# Evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals

## (Volume 2: Report Annexes)

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World Health Organization

WHO Evaluation Office

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# Annex 1: Terms of Reference

## Evaluation of the WHO Secretariat's contribution to the health-related MDGs

### *Reason for the evaluation*

1. The Evaluation Office of the World Health Organization (WHO) is initiating an evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals (MDGs). This evaluation is part of the biennial evaluation work plan approved by the Executive Board in January 2016 and has been identified as a priority evaluation for 2016-2017. Considering WHO's leadership role in the global health agenda and the critical juncture as the world transitions from the MDGs to the Sustainable Development Goals (SDGs), this evaluation comes at a judicious time to inform the Secretariat's engagement in the SDGs.

### *Background*

2. In September 2000, heads of State adopted the United Nations Millennium Declaration and endorsed a global framework for development, including the eight MDGs, which set the international agenda for development between 2000 and 2015. Countries and development partners worked together to reduce poverty and hunger, improve education, gender equality, access to clean water and environmental sustainability, and address ill-health by improving maternal and child health, and combating HIV/AIDS, malaria and other diseases.

3. Most goals were in alignment with global core priorities of WHO. In particular MDGs 4, 5 and 6 targeted reductions of mortality and morbidity associated with conditions that were among the biggest burden in the least developed countries, such as HIV/AIDS, tuberculosis, malaria, diseases of childhood and child delivery. Other MDGs addressed important health determinants, such as poverty, nutrition, education, empowerment of women and gender equality (MDGs 1, 2, and 3), environmental health (MDG 7) and financing aid for health and access to medicines (MDG 8).

4. The commitment of WHO to the Millennium Declaration was recognized as early as 2001 in the WHO General Programme of Work for 2002-2005. Governing body documents prepared by the Secretariat suggested that the MDGs would influence WHO's work on health and poverty, guide its advocacy work at country and global levels, and focus its interactions with Member States to strengthen support at country level.

5. WHO also focused on other relevant priorities not explicitly identified by the MDGs. In particular, WHO's priorities also covered the equity dimension or distributional considerations of achievements, rather than average outcomes only as proposed by the MDG agenda. It also addressed the transition in the disease burden of most countries, where noncommunicable diseases, tobacco-caused illness and injuries represented increasing concerns; and worked extensively towards strengthening health systems in order to drive more adequate responses to country health needs.

6. The WHO Secretariat's contribution is expressed through its 6 core functions: (i) providing leadership in health matters, (ii) shaping the research agenda, (iii) setting norms and standards; (iv) articulating evidence-based policy options; (v) providing strategic and technical support and building capacity; and (vi) monitoring the health situation and assessing health trends.

7. The new development agenda expressed by the Sustainable Development Goals (SDG's) moves beyond the MDGs and places governments in the leading role. Its scope covers the essential

conditions for sustainable development, including economic, environmental and social considerations. SDG's targets and indicators are all interrelated in recognition of their necessary synergies to achieve sustainable development. As a consequence, the SDG agenda promotes inter-sectoral action and partnerships. Health occupies a central place in the development agenda with one ambitious and broad goal, which addresses most WHO priorities, including issues related to noncommunicable diseases, and emphasizes the role of strengthening health systems to achieve universal health coverage.

8. Despite the different focus of the current SDG agenda, lessons learned from the WHO response to the MDG initiative may provide some cues to facilitate WHO's organizational preparedeness to address the challenges and requirements of the new sustainable development agenda and help position the Organization at the forefront of the international action to achieve the SDGs.

## *Purpose*

9. The purpose of the evaluation is to:

   a. assess the WHO Secretariat's contribution to the health-related MDGs, at the three levels of the Organization (including their integration)
   b. identify strengths, weakness, challenges and best practices; and
   c. provide strategic recommendations to inform future Secretariat support to the SDGs, and ways of working.

## *Objectives and expected use*

10. All evaluations meet accountability and learning objectives. Indeed, as the evaluation will be publicly available and reported on through the annual Evaluation Report, it is the opportunity for the Secretariat to document its past achievements and opportunities for improvement. In this case, however, the emphasis is on learning at two levels:

    a. For the WHO Secretariat: learning from the experience gained from the MDGs, the evaluation findings and recommendations will inform:

       i. The framing/design, planning and operationalization of its contribution to the health-related SDGs and targets, in particular at country-level considering the leading role of countries in the SDGs;

       ii. The monitoring and evaluation framework to assess its future contribution to the health-related SDGs;

       iii. The relevant partnerships in which the Secretariat has been engaged to contribute to the health-related MDGs.

    b. For Member States: The evaluation results will inform further discussions about the SDG implementation in the design and planning of the General Programme of Work and Programme budget at meetings of the governing bodies.

## *Target audience*

11. The principal target audience of this evaluation are, therefore, WHO senior management at headquarters and in regional offices, heads of WHO country offices, WHO governing bodies, national authorities and main partners at various levels.

## *Scope and focus of the evaluation*

12. The evaluation will cover the MDG period from 2001 to 2015 and will cover the contribution of the WHO Secretariat to the health-related MDGs at the global, regional and national levels. The scope of such contribution includes WHO activities directly or indirectly related to the health-related MDGs and corresponding targets expressed through its 6 core functions at all three

levels of the Organization. The evaluation team will document the nature of the relationship between the WHO contribution and MDG achievement based on the theory of change and supported by evidence. The evaluation will also include WHO's contribution as lead agency in monitoring and reporting on MDG achievement.

13. The evaluation will mainly consider the relevance and responsiveness of the WHO Secretariat's contribution to country health needs with the aim to help achieve the MDGs as well as the effectiveness of its contribution. The evaluation will not assess impact as attribution of changes in the MDG targets cannot be attributed to the WHO Secretariat alone considering the nature of its response, the evidence base available and the number of actors active in the health sector.

## *Evaluation Criteria and Evaluation questions*

14. Detailed evaluation questions and sub-questions are as follows:

### *EQ 1. How did the WHO Secretariat respond to the adoption of the MDGs?*

1.1 What have been the changes or initiatives taken in the Secretariat's key programme area priorities after the adoption of the health-related MDG targets and what has been the evolution during the entire period until 2015 (programmes and resources); including changes in WHO's general programmes of work and programme budgets and in the internal collaboration in WHO both horizontally and across the three levels of the Organization.

1.2 What triggers influenced the Secretariat's response to the MDGs? How did the Secretariat's response change over time? (Also consider: what other global or national influences affected key programme areas?)

### *EQ 2. Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs and consistent with the Organization's mandate?*

2.1 To what extent was WHO's response linked to/influenced by countries' health needs?

2.2 How did the Secretariat balance its country work to also meet other national health goals not included in the MDG agenda

### *EQ 3: What have been the main results of the Secretariat's contributions to the achievement of the health-related MDGs as expressed through its 6 core functions?*

3.1 Which were the key results (at global, regional and country levels)?

3.2 Which were the unexpected results (refers to WHO contributions that supported progress towards the MDGs in countries though they were not initially planned for)?

3.3 What was the added value of WHO's contribution to the health-related MDGs, including its contribution as lead agency in monitoring?

3.4 What was the extent to which each core function supported the Member States to achieve the health-related MDG targets?

### *EQ 4: Positioning and partnerships: how did the Secretariat work with others to support the achievement of MDGs?*

4.1 How was the Secretariat able to effectively advance policy dialogue, advocacy and resource mobilization in support of the MDGs?

4.2 How effective was WHO's collaboration with other organizations (including other UN agencies, other public and private organizations, civil society, etc.) in support of the MDGs at global and country level?

4.3 What was the added value of WHO's contribution through partnerships to health-related MDGs?

4.4 How complementary has WHO's contribution to its partners been in support of the achievement of the health-related MDGs? Which were the identified unmet gaps?

