator	Mean impact of internal document	Mean impact of external document	p-value (independent samples t-test)
Views	78	60	<0.001*
Downloads	1298	871	0.073
Social media	6	4	0.515
Peer-reviewed citations	69	26	0.006*
Grey citations	298	305	0.973

Within the universe of internal WHO documents, we further assessed the role of each collection (*statistical significance, according to one-way ANOVA):

Collection	Views*	Downloads*	Social Media*	Peer reviewed Citations*	Grey citations
AFRO	68	52	0	1	0
EMRO	64	246	1	5	149
EURO	83	441	1	26	373
Flagship product	57	2008	126	17	971
Guidelines	75	2773	7	58	350
HQ Journals	41	44	44	1	6
HQ Publications	91	1110	1	82	409
HQ Technical documents	76	433	1	129	352
SEARO	32	45	0	4	0



Comparing WHO-branded journals to non-WHO journals

We compared WHO journals to prominent non-WHO journals publishing in the same domains. The titles selected for the latter were informed by both expert opinion and online searches for conjugated term derived from, "top international health academic journals." Seven external journals were selected: The Lancet Global Health, International Journal of Epidemiology, Annual Review of Public Health, International Journal of Hygiene and Environmental Health, Morbidity and Mortality Weekly (a CDC publication), European Journal of Public Health, and Tobacco Control.

Impact was measured in terms of the number of papers published by each journal, the number of citations located in Google Scholar to those papers, and the h-index and g-index of the journal.

The "h-index" refers to the number of publications in the journal that receives at least that many citations. For example, if h=7, it means that the journal has at least 7 papers that received 7 citations. The "g-index" is a similar construct that refers to the unique largest number such that the top "g" articles received at least g^2 citations. A higher h- or g-index suggests a higher usefulness rate among the journal's readers.

The following is a basic summary of the impact experience of identified WHO journals for the 2005-2014 period, based upon data extraction from the Google Scholar database. Please note that Google Scholar has an upper search limit of 1000 papers, which suggests that the reach and impact of two WHO-branded journals (EMHJ and WHO Bulletin) and four non-WHO journals (International Journal of Epidemiology, Morbidity and Mortality Weekly, European Journal of Public Health, and Tobacco Control) are underestimated in the following summary:

WHO-Branded JOURNAL	PAPERS	CITATIONS	CITATIONS/ PAPER	CITATIONS/ YEAR	H-INDEX	G-INDEX
African Health Monitor	38	189	4.97	18.9	8	10
Bulletin of the World Health Organization	>1000	67483	67.48	6748.3	119	193
Eastern Mediterranean Health Journal	>1000	5930	5.93	593	29	41
Weekly Epidemiological Record	147	2103	14.31	210.3	19	43
Pan American Journal of Public Health	107	137	1.28	13.7	7	10
WHO South-East Asia Journal of Public Health	187	312	1.67	31.2	7	11
Western Pacific Surveillance and Response	171	545	3.19	54.5	11	15

External JOURNAL	PAPERS	CITATIONS	CITATIONS/ PAPER	CITATIONS/ YEAR	H-INDEX	G-INDEX
The Lancet Global Health	646	4615	7.14	461.50	32	53
International Journal of Epidemiology	>1000	98398	98.40	9839.80	143	238
Annual Review of Public Health	204	10826	53.07	1082.60	59	100
International Journal of Hygiene and Environmental Health	978	22724	23.24	2272.40	69	102
Morbidity and Mortality Weekly	>1000	77843	77.84	7784.30	130	230
European Journal of Public Health	>1000	393	0.39	39.30	9	14
Tobacco Control	>1000	40187	40.19	4018.70	89	139

	WHO journals	Non-WHO journals	p-value
Mean citations	9587	36427	0.119
Mean h-index	25	76	0.043
Mean g-index	40	125	0.045

External journals are significantly more impactful, in terms of h- and g-indices (which are not affected by Google Scholar's upper citation search limit) than are WHO-branded journals.

Comparing WHO guidelines to CDC guidelines

CDC Guideline	year	Venue	Pages	Number of peer-reviewed citations	Number of grey citations
Sexually Transmitted Diseases Treatment Guidelines, 2010	2010	MMWR Recomm Rep 2010;59	110	4729	35
Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009	2009	CDC.GOV	67	504	0
2011 Guidelines for the Prevention of Intravascular Catheter-Related Infections	2011	CDC.GOV	83	0	5
Sexually Transmitted Diseases Treatment Guidelines, 2006	2006	MMWR	94	1189	7
Guidelines for	2005	MMWR	141	1568	1

preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005	Recomm Rep. 2005 Dec 30;54(RR-17):1-141.