***EQ 5. What are the main lessons learned to take into account for the Secretariat's engagement with the health-related SDGs? Lessons learned will include the following dimensions:***

5.1 Engagement of governing bodies in guiding the Secretariat to prioritize and lead actions at global, regional and country levels, leading to addressing the SDGs

5.2 Design (strategies, policies, programmes, theories of change) and implementation of the Secretariat's contribution.

5.3 Articulation of the evidence base required (monitoring and evaluation) to assess the Secretariat's future contribution to the health-related SDGs in terms of both effectiveness and efficiency.

5.4 Identification of possible ways to strengthen cross-cutting and inter-sectoral work and partnerships where relevant.

## *Methodology*

15. The evaluation team at the inception stage will develop the most rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. It will entail the following:

- Reconstruct a theory of change to frame the evaluation, describing the relationship between the relevant inputs, activities and functions, results and contributions that will be the focus of the evaluation.
- Develop an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints.
- Adhere to WHO cross-cutting strategies on gender, equity and human rights and include to the extent possible disaggregated data and information.
- 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.

16. The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information through a variety of means. The evaluation will rely mostly on the following data collection methods: document review; telephone-based stakeholder interviews; internal and external electronic stakeholder surveys.

17. **Documents review** will include analysis of key strategic documents, such as global strategies related to MDG goals, the programmes of work, project budget, mid-term assessments, relevant national plans and other relevant documentation for the concerned budget centres of WHO. It will also include the analysis of relevant MDG-related literature from partners at various levels.

18. **Stakeholder interviews**. Interviews will involve WHO senior management at global, regional and country levels. External stakeholders are: ministry of health officials and officials of other governmental institutions, healthcare professional associations and other professional bodies at global, regional and national levels; relevant research institutes, agencies and academia,

health care provider institutions, nongovernmental organizations, and civil society, UN agencies, and other relevant multilateral organizations, donor agencies, and relevant corporate partners. It is expected to conduct interviews with fair representation of all relevant stakeholder categories.

19. **Electronic surveys**: (a) an external survey for to all Member States; (b) a survey for WHO partners at country and corporate level, including UN agencies, partnerships, other relevant multilateral organizations, donor agencies, academia and relevant corporate partners as appropriate, nongovernmental organizations and civil society; and (c) an internal survey for relevant WHO staff at headquarters, regional and country levels.

20. The evaluation will not involve travelling to countries, other than to WHO headquarters in Geneva.

21. **Plan of Analysis**. The evaluation will involve analysis of relevant quantitative and qualitative data at the three levels of the Organization. The evaluation team will develop a plan of analysis based on the evaluation matrix and theory of change to guide the data analysis and triangulation. The evaluation team will identify the relevant variables and indicators. The results of the evaluation will be stratified, where appropriate, across country categories based on development levels and achievement of MDGs.

22. The evaluation team will also develop and propose for approval by the WHO Evaluation Office at the inception report stage the specific data-collection tools, taking into consideration their need for adaptation and translation into the official WHO languages, where relevant. Their development will follow state of the art scientific methodologies, and will be piloted prior to its use.

## *Overall evaluation timeline (July 2016 to May 2017)*

| Phases | July-Sept | Oct-Mid | Mid Nov – Jan | Feb | March | April - | Deliverables |
|---|---|---|---|---|---|---|---|
| **Phase 1 - Preparation** Consultations and finalization of the TOR Contracting the | | | | | | | TOR<br>Contracts |
| **Phase 2 - Inception** | | | | | | | Inception |
| **Phase 3 - Data collection** | | | | | | | |
| **Phase 4 - Reporting** | | | | | | | Evaluation |
| **Phase 5 - Dissemination** Sharing the results | | | | | | | Management |

## *Phases and deliverables*

23. **Inception phase.** To prepare the inception report, the evaluation team will undertake the following minimum activities: i) analysis of key strategic documents, ii) inception mission to WHO headquarters in Geneva; iii) Review of the scientific literature relevant to this evaluation (methodology and MDG content areas, as appropriate) as a basis for the preparation of the evaluation proposal and further work; development of a theory of change and an evaluation matrix; and iv) selected key informant interviews.

24. **Inception report.** The inception report will include: a detailed evaluation 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 will describe a theory of change and a detailed evaluation

matrix as the conceptual basis for the evaluation. The inception report will also identify the strategic partners to be involved and a schedule of key milestones, deliverables and responsibilities. It will finally include a section detailing how the evaluation will adhere to the WHO evaluation policy and UNEG principles; clarifying quality control mechanisms to anticipate and control risks and biases, and mitigate their consequences when happening. The draft inception report will be submitted within 3 weeks after the mission (end of October 2016) and circulated for comments before being finalized no later than mid-November 2016. The inception report will be considered final when approved by the WHO Evaluation Commissioner.

25. **Data collection phase**. On the basis of the theory of change and evaluation matrix, the evaluation team will:

- Lead, organize and conduct all internal and external stakeholder interviews
- Gather, analyse and appraise in a systematic manner relevant documentation internal and external to WHO to address the evaluation questions
- Develop, undertake and analyse the three e-surveys, taking into consideration their needs for adaptation and translation into the official WHO languages, where relevant. Their development will follow state of the art scientific methodologies, and will be piloted prior to their use.
- A structured description of the preliminary results drawn at the end of the data collection phase shall be submitted to the evaluation manager for review and redirection of the data analysis if required.

26. **Data analysis and reporting phases.** These phases are dedicated to the in-depth analysis of the results of the data collected and document analysis. The results of this analysis will be presented in the evaluation report.

27. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. The evaluation report will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised in the TOR for this evaluation. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.

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

29. The draft evaluation report will be prepared in English and is expected to comprise approximately 30 to 60 pages, with additional annexes. Its structure and specific outline will be discussed with, and approved by, the WHO Evaluation Commissioner and the WHO Evaluation Manager early in the evaluation process. It should be submitted during the last week of February 2017. A workshop/debriefing could be envisaged at WHO headquarters prior to the finalization of the recommendations. The evaluation report will be considered final only when approved by the WHO Evaluation Commissioner around the end of March 2017.

## *Evaluation management*

30. The evaluation will be commissioned and managed by the WHO Evaluation Office. The WHO Evaluation Office will establish an evaluation team formed by independent external evaluation consultants. The evaluation team will report to the Director-General's Representative for

Evaluation and Organizational Learning in his capacity as 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. Technical oversight will be provided by the Chief Evaluation Officer.

31. Given the complexity of this evaluation, and in line with the WHO Evaluation Policy and the WHO Evaluation Practice Handbook, an ad hoc Evaluation Management Group (EMG) will assist the Evaluation Manager in the review of the Terms of Reference, as well as in the review of the inception report and the draft evaluation report.

### *Evaluation team*

32. The evaluation team will include three members with complementary expertise, who will work with the Evaluation Office.

- The Lead Evaluator (team leader) will have at least 15 years experience in strategic evaluations of public health policies and programmes, with proven understanding of development science, social sciences, public health or health policy. Good experience in analysis of global partnerships in health, health systems strengthening, aid effectiveness in health sector and technical assistance in developing and transitional countries is very desirable. Experience with the technical areas covered by the MDGs will be an asset. Experience with evaluation of MDGs is an asset. He/she should be fluent in English. Knowledge of French, Spanish and other WHO official languages will be an asset.
- A second Evaluator with at least 4 years' experience in evaluation of public health policies or programmes, and experience in health systems strengthening, aid effectiveness and technical assistance in developing countries. Experience with global partnerships will be desirable. Experience with the technical areas covered by the MDGs will be an asset. He/she should be fluent in English. Knowledge of French and Spanish and other WHO official languages will be an asset.
- A Supporting Evaluator with at least 3 years' experience in evaluation and/or review of public health policies or programmes. Experience in managing e-surveys and quantitative data analysis is required. He/she should be fluent in English. Knowledge of French, Spanish and other WHO official languages will be an asset.
- The second Evaluator and Supporting Evaluator will report to the Lead Evaluator (team leader) for the conduct and completion of deliverables. All three evaluators will form a team under the guidance and supervision of the Lead Evaluator (team leader). He or she will be responsible for the conduct of the evaluation and completion of deliverables in content, time and format. He or she will manage the evaluation work-plan and the evaluation team, including the assignment of responsibilities across the evaluation team and the oversight and quality control of deliverables.

33.A distribution of tasks between the three evaluators is displayed in the table below:

| | **Lead Evaluator** | **Evaluator** | **Supporting Evaluator** |
|---|---|---|---|
| Team and project management | Project design, team supervision and team management. Management, supervision and achievement of deliverables. Timely submission of deliverables and modifications based on feedback from WHO. Lead on communications with, and regular reporting to, the WHO evaluation manager. | Work independently under the guidance of the team leader to satisfactorily achieve the project deliverables. Participate in coordination meetings with consultant team and WHO. | Work independently under the guidance of the team leader and in support of both the Lead Evaluator and Evaluator to satisfactorily achieve the project deliverables. Participate in coordination meetings with |
| Deliverable 1: inception report | Lead the design of the inception phase, including design of theory of change and evaluation matrix. Lead the design and preparation of the inception visit and participate. Run and analyse strategic interviews with key stakeholders. Design and conduct document review. Lead drafting of inception report | Contribute to design of theory of change and evaluation matrix. Contribute to preparation of inception visit and participate. Run and analyse strategic interviews with key stakeholders. Conduct document review. | Contribute to document review. Contribute to drafting and management of the inception report |
| Deliverable 2: Preliminary Results | Design data collection phase data collection tools, including survey and interview guides. Survey analysis and synthesis of results. Conduct interviews lead analysis. Conduct review and lead triangulation data. Lead presentation of results. | Contribute to design of data collection tools. Contribute to survey management, analysis synthesis of results. Conduct interviews and contribute to their analysis. Conduct document review. Contribute to data triangulation. Contribute to presentation of results. | Contribute to review and synthesis. Manage survey distribution. Schedule and manage calendar of interviews. Contribute to synthesis presentation of survey, interviews and review results. Contribute to presentation of results. |
| Deliverable 3: Draft evaluation report | Lead on design of draft evaluation report. Lead on writing the draft evaluation report. Prepare and participate in a strategic visit to WHO-HQ for feedback and guidance on draft report. | Contribute to design and writing of the draft evaluation report. Participate in strategic visit to WHO-HQ for feedback and guidance on draft report. | Contribute to writing the draft evaluation report. |
| Deliverable 4: Final evaluation report | Based on feedback from WHO, complete the final evaluation report. | Contribute to completion of final evaluation report. | Contribute to completion of final evaluation report. |

34. Gender and geographical diversity will be pursued in so far as possible in the team composition, to ensure diversity of perspective.

## *Timing, deliverables and payment schedule*

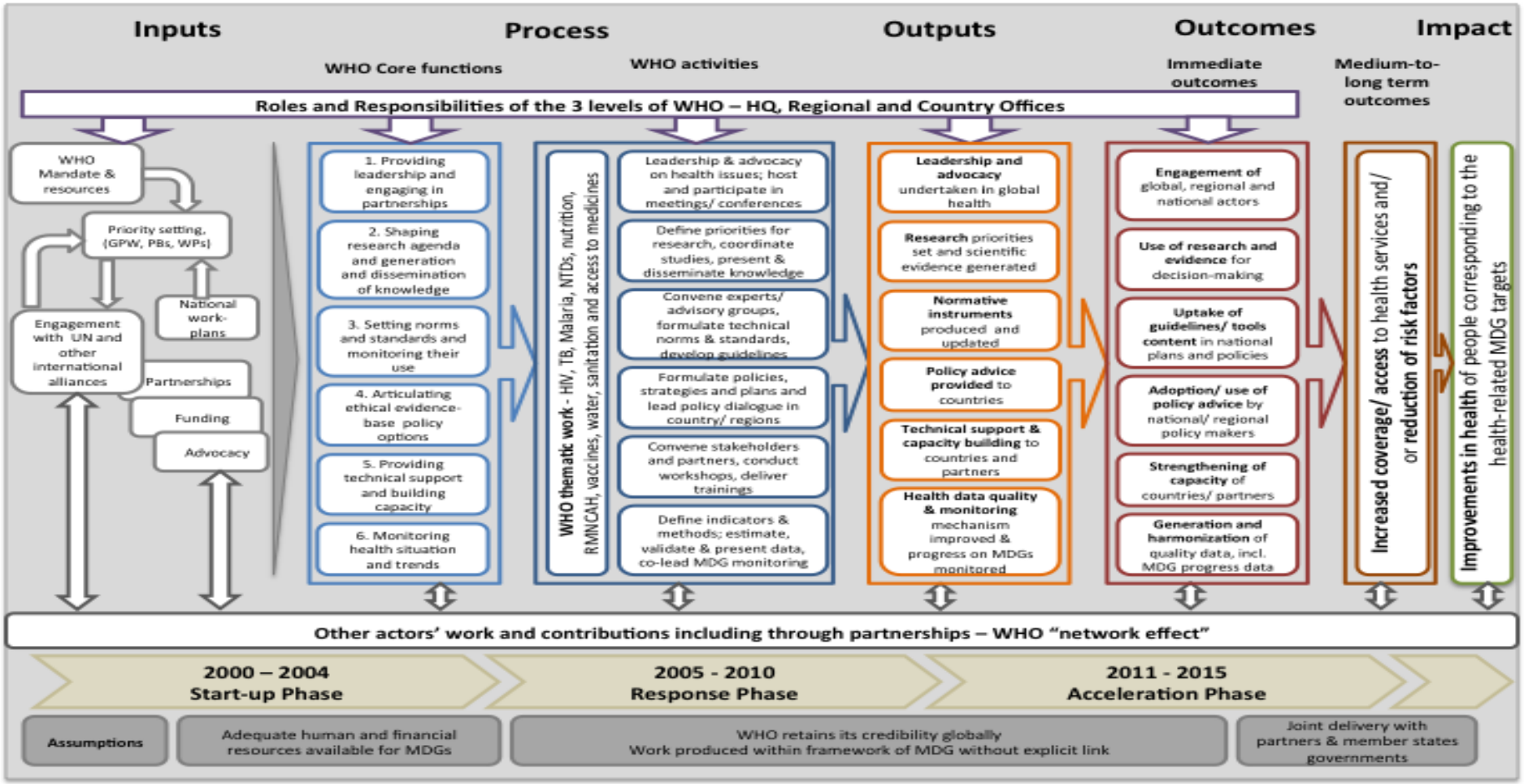
35. This project will have an estimated duration of 22 weeks. The timing stated in the table below is contingent on WHO approving the submitted deliverables.

| Deliverable | Due date | Payment schedule |
|---|---|---|
| 1. Inception Report | 22 November 2016 | 25% |
| 2. Preliminary Results | 5 February 2017 | 25% |
| 3. Draft Evaluation Report | 28 February 2017 | 25% |
| 4. Final Evaluation Report | 25 March 2017 | 25% |

# Annex 2: Theory of Change

This annex presents the ex-post Theory of Change (TOC) developed by the evaluation during the Inception Phase to guide the review and analysis of WHO's contribution to the h-MDGs. Figure A2.1 presents the TOC, followed by a detailed explanation of its elements.