	Mean peer-reviewed citations	Mean grey citations
WHO guidelines	53	245
CDC guidelines	1598	10
p-value	<0.001	0.857

CDC guidelines are significantly better cited in the academic literature than are WHO guidelines.

As the selected CDC guidelines were of either a health preparedness or communicable disease subject area, we reduced our comparisons strictly to WHO guidelines in the same area:

Communicable disease or health preparedness	Mean peer-reviewed citations	Mean grey citations
WHO guidelines	53	52
CDC guidelines	1598	10
p-value	0.135	0.622

When subject area was controlled for, there was no statistical difference in impact between WHO and CDC guidelines.

2.1.6 What is the quality level of WHO publications (credible, authoritative, trustworthy, reputable)? Any shortcomings?

2.1.6.ii Bibliometric indicators (e.g., citations, impact factor, etc.)
2.1.6.iii Respondent opinion of quality and credibility (case studies)

Findings
Ultimately, the question of quality cannot be answered bibliometrically. However, usefulness can be estimated from impact statistics. Advocacy materials are the least shared and cited. Technical documents are the most cited in the academic literature, whereas articles in the WHO regional journals are most cited in the grey literature. Based on the h- and g-indices of WHO-branded journals, which are comparable though lower than those of leading journals in the same fields (see section 2.3 below), it seems that the academic community sees WHO journals as being of world class calibre. However, in terms of individual documents, perceived usefulness, as measured through citation rates and social media mentions, varies widely. As per section 2.4.1 below, several factors can contribute to whether a document is useful, though none significantly so.

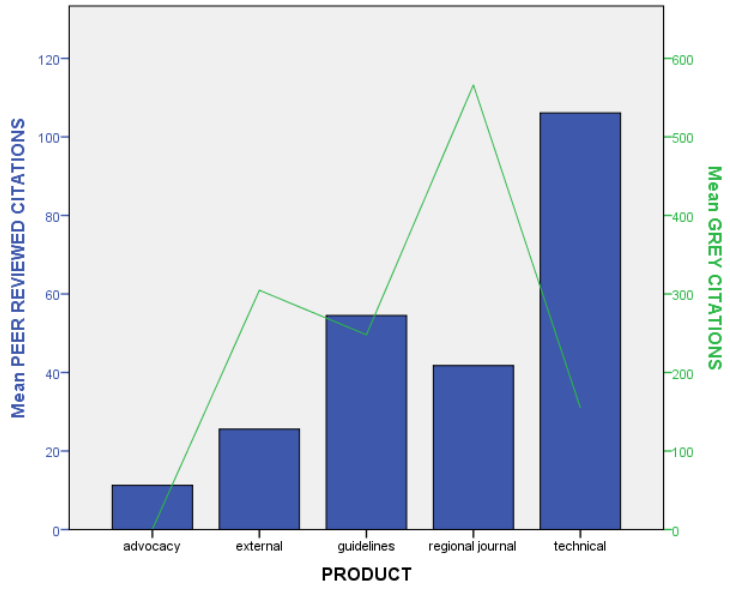
Indicators used are:

a. Bibliometric indicators (citations, impact factor, etc.)

Our proxy indicators of usefulness are the traditional bibliometric indicators of peer-reviewed and grey literature citation rates.

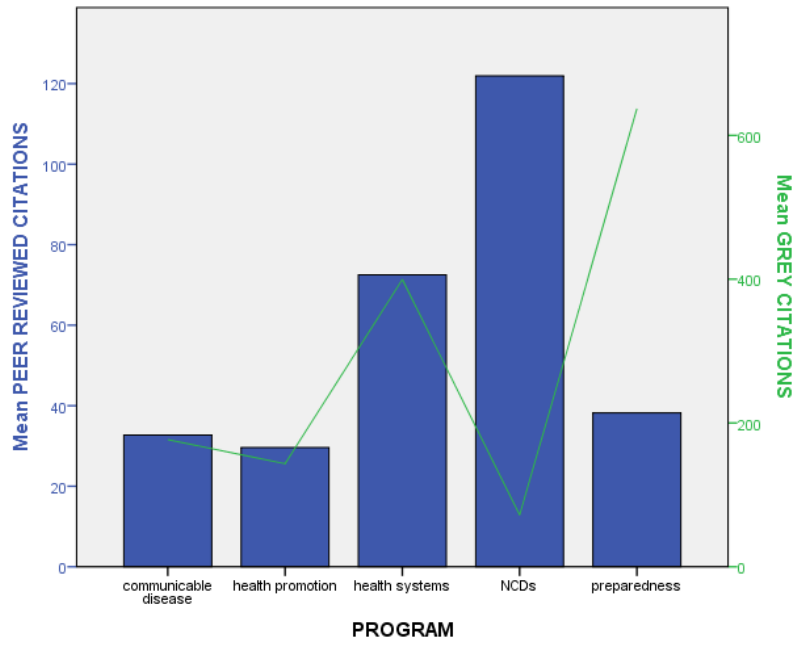
Mean Impact by Product type (none were statistically significant)