*Figure A2.1: Theory of Change*



The theory of change includes the following elements:

**1. Inputs**: Inputs in the TOC are the factors that frame the choice of the Secretariat's activities as well as their performance in relation to the h-MDGs. These include:

a. WHO's mandate and resources: The mandate of the Organization is given by the governing bodies resolutions and other WHO governing documents that set the scope and boundaries of WHO's roles, responsibilities and contributions to internationally agreed development goals, including the h-MDGs. The World Health Assembly (WHA) and the Executive Board (EB) have explicitly defined the role and contribution of the Secretariat to the h-MDGs. The Secretariat's resources include: (i) human resources as a critical input of WHO's work on the MDGs across the three levels of the Organization: headquarters, regional and country offices; and (ii) financial resources in terms of the level/amount and nature of resources available for the Secretariat to undertake its work throughout the entire MDG period. This includes both the assessed as well as the voluntary (core and earmarked) contributions available to the Secretariat.
b. Priority setting: priority setting in the TOC represents the translation of the Secretariat's mandate in organizational and operational directions reflected in GPWs, PBs, and the individual programmes of work and budget allocations of the technical departments concerned with the h-MDGs, at the three levels of the Organization. It also includes the WHO country office programmes of work and budget allocations.
c. External forces, including:
    - UN Secretariat and UN agencies mandate and initiatives**:** These include the initiatives led by the UN Secretariat and other UN agencies, as expressed by UN General Assembly resolutions or other UN resolutions on MDGs in general, and specifically influencing the Secretariat's mandate and activities on the h-MDGs. It also includes inter-agency alliances and partnerships that shaped the Secretariat's contribution to the h-MDGs as well as advocacy actions and funding streams led by the UN Secretariat or UN agencies that influenced the Secretariat's work on h-MDGs.
    - Partnerships involving the Secretariat with other global actors including alliances, philanthropic institutions, non-State actors, development banks and bilateral development agencies that influenced the Secretariat's contribution through shared work-plans, dedicated funding to the Secretariat, or advocacy actions influencing or supporting the Secretariat's work.
    - External advocacy led by other partners but relevant and affecting the work of the Secretariat on the h-MDGs.
    - National joint work-plans and priorities**,** including funding allocation by national actors of particular importance in influencing the Secretariat's contribution at country level.

**2. Process:** The TOC recognizes a number of processes that need to be taken into account in conceptualizing the Secretariat's contribution to the MDGs, including:

a. WHO core functions/business: the Secretariat's contribution is expressed through its six core functions or business that guide it's work at the three levels of the Organization, as described above.
b. WHO activities: These are the tasks and actions performed by the Secretariat at the three levels of the Organization, in alignment with the six core functions in the thematic areas of the h-MDGs (nutrition, child health and immunization, maternal and reproductive health, HIV, tuberculosis, malaria, other communicable diseases including NTDs; water supply and

sanitation; and access to essential medicines) and including the Secretariat's key function as co-lead agency for the monitoring of the MDGs.

c. Roles and responsibilities of the three levels of the Organization: the Secretariat includes all three levels of the Organization**.** The division of labor of each of the three levels is stated for each of the six core functions in the recommendations of the "Task force on the three levels of the Organization". Each level of the Organization is thus involved in the activities, outputs and immediate outcomes of the Secretariat's contribution to the h-MDGs.
d. WHO supporting functions: Including WHO's leadership, advocacy and communications, and resource mobilization, to facilitate the role of the Organization and the Secretariat's ability to successfully mobilize funding for h-MDG-related work from different sources.
e. Other actors work and contributions: the Secretariat's work undertaken through its six core functions/business and at the three levels of the Organization does not exist in isolation; rather the influence of other global actors on the Secretariat's contribution also occurs all along the value chain. This includes the independent or collaborative work of other global, regional and national actors**,** including partnerships, philanthropic institutions, bilateral agencies, development banks, national health entities such as ministries of health, national based agencies, etc. The contribution of other actors appears in the TOC along the value chain as the "network effect" of the Secretariat.

**3. Outputs**: the Secretariat's outputs are the deliverables resulting from the processes and activities of WHO's work in line with the six core functions at the three levels of the Organization. These are grouped in six broad categories covering:

a. Leadership and advocacy undertaken in global health;
b. Research priorities set and scientific evidence generated;
c. Normative instruments produced and/or updated;
d. Policy advice provided to countries;
e. Technical support and capacity building provided to countries and partners; and
f. Health data quality and monitoring mechanisms improved, and progress on MDGs monitored.

**4. Outcomes**: The outcomes in the TOC refer to the changes to which the Secretariat's work would have been expected to contribute and were dependent on external factors (hence the joint responsibility with Member States and other actors). In relation to WHO's outcomes, the evaluation notes the challenge of establishing clear linkages between WHO's work and the outcomes at country level, due to the more upstream nature of WHO's work. Thus, the evaluation have categorised the h-MDGs outcomes in:

- *Immediate outcomes,* which refer to the Secretariat's work, such as uptake of the content of guidelines in national level policies or the use of WHO-generated research at the national level; and
- *Medium to long-term outcomes,* which refer to increased coverage and/or improved access to health services and/or reduction of risk factors for each of the h-MDGs.

**5. Impact**: For the purpose of the evaluation, impact is considered to be improvements in health status of people, corresponding to the h-MDG targets. The evaluation considers impact as the result of joint efforts of the Secretariat with Member States and other development partners and actors in the health arena at global, regional and country levels. It tends to be medium to long-term achievement.

**6. Time dimension:** The evaluation identified three key phases in the MDG era, which were intended to use to analyze and report on the Secretariat's contribution:

a. *Start-up phase (2000-2004):* during which the Secretariat conceptualised its role (scope and boundaries) vis-à-vis the h-MDGs – overall progress on h-MDGs was slow as recognized by the Third High-Level Forum on h-MDGs;
b. *Response phase (2005-2010):* during which the Secretariat actively engaged in work related the h-MDGs as highlighted by the formulation of the 11th GPW;
c. *Acceleration phase (2011-2015):* during which the Secretariat scaled up/accelerated the focus of its work to support the achievement of the h-MDGs by Member States.

These time dimensions were selected because they correspond to high-level events external to WHO which are significant in the MDG era and have catalyzed action around the MDGs - the Millennium Declaration in 2000 as the adoption/start of the MDGs; the UN World Summit in 2005 where countries renewed their commitment to the MDGs and catalyzed greater focus on the MDGs; and the UN Summit on MDGs Keeping the Promise: United to achieve the MDGs in 2010 calling for a major push to accelerate progress on the MDGs, including a number of financial pledges and initiatives to support this.

Nevertheless, due to the long recall period required to provide inside data on the early phase of the MDGs, together with the paucity of available data from the early stages, the analysis could not be stratified across these time dimensions.

**7. Assumptions:** The evaluation identified the following key assumptions along the value chain and the validity of these assumptions was tested during the evaluation exercise:

- At the input level, adequate human and financial resources were available to the Secretariat to undertake h-MDGs related work;
- At the activities levels, the Secretariat had and continues to have credibility given its global authority in international health "in view of its neutral status and its nearly universal membership"[1];
- At the outcome level, as previously highlighted, a key assumption underpinning the Secretariat's contribution to the h-MDGs is the joint responsibility of the delivery of outcomes with Member States and development partners.

[1] WHO (2005) Engaging for Health, Eleventh General Programme of Work 2006-2015, A Global Health Agenda, World Health Organization: Geneva. p. 23

# Annex 3: Evaluation matrix

This annex presents the evaluation matrix developed to guide the analysis of the evaluation.

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| **EQ 1. How did the WHO Secretariat respond to the adoption of the MDGs?** | | | | | | |
| 1.1. What have been the changes or initiatives taken in the Secretariat's key programme area priorities after the adoption of the h-MDG targets and evolution during the entire period until 2015 (programmes and resources); including changes in the GPWs and PBs and in the internal collaboration in WHO both horizontally and across the three levels of the Organization. | 1.1.1. What was the initial response from the Secretariat after the adoption of the Millennium Development Agenda by the Member States? | Availability of guidance from WHA and EB on the adoption of the h-MDGs by the Secretariat in the start-up phase;<br>Time elapsed between 2000 and adoption of h-MDG agenda in GPWs and PB;<br>Evidence of any targeted response during the start-up phase to h-MDGs at headquarters, regional and country levels. | WHA resolutions and EB decisions;<br>Interview notes from key-informant interviews (KIIs);<br>GPWs, PBs and department work-plans, strategies;<br>Expert opinion. | Document retrieval;<br>KIIs with senior, current and retired staff. | Content analysis/Document review. | Moderate – WHA and EB documents are available along with historical perspective from KIIs. |
| | 1.1.2. How did the Secretariat's response evolve over time in addressing h-MDGs? | Indication in EB decisions on the Secretariat's contribution to h-MDGs (explicit and implicit) during the start-up, response and acceleration phases;<br>Clarity in GPW11 and GPW12 on Secretariat's response to h-MDGs<br>Evidence of explicit linkage between the Secretariat's priorities and h-MDGs in the start-up phase and in the two successive phases. | EB documents;<br>Partners' documents;<br>Strategic documents;<br>GPW11 and GPW12;<br>Expert opinion. | Document review;<br>KIIs with senior current and retired staff;<br>document retrieval;<br>Expert interviews. | Content analysis/Document review;<br>Historical accounts of WHO's leadership role during the start-up, response and acceleration phases;<br>Analysis of GPW11 and GPW12;<br>Other expert interviews notes. | Moderate to strong, likely to vary by h-MDG. |
| | 1.1.3. How did the Secretariat's response vary across h-MDGs? [Programme priorities] | Evidence on the adoption/ ownership of h-MDGs by headquarters, regional and country offices during the start-up, response and acceleration | Work programs; budget allocation;<br>WHO technical department reports; | Document review;<br>KIIs with senior current and retired staff and | Content analysis/Document review;<br>Work programme and budget trend analysis | Moderate to strong, likely to vary by h-MDG and by time period. |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | | phases. | EB decisions and WHA guidance notes;<br>Other progress reports;<br>Selected country cooperation strategies;<br>KII notes. | other experts. | likely to be associated with h-MDGs by technical departments and the three levels of Organization | |
| | 1.1.4. How did the Secretariat's response vary across countries? [by disease burden, WHO Region] | Evidence on the adoption/ ownership/evolution of h-MDGs by a group of countries selected for "deeper" review (representing income levels and WHO regions). | Country cooperation strategies;<br>Country work programmes and budgets;<br>National health plans. | Document retrieval;<br>KIIs with country staff and stakeholders. | Content analysis/Document review for each country selected. | Moderate to strong, likely to vary by h-MDG and by country. |
| | 1.1.5. How did the three levels of the Organization cooperate in articulating the Secretariat's response to the h-MDGs? [Level of understanding, process of formulating response by setting priorities] | Clarity in roles and responsibilities across the three levels of the Organization on h-MDG achievement over the three phases;<br>Evidence of clear linkages in programme of work across the three levels to h-MDGs. | Description of the roles and responsibilities for the three levels of the Organization per technical work programme and budget documents, KII, e-surveys. | Document retrieval;<br>KIIs notes with senior current and retired staff at the three levels of the Organization;<br>e-survey data. | Work programme and budget review;<br>KII notes analysis;<br>Document review;<br>e-survey data analysis. | Moderate to strong likely to vary by h-MDG and region. |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | 1.1.6. What were the main gaps in cooperation across the three levels of the Organization? If so, how did they affect the contribution of the Secretariat to h-MDG? | Identification of gaps, challenges, bottlenecks to cooperation across the three levels of the Organization. | Strategy papers; GPW11and GPW12; Work programme and budget documents at headquarters, regional and selected representative country levels; Technical department progress reports. | Document retrieval; KIIs with senior current and retired staff at the three levels of the Organization; e-survey at the three levels. | Analysis of consistencies between WHO work programme and h-MDGs, including other health priorities; Analysis of e-survey responses. | Weak to moderate - evidence may not be easy to establish. |
| 1.2 What triggers influenced the Secretariat's response[2] to the MDGs? (including: what other global or national influences affected key programme areas?) | 1.2.1. At headquarters, what were the rationale and criteria for programme setting for achieving h-MDGs? | Evidence of EB decisions and support from WHO partners and from technical programme strategies, TAG decisions. | EB documents; Partnership documents; Technical documents. | Document retrieval; KIIs; e-surveys. | Document and KII notes content analysis and data analysis of e-surveys. | Moderate to strong. |
| | 1.2.2. Which were the main external influencers of WHO's work and how did they influence the Secretariat's response across h-MDGs? [Donor priorities, funding mechanism, priority areas] | List of key events, strategic interventions, external shocks, shift in funding mechanism, and major changes in partnerships.<br><br>Relationship of main external influencers with WHO priorities and work plans. | Work programmes and annual progress reports of technical departments; Progress reports of selected partners; Donor reports on MDG achievements; EB decisions; Literature review; KII/surveys to identify main external bodies; UN MDG agenda, priorities. | e-surveys at three levels along with partners and Member States, KIIs, document collection (donor reports, partnership reports, technical department reports) | Analysis of survey results; Document content analysis/reviews. | Moderate to strong - likely to vary across the h-MDGs; e-survey will reflect personal opinion. |
| | 1.2.3. Which were the main external influencers of WHO's work and how did they influence the Secretariat's response across the three levels of the Organization? [Donor priorities, funding mechanism, priority areas, WHO's mandate] | | | | | |

[2] The Secretariat response will be considered by WHO core function.