Product	Peer-reviewed Citations	Grey Citations
Advocacy material	11	1
External publications	26	305
Guidelines	53	245
WHO HQ & Regional journals	42	566
Technical publications	106	154



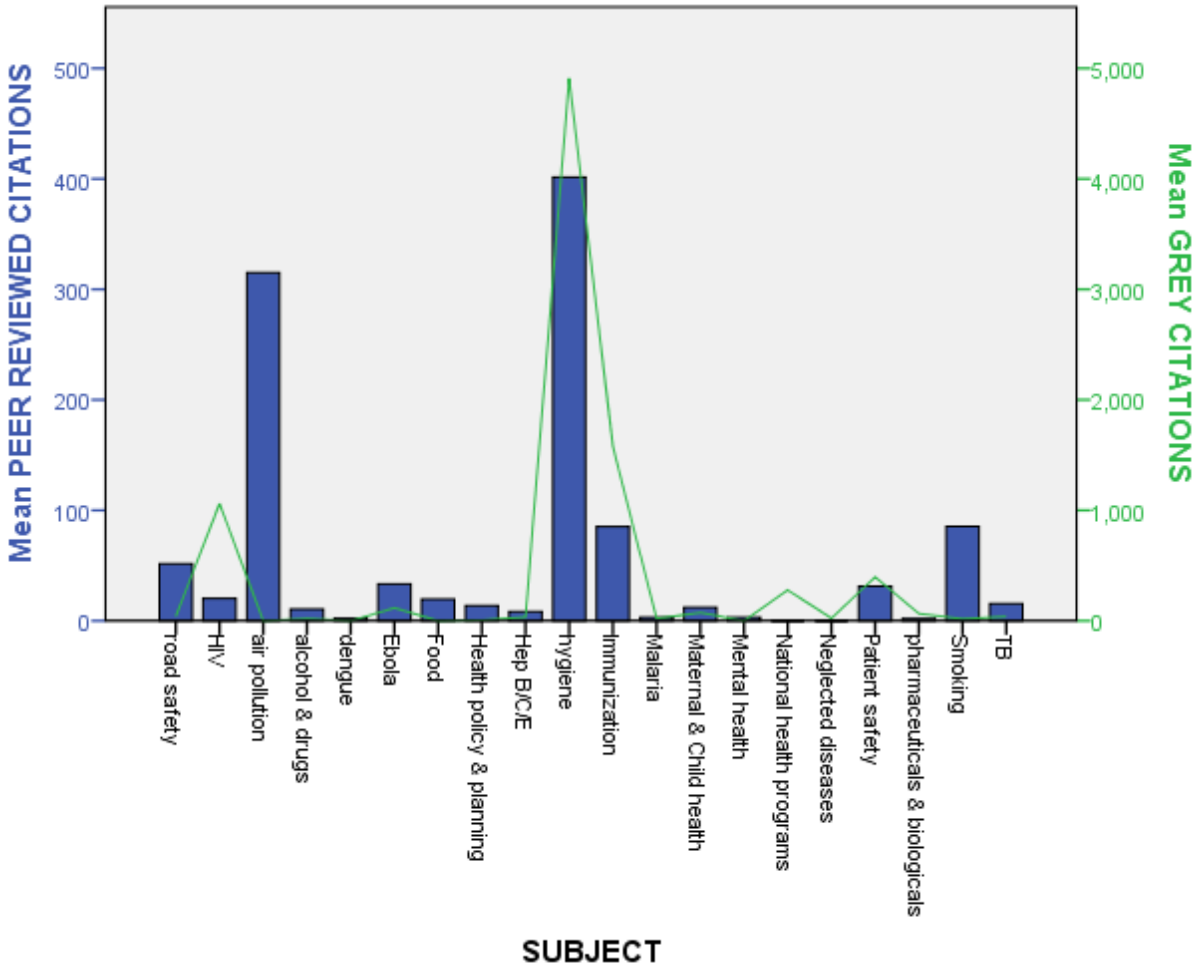
Mean Impact by subject area (none were statistically significant)