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | 1.2.4. How influential were the UN Secretariat and MDG Fund Secretariat in shaping WHO's priorities in the GPW? [Strategy and policies, WHO's mandate] | Evidence of shifts in emphasis due to guidance from UN Secretariat and MDG Fund Secretariat in terms of changes in GPW and budgets. | KIIs with UNDESA staff and Senior WHO staff;<br>GPW11 and GPW12;<br>Technical department work programmes. | KIIs;<br>Document review. | Content analysis of interviews and WHO, UN and UN MDG Fund Secretariat reports;<br>Analysis of strategic priorities at the three levels;<br>GPW analysis in terms of priorities. | Moderate – evidence likely to be indirect/not explicit. |
| | 1.2.5. How did resource availability influence WHO's programme workplans by h-MDG? | Evidence of changes in WHO's programme of work due to resource availability at the three levels of the Organization and for h-MDG areas. | Work programme and budget and expenditure data/documents;<br>KIIs;<br>e-survey. | PB data review;<br>KIIs;<br>e-survey with h-MDG-related operational staff at the three levels of the Organization. | Work programme and PB budget/expenditure analysis;<br>Document content analysis and e-survey analysis;<br>Analysis of resourcing strategy (availability and fund raising). | Weak to moderate – it may not be straightforward to get the level of disaggregation. |
| | 1.2.6. What were the competing priorities, if any, that influenced the GPW and programme Work-plans and in what ways? | Evidence of shift in WHO priorities due to h-MDG agenda reflected in GPW, work plans and PB at the three levels of the Organization. | GPW11 and GPW12;<br>PB;<br>Programme work plans. | Document collection/ retrieval;<br>KIIs;<br>e-surveys. | Matrix of programme of work and budget for GPW11 and GPW12 and relationship with h-MDGs over time. | Moderate. |
| **Q 2. Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs and consistent with the Organization's mandate?** | | | | | | |
| **Evaluation sub-question** | **Sub-item** | **Measure/ Indicator** | **Source of Information** | **Data Collection Method** | **Analysis Methodology** | **Evidence Availability** |
| 2.1 To what extent was the Secretariat's response linked to/influenced by countries' health needs? | 2.1.1. To what extent did WHO Country Office (WCO) work-plans align with the national h-MDG priorities of the Member States? | Evidence of adequacy of WCO work plans with national h-MDG priorities;<br>Evidence of consistency between | Country work plan document;<br>National health plans; | In-depth country level data compilation;<br>Country | Qualitative analysis of work programme consistency with national h-MDG | Strong- at the country level the evidence is likely to be strong. |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | 2.1.2. Did WCO work plans match the epidemiological burden of the Member States? | WCO work-plan and health burden. | e-survey data;<br>KII data. | document collection;<br>e-survey with country stakeholders (WCO and Member States);<br>KIIs. | priorities;<br>Analysis of perception based on country level e-survey data and content analysis of KII notes. | |
| | 2.1.3. At the country level, was the Secretariat perceived as responsive to country's h-MDG needs? | | | | | |
| | 2.1.4. At the regional level, what were the rationale and criteria for programme setting for achieving h-MDGs? | Evidence of guidance from headquarters to regional offices in terms of Regional Committee resolutions;<br>Technical programmes strategies. | Management Guidance Memos to Regional Offices. | Retrieval of documents from WHO archives;<br>KIIs;<br>Survey. | Content analysis of documents. | Strong – it is expected the headquarters guidance reports can be retrieved. |
| 2.2 How did the Secretariat balance its country work to also meet other national health goals not included in the MDG agenda? | 2.2.1. How did the WCOs balance priority setting for h-MDG and other areas? | Budget allocation to priority areas at the country level;<br>Evidence of Secretariat response to country requests. | Selected Country Cooperation Strategies and country work programmes, budget and staffing;<br>KIIs;<br>e-surveys. | KIIs with selected WRs;<br>Country level strategy;<br>Program and budget document retrieval. | Content analysis of KII notes and selected country level WHO documents. | Weak to moderate – document retrieval may take time and all WRs may not be fully familiar with h-MDG interventions. |
| | 2.2.2. What criteria did the WCOs follow to allocate resources to h-MDGs and other priorities? | | | | | |
| | 2.2.3. At the WHO regional offices, how did the leadership establish priority areas in GPW and PB across h-MDGs and other priorities? | Priority setting process and its evolution over the three phases of h-MDG implementation. | WHA and EB documents;<br>Partnership agreements;<br>KII notes with senior WHO staff at the regional offices;<br>Management Guidance Notes/Memos. | Document retrieval;<br>KII with senior WHO staff as well as relevant retirees in the regional offices. | Content analysis of documents and KII notes. | Strong – It is expected that the priority setting process is well documented and KIIs are fully involved in the process. |
| | 2.2.4. What criteria did the WHO regional leadership apply to prioritize GPW and PB across h-MDGs and other priorities? | | | | | |
| | 2.2.5. At the WHO regional offices, what was the level of priority assigned to h-MDGs vs. other non-h-MDG areas? | | | | | |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | 2.2.6 How did the level of priority assigned to h-MDGs at the WHO regional offices evolve over time? What factors contributed to the evolution process? | | | | | |
| **EQ 3: What have been the main results of the Secretariat's contributions to the achievement of the health-related MDGs as expressed through its 6 core functions?** | | | | | | |
| 3.1 Which were the key results (at the three levels of the Organization)? | 3.1.1. What were the key results (outputs and outcomes as defined in TOC) related to h-MDG achievements? (Results will be presented by core function). | Identified results by programme reports, performance assessments, evaluations, expert opinion. | WHO outputs;<br>Statistical reports from UN agencies, partners and non-State actors;<br>Programme reports;<br>Evaluation, performance assessment;<br>Expert opinion. | Data tabulation from relevant sources for each h-MDG indicator;<br>KII;<br>e-surveys. | Quantitative data analysis, where possible, including split time inputs. | |
| | 3.1.2. How were results as related to h-MDGs at the three levels of the Organization defined? How were the results measured and monitored? Did the results indicator adequately capture h-MDG results? Did the M&E systems established along programme implementation capture h-MDG results? | Clarity in the h-MDG result definition, measurement, monitoring, supported by an effective M&E system for each level of the Organization. | WHO guidance document on results definition, measurement and monitoring at the three levels of the Organization. | Document retrieval;<br>e-survey covering staff at all three levels and Member States. | Document content analysis;<br>e-survey data analysis. | Strong – It is understood that the definition, measurement and monitoring have improved over time and are well documented; e-survey will bring out reflection from the users' perspective. |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | 3.1.3. To what extent did these results (outputs and outcomes as defined in TOC) contribute to h-MDG achievement? | Quantitative evidence supporting the achievement of h-MDGs in comparison to 1990 baseline at the thee levels of the Organization;<br>Evidence of the Secretariat's leadership role and advocacy for h-MDGs; List of key outputs produced relevant to h-MDGs. | KII and e-survey data. | KIIs and e-surveys with WHO staff at the three levels of the Organizaiton, Member State staff in health, and WHO's external and internal partners. | Survey and KII data analysis. | Moderate to strong – contribution is most likely inferential; attribution will not be possible. |
| | 3.1.4. What were the main success factors of the Secretariat's contribution to h-MDGs? | Evidence demonstrating niche advantages of WHO – identified factors associated with WHO's strengths. | WHO progress reports;<br>Notes from KIIs;<br>Results of e-surveys. | Document retrieval;<br>KIIs;<br>e-surveys. | Quantitative analysis of survey data and content analysis of documents and KII notes. | Strong – expect to get frank feedback from the e-surveys and KIIs. |
| | 3.1.5. What were the main gaps in the Secretariat's contribution to h-MDGs? What could the Organization have done differently by functional area and geographical region? | Identified shortcomings in the Secretariat's response to h-MDGs, including constraints and lessons. | WHO progress reports;<br>Notes from KIIs;<br>Results of e-surveys. | Document retrieval;<br>KIIs;<br>e-surveys. | Quantitative analysis of survey data and content analysis of documents and KII notes. | Strong – expect to get frank feedback from the e-surveys and KIIs. |
| 3.2. What were the unexpected results (refers to the Secretariat's contributions, which supported progress towards the MDGs in countries though they were not initially planned for)? | 3.2.1. What were the unexpected results due to the Secretariat's contribution to h-MDGs at the three levels of the Organization? | Qualitative evidence of the Secretariat's other contributions (uniqueness, value addition, niche advantages). | WHO Documents; KIIs and e-survey data (with staff at all three levels, Member States, partner organizations and non-State actors). | Document retrieval;<br>KIIs;<br>e-surveys. | Quantitative analysis of survey data and content analysis of documents and KII notes. | Moderate to strong – expect to get frank feedback from the e-surveys and interviews. |
| | 3.2.2. What were the triggers (reasons, casual chain) to obtain such unexpected outcomes? | | | | | |
| 3.3. What was the added value of the Secretariat's contribution to the health-related MDGs, including its contribution as lead agency in monitoring? | 3.3.1 What were the Secretariat's unique contributions to h-MDGs at the three levels of the Organization and in terms of outcomes? | | | | | |
| | 3.3.2. What was the added value of the Secretariat's leading role | | | | | |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | in monitoring and reporting h-MDGs at the three levels of the Organization and in terms of outcomes? | | | | | |
| | 3.3.3. How did the Secretariat's monitoring of h-MDGs helped to advance the h-MDGs? | | | | | |
| | 3.3.4. What would have been missed if the Secretariat were not involved in the h-MDGs at the three levels of the Organization and in terms of h-MDG outcomes? | | | | | |
| 3.4 To what extent did each core function of WHO support the Member States to achieve the h-MDG targets? | 3.4.1. Which of the six core functions of WHO was most effective in contributing to the achievement of each of the h-MDGs at the country level? | Member State feedback on WHO's contribution. | Data from KIIs and e-surveys with all stakeholder groups (WHO staff, development partners, Member States and non-State actors); Other expert opinions. | Document retrieval; e-surveys; KIIs. | Analysis of a matrix of core functions by h-MDG achievement based on KII and survey feedback. | Moderate. |
| **EQ 4: Positioning and partnerships: how did the Secretariat work with others to support the achievement of h-MDGs ?** | | | | | | |
| 4.1 How was the Secretariat able to effectively advance policy dialogue, advocacy and resource mobilization in support of the MDGs? | 4.1.1. How did the Secretariat position itself in the core UN-led partnerships in contributing to h-MDGs?<br>4.1.2. How did the Secretariat position itself in the other international/global partnerships in contributing to h-MDGs?<br>4.1.3. How well did the Secretariat position itself in | Evidence supporting contribution, level of effort, and utility of partnerships in different forms (contribution can be in financial, non-financial; level of efforts can be leading, major support or minor support; and utility can be complementary or supplementary). | EB guidance paper on collaboration within the UN systems and with other intergovernmental organizations; Partnerships; Reports produced by technical | Document retrieval; KIIs; e-surveys. | Content analysis to reflect WHO's strategic positioning for partnerships with different types of stakeholders; e-survey data analysis. | Medium to strong – depends on clarity of content in documents reviewed and quality of response from e-surveys. |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | accordance with WHO's role as lead UN agency in health?<br>4.1.4. What factors played key roles in determining WHO's positioning in the above partnerships? | | departments and regional offices;<br>KII notes;<br>e-survey data;<br>Expert opinion. | | | |
| 4.2. How effective was the Secretariat's collaboration with other organisations (including other UN agencies, other public and private organizations, civil society, etc.) in support of the MDGs at global, regional and country levels? | 4.2.1 Which were the key partnerships and organizations to which the Secretariat contributed for h-MDGs in each h-MDG area at the global, regional and country levels? How effective were they? | Effectiveness of partnerships based on their role and strategic importance. | WHO website;<br>Technical departments;<br>Finance department;<br>KII;<br>e-surveys. | Document retrieval;<br>partnership data;<br>e-survey data analysis. | A matrix of key partnership groups by h-MDG indicating level of support for h-MDGs and effectiveness analysis based on qualitative and e-survey data. | Strong – partnership data expected to be well documented and readily available. |
| | 4.2.2. What were the key contributions of the Secretariat in partnerships in achieving h-MDG outcomes at the global, regional and country levels? | List of contributions from partnerships and evidence supporting their performance in terms of value addition, uniqueness and complementarity. | WHO website;<br>Finance department;<br>KIIs with finance department staff at WHO headquarters;<br>Partnership progress reports;<br>e-surveys with development partners and Member States. | Document retrieval;<br>KIIs;<br>e-surveys;<br>Partnership data retrieval. | Analysis of a matrix of partnership contributions by h-MDG. | Strong – partnerships are agenda-driven and are more likely to provide strong evidence in terms of kind of contributions made. |
| 4.3. What was the added value of the Secretariat's contribution through partnerships to h-MDGs? | 4.3.1 What was the Secretariat's **unique** contribution to the partnerships for achieving h-MDGs at the global, regional and country levels? | | | | | |
| 4.4. How complementary was the Secretariat's contribution to its partners in support of the achievement of the h-MDGs? Which were the identified unmet gaps? | 4.4.1. Were there any duplications or redundancies with other UN agencies in the Secretariat's partnerships for achieving h-MDGs?<br>4.4.2. To what extent did the partnerships undermine the | | | | | |

| Evaluation sub-question | Sub-items | Measure/ Indicator | Main Source of Information | Data Collection Method | Analysis Methodology | Evidence Availability |
|---|---|---|---|---|---|---|
| | Secretariat's contributions to h-MDGs?<br>4.4.3. What were the gaps the Secretariat's partnerships did not fill for achieving h-MDGs?<br>4.4.5. Which were the success factors of the Secretariat's partnerships for achieving h-MDGs? | | | | | |

| **EQ 5. What are the main lessons learned to take into account for the Secretariat's engagement with the health-related SDGs at the following levels? Lessons learned will include the following dimensions** |
|---|
| 5.1 Engagement of governing bodies in guiding the Secretariat to prioritize and lead actions at the three levels of the Organization, leading to addressing the SDG goals |
| 5.2 Design (strategies, policies, programmes, theories of change) and implementation of the Secretariat's contribution |
| 5.3 Articulation of the evidence base required (monitoring and evaluation) to assess the Secretariat's future contribution to the health-related SDGs in terms of both effectiveness and efficiency. |
| 5.4. Identification of possible ways to strengthen cross-cutting and inter-sectoral work and partnerships where relevant |

# Annex 4: Methodology

As mentioned in the evaluation matrix, the evaluation adopted a mixed-method approach, which included the following data collection methods:

- **Document review**: the evaluation reviewed a range of internal and external documents including:
  a. WHO governing bodies documents relating to the h-MDGs from the World Health Assembly, Executive Board and Regional Committees;
  b. WHO operational documents such as: the Tenth, Eleventh and Twelfth General Programmes of Work, the Mid-Term Strategic Plan 2008-2013, all progamme budgets covering the period from 2000-2015, and all Programme Budget Performance Assessment Reports from 2000-2015;
  c. Documents of departments working on the h-MDGs such as annual/biennial reports, progress reports, operational work plans, budget, h-MDG-related knowledge products and other relevant reports/papers;
  d. A review of relevant selected academic literature, including health trends and health data over 2000-2015. Annex 5 provides the full bibliography of documents reviewed in this evaluation.

(i) **Budget and expenditure analysis**: the evaluation included an analysis of WHO's budget allocations and expenditures for the h-MDGs over the period 2000-2015 (data provided by WHO's Planning, Resource Coordination and Performance Monitoring Department). Given the changes in result structures over the years, the aforementioned department mapped the earlier structures to the later ones for comparison purposes. The evaluation then allocated each structure to the categories of (i) h-MDGs; (ii) non-MDGs, and (iii) others or supporting functions. The same approach was followed for the expenditure data. Once the data was mapped to MDGs, the evaluation undertook the following analysis:
- Budget and expenditure trends for MDG versus non-MDG areas of work;
- Share of budget and expenditure by MDG and non-MDG areas of work;
- Percentage change over the previous biennium by MDG and non-MDG areas of work.

(ii) **Key informant interviews**: the evaluation undertook 52 in-depth interviews with key informants from the following groups of stakeholders as agreed during the inception phase:
- WHO Member States representatives;
- WHO partners and collaborators from the following constituencies: (i) UN agencies, bilaterals and multilaterals; (ii) global health partnerships; (iii) NGOs and civil society; (iv) professional health care associations; (v) academia; and (vi) private sector;
- WHO staff at country, regional and headquarters levels.

(iii) Interviews were conducted in a semi-structured manner following interview guides that were based on the evaluation matrix. They were conducted through electronic media such as Skype and Webex, or by telephone. The full list of stakeholders consulted is provided in Annex 6 together with the interview guides used for each group of stakeholders.

(iv) **Online surveys**: the evaluation undertook three electronic surveys as agreed during the Inception Phase. These included:
a. Survey of Member State representatives in English, French and Spanish;
b. Survey of WHO partners and collaborators in English;
c. Survey of WHO staff at headquarters and in regional and country offices in English.