Broad Program Category	Peer-reviewed Citations	Grey Citations
Communicable disease	33	177
Health promotion	30	143
NCDs	122	72
Preparedness	38	637



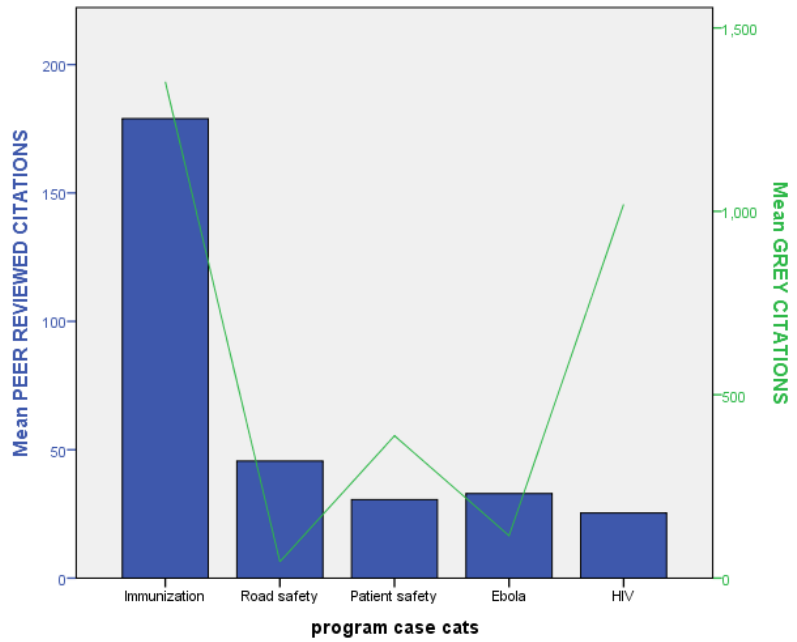
Mean Impact by program (None were statistically significant)

	Peer reviewed Citations	Grey citations
Road safety	52	42
HIV/AIDS	20	1060
Air pollution	315	0
Dengue	2	20
Ebola	33	117
Food	20	1
Health policy & planning	14	7
Hep B/C/E	8	34
Hygiene	401	4909
Immunization	85	1576
Malaria	3	22
MCH	12	73
Mental health	3	0
National health programs	0	279
Neglected diseases	0	23
Patient safety	31	397
Pharma & Biologicals	2	64
Smoking	85	18
TB	16	38



Program Case Studies

As shown in the chart below, among the 349 documents constituting the program case studies, peer-reviewed and grey citation rates track together, except in the case of HIV/AIDS documents, which are poorly cited in academic literature, but well cited in the grey literature.



Criteria 4: Implementation of Publications Policy

4.1 What is the extent of implementation of WHO's publications policy and its influence on the impact WHO publications?

4.1.3 How does the adoption of WHO's publication strategies influence the reach, perceived usefulness and use of publications?

4.1.3.i A multivariate regression analysis to determine statistically which publication strategies are most associated with a high download rate (reach), impact factor (usefulness) and translation (use).

Summary Findings
When the influence of competing factors is controlled statistically, no one factor emerged as being significantly associated with high impact or reach. The type of document had some influence, with technical documents and guidelines being most likely to be accessed. As well, more recent publications were more likely to be well cited. However, this is likely due to the overwhelming popularity of recent flagship products, such as 2015's "International Classification of Functioning, Disability and Health" and the "World Health Statistics" of 2014.

Indicator to be used was a Multivariate Analysis

A multivariate analysis was conducted wherein a series of multiple linear regression models were constructed, with citation rate as the outcome, to tease out the likely adjusted contributions of each factor toward impact and reach.

Factor associated with peer-reviewed citation rate	Coefficient	p-value
Year of publication	0.017	0.703
Subject of document	-0.044	0.326
Product type	0.087	0.058
Number of pages	0.005	0.903
Number of languages published	0.032	0.473
Is a flagship product	-0.019	0667

Factor associated with peer-reviewed citation rate PER YEAR	Coefficient	p-value
Year of publication	0.146	0.003
Subject of document	-0.048	0.328
Product type	0.081	0.107
Number of pages	<0.001	0.998
Number of languages published	0.037	0.456
Is a flagship product	-0.029	0.559

Factor associated with grey citation rate	Coefficient	p-value
Year of publication	-0.012	0.787
Subject of document	-0.008	0.854
Product type	0.006	0.896
Number of pages	-0.012	0.794
Number of languages published	-0.005	0.906
Is a flagship product	0.045	0.323

Factor associated with grey citation rate PER YEAR	Coefficient	p-value
Year of publication	0.053	0.235
Subject of document	-0.040	0.375
Product type	0.006	0.887
Number of pages	-0.020	0.660
Number of languages published	-0.048	0.291
Is a flagship product	0.022	0.634

4.1.4 Are there any gaps or weaknesses in the WHO's publications policy?

4.1.4.i Identification of gaps or weaknesses in publication strategies with regard to influence on reach, usefulness and use.

Findings
Our analysis is not able to detect an effect of the policy, since its implementation has been uneven with no delineation or firm start sate indicated in the data.

Criteria 5: Lessons Learned

5.1 What are the lessons that could be learned from the WHO publications process and publications policy?

5.1.1 What factors external to WHO may influence the achievement of activities, outputs and outcomes.

5.1.1.i Identification of enabling factors.

5.1.2 What have been the lessons learned, positive and negative?

5.1.2.i Identification of lessons learned.

Summary Findings

- WHO journals are extremely well accessed and well cited, particularly the WHO Bulletin, WER and the Eastern Mediterranean Health Journal
- However, top non-WHO journals in the same fields enjoy greater impact
- The WHO publications with the greatest reach and impact are those providing technical summaries and guidance, such as the World Health Statistics volumes and the text, "Basic Epidemiology"
- So-called flagship WHO products are significantly better cited and tweeted than non-flagship products. In terms of social media, the World Health Statistics tomes are extremely well pushed, but few others are. The high citation rates of flagship products is sustained over time.
- WHO guidelines have significantly greater reach than other types of publications, as do documents focusing on preparedness.
- Documents about Immunization and Health policy & planning are accessed more often than other types.
- A significant accelerator of reach, as measured in terms of online views and download rates, is the number of languages in which a document is presented. If the number of languages is 7 or greater, access rates increase tremendously.
- Longer documents tend to be accessed more frequently than short ones. When the number of pages exceeds around 200, online access rates increase noticeably.
- The languages that show some statistical impact on reach, apart from English, are French, Spanish, Russian, and Chinese. In the latter two, WHO guidelines are significantly more popular than other types of publications. In all languages, documents focusing on air pollution are well cited.
- Overall, technical documents are the best cited. However, there is no relationship between the extent to which a document is cited in the academic literature and whether it is cited in the grey (lay) literature. This suggests that different documents are servicing different segments of society.
- WHO guidelines and the flagship products (e.g., World Health Statistics) are by far the best accessed.

- While WHO guidelines are important and widely accessed and cited, comparable CDC guidelines are significantly better cited
- Using multivariate analysis, we found that there were no meaningful predictors of grey literature citation. However, more recently published documents are more citable (in terms of academic citations per year) than are older documents.
- WHO flagship products, as well as its guidelines, are the most dominant, prominent, and influential documents produced by the organization. Whereas, short, unilingual, advocacy materials are the least likely to be well received or shared.

Annex K: WHO Publication Policies, Procedures and Guidelines

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
	EB122/20 EB123/7 EB129/4					
1.0 General						
1.1 Background						
1.2 Principles						
1.3 Publishing Policy Groups	EB 122/20	WHO Handbook for Guidelines Development	16/2007 [4]			PPCG GRC Regional Publication Committees
1.4 Clearance procedures			1/2015[5] 29/2015+annex 31/2014	ePub user guide ePub database	ePub	Health Systems and Innovation (HIS) Legal (LEG) ODG
1.5 Needs assessment and evaluation		Evaluation Guidelines of the Office of Internal Oversight				
2.0 Planning and Content Development						
2.1 Attribution of authorship and acknowledgements		ICMJE recommendations	13/2007[6] 14/2007			

[4] 16/2007 Establishment of a Guidelines Review Committee

[5] 1/2015 Clearance of information products: 29/2015 Clearance for publication of WHO global, regional and country estimates; 31/2014 Clearance process for WHO maps

[6] 13/2007 Copyright and WHO; 14/2007 Attribution of authorship

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
2.2 Minimum Criteria			12/2007[7]			
2.3 Guidelines		WHO Handbook for Guidelines Development Guidelines for DOI	22/2014[8] Corrigendum		DOI Form	GRC ODG
2.4 Research Ethics						Research Ethics Review Committee
2.5 Style			31/2014[9]	WHO Style Guide WHO web style guide Guidance on specific aspects of WHO house style		
2.6 Politically sensitive material						LEG ODG
2.7 Implied endorsement of organizations, products, activities						LEG
2.8 WHO global, regional and country estimates			29/2015[10]			HIS
2.9 Maps and Terminology			26/2008[11] 31/2014	Guidance on specific aspects of WHO house style	Specimen letter for request permission to	Graphic Design and Layout (GRA) GIS

[7] 12/2007 Minimum criteria for WHO information products
[8] 22/2014 Declarations of Interest
[9] 31/2014 Clearance process for maps
[10] 29/2015 + Annex, Clearance for publication of WHO global, regional and country estimates
[11] 26/2008 Names of Member States; 31/2014 Clearance process for WHO maps

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
				SOP for WHO maps MAP templates	reproduce 3rd party materials	LEG
2.10 Photographic and video material					Declaration of Consent Specimen letter	
2.11 Multilingualism	EB121/6 EB121/6 Corr1 WHA61.12			Case study on multilingualism (JIU/REP/2003/4) Multilingualism in UN System (JIU/REP/2011/4)		
2.12 Translation					WHO 115 form Form for requesting permission to translate and publish WHO copyrighted material	Office of Language Services (GBS/LNG) WHO Press
2.13 Assignment of numbers				ePub application for clearance of information products		WHO Press Technical units Library
3.0 Production						
3.1 Graphic design and layout		Guidance on accessible publishing at WHO		Standard printing formats SOP for WHO maps		GRA
3.2 Printing			1/2015[12] 25/2013			WHO Press

[12] 1/2015 Clearance of information products; 25/2013 Transfer of external printing services to WHO Press

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
3.3 Publishing on WHO internet sites		WHO websites: principles and standards				
3.4 WHO standards for files and templates						
4.0 Marketing and Dissemination						
4.1 Dissemination				E-licensing Sales agents WHO depository libraries		WHO Press
4.2 Marketing						WHO Press
4.3 Sales						WHO Revolving Sales Fund WHO Bookshop
5.0 Archiving						
5.1 Archiving of files of information products			13/2007			Library (WHOLIS) IRIS
5.2 Archiving of documentation related to information products						
6.0 Copyright						
6.1 Principles			13/2007	Staff Rule 120 (Copyright and patent rights)		
6.2 Collaboration with external entities				Engaging and working with commercial private sector, WHO policy framework Guide to good		

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
				practice on acknowledgements		
6.3 External publications		Guidance for staff preparing articles, chapters and other contributions ICMJE recommendations on attribution of authorship	13/2007 21/2004[13]		Standing license agreements with publishers and journals	WHO Press ODG
6.4 Use of material belonging to third parties						
6.5 Copyright notice and disclaimers			13/2007			WHO Press
6.6 Permission requests					Permission form	
6.7 Rights to translate an publish or reprint WHO material						WHO Press Regional Directors
6.8 Licensing of WHO products						WHO Press Regional Directors
6.9 Use of WHO information by interns						
6.10Open access	WHA 63.21 WHO Strategy on Health Research A63/22		11/2014[14]			IRIS

[13] 21/2004 Remuneration from outside sources
[14] Open Access policy for WHO authored and WHO funded research

WHO eManual Chapter 8	Governing Body	Guidelines	Info Notes	Others	Forms	Org Unit
	WHA61.21					
7.0 Ethical Issues						
7.1 Conflicts of Interest		Guidelines for Declaration of Interest			DOI	
7.2 Plagiarism						
7.3 Use of date relating to patients or participants in research studies					Declaration of Consent	
8.0 Use of Logos						
8.1 Use of WHO logo		WHO Visual identity guidelines				ADG Regional Director WHO Press
8.2 Use of WHO departmental, project logos		WHO Visual identity guidelines				
8.3 Use of logos of partnerships hosted by WHO		WHO Visual identity guidelines				