The surveys were based on the evaluation matrix and covered all aspects of the evaluation. They included multiple-choice questions and some open-ended questions. The surveys were administered using the WHO online secure data platform (DataForm). The

development of the questionnaires involved an iterative process and close consultation with the WHO Evaluation Office. Annex 7 presents the three e–survey questionnaires, together with their main results. The surveys were administered as follows:

(v) The survey for Member State representatives was launched on 20 February 2017 and kept open until 1 April 2017. The Evaluation Office distributed the survey through WHO Country Office representatives, who in turn invited their counterparts at the Ministry of Health to respond to the survey. The Evaluation Office followed up with the Country Office Representatives and focal points in regions to boost the response rate. In all, 66 respondents from Member States completed the survey.

(vi) The survey for external partners and collaborators was launched on 13 March 2017 and kept open until 29 March 2017. It was distributed by the Evaluation Office to DAC members and to 483 partners of WHO technical departments at headquarters and in regional offices. The Evaluation Office also followed up with each of the survey recipients aiming to enhance the response rate. Likewise, the evaluation used the key informant interviews for partners as an opportunity to encourage survey participation. Twenty nine complete responses were obtained (indicating a response rate of approximately 5% of those targeted).

(vii) The survey for WHO staff was launched on 20 February 2017. It was distributed by the Evaluation Office across the three levels of the Organization. The Evaluation Office invited Directors of technical programmes related to the MDGs and senior management in regional offices to share the survey with their relevant staff and encourage participation. All WHO country representatives were also invited to complete the survey and share it with their staff. Regional focal points for evaluation were critical in following up the survey uptake in regional and country offices. The WHO staff survey was kept open until 25 March 2017. There were 201 valid responses for analysis.

(viii) **Country case studies**: To gain a deeper insight into the specific dynamics of the Secretariat's contribution to the h-MDGs and ensure a better understanding of the results at country level, the evaluation undertook an in-depth review of 12 countries: for six countries the in-depth review included detailed desk review complemented by key informant interviews with Member State representatives and WHO senior staff, while for the other six countries it focused exclusively on the desk review.

(ix) The twelve countries were selected during the Inception Phase through a two-step selection process in agreement with the WHO Evaluation Office. The criteria for country categorization included: geographical representation (two countries per WHO region), and MDG achievement based on the country's progress on maternal mortality ratio and under-five mortality as a proxy for disease burden. MDG achievement categorization was based on the WHO 2015 World Health Statistics reported categories as: (i) Met or on track (75-100% achievement); (ii) Substantial progress (50-75%); and (iii) No or limited progress (under 50% achievement). Consideration was also given to select countries in fragile situations.

(x) The evaluation then mapped all the countries against the criteria identified above. Two countries were preselected per WHO region and h-MDG achievement levels through a random selection process. A final randomization led to the selection of the 12 countries for country review. The selected twelve countries for review are presented in Table A4.1, with the six countries holding in-depth reviews based on document analysis and additional key informant interviews highlighted in blue.

*Table A4.1: Final list of focus countries for review and for interviews*

| MDG achievement | AFRO | AMRO | EMRO | EURO | SEARO | WPRO |
|---|---|---|---|---|---|---|
| **Met or on track (1)** | **Rwanda** | **Bolivia** | *Lebanon* | | *Timor-Leste* | |
| **Substantial progress (2)** | | *Haiti* | | Uzbekistan | **India** | **Vietnam** |
| **No or limited progress (3)** | Cameroon | | ***Somalia*** | **Georgia** | | Philippines |

Source: MDG achievement based on data from WHO (2015) World Health Statistics, p.25-37.

*Note: countries in italics are those on the Harmonized List of Fragile Situations*

(xi) The evaluation acknowledges the limitation of the country selection in that although the criteria captures the level of progress made on MDG 4 and MDG 5, it does not cover progress across all h-MDGs.

(xii) The following set of documents were analyzed during the in-depth country review:

- WHO documents: Country Cooperation Strategy reports, budget and expenditures and country annual/biannual reports;
- National documents: health sector strategic plans, SDG adaptation and roadmap;
- UN documents: UNDAF documents, including mid-term reviews/evaluations;
- Other: reports from partnerships working with WHO on h-MDGs.

(xiii) The template used for data collection is displayed below.

## (TEMPLATE FOR COUNTRY DATA COLLECTION) --- COUNTRY NAME: …

**EQ: 1.2.3. Which were the main external influencers of WHO's work and how did they influence the Secretariat's response across the three levels of the Organization? [Donor priorities, funding mechanism, priority areas, WHO's mandate]**

Source: CCS/BCA and/or annual WHO reports

| | External influence | Internal influence | Ways in which affected country level response |
|---|---|---|---|
| **2001-2005** | | | |
| **2006-2010** | | | |
| **2011-2015** | | | |

**EQ 2.1.1. To what extent did WHO Country Office (WCO) work plans align with the national h-MDG priorities of the Member States?**

Source: national health sector strategic plans and CCS/BCA

| | 2001-2005 | 2006-2010 | 2011-2015 |
|---|---|---|---|
| **Priorities from Health Sector Strategic Plans and/or other national plans** | | | |
| **Priorities from CCS/ BCA** | | | |

**EQ: 2.1.2. Did WCO work plans match epidemiological burden of the Member States?**

Source: national health sector strategies and CCS/BCA

| | 2001-2005 | 2006-2010 | 2011-2015 |
|---|---|---|---|
| **CCS/BCA statement on EPI burden** | | | |
| **Epidemiological data from health sector strategies** | | | |

**EQ 2.2.2. What criteria did the WCOs follow to allocate resources to h-MDGs and other priorities?**

Source: CCS/BCA

| | 2001-2005 | 2006-2010 | 2011-2015 |
|---|---|---|---|
| **Criteria for resource allocation by WCO** | | | |

**EQ 3.1.1. What were the key results (outputs and outcomes as defined in TOC) related to h-MDG achievements?**
Source: annual WHO reports

| Years | h-MDG | Outputs | Immediate Outcomes/ contribution |
|---|---|---|---|
| **2001-05/2006-10/2011-15** | MDG 1 | | |
| | MDG 4 | | |
| | MDG 5 MH | | |
| | MDG 5 RH | | |
| | MDG 6 HIV | | |
| | MDG 6 TB | | |
| | MDG 6 MAL | | |
| | MDG 6 NTDs | | |
| | MDG 7 | | |
| | MDG 8 | | |
| | MDG 7 | | |
| | MDG 8 | | |

**EQ 4.2.1 Which were the key partnerships and organizations to which the Secretariat contributed for h-MDGs in each h-MDG area at the global, regional and country levels? How effective were they? EQ 4.2.2. What were the key contributions of the Secretariat in partnerships in achieving h-MDG outcomes at the global, regional and country levels?**
Source: UNDAF Reports and reports from partnerships working with WHO on h-MDGs

| | 2001-2005 | 2006-2010 | 2011-2015 |
|---|---|---|---|
| **UN agencies** | | | |
| **Multilaterals** | | | |
| **Bilaterals** | | | |
| **Global Health Partnerships** | | | |

| | | | |
|---|---|---|---|
| **Foundations** | | | |
| **NGOs** | | | |
| **Academia** | | | |
| **Private sector** | | | |
| **Other** | | | |

**EQ5: Lessons learned: what are the main lessons learned to take into account for the Secretariat's engagement with the h-SDGs?**

Source: Annual WHO reports and SDG reports, as applicable

| | Lessons learned |
|---|---|
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |

The evaluation findings and recommendations are based on the collation, triangulation and interpretation of the evidence drawn from all of the above sources.

**Challenges:** The evaluation notes the following challenges:

- **Absence of a WHO results framework for the MDGs**: It is important to note that WHO did not have a results framework at the global, regional or country levels enabling monitoring of its contribution to the h-MDGs. As a result the evaluation was not able to determine what progress was made against outputs/outcomes. WHO only articulated a high-level results framework in its 12th GPW. However, this was a general framework and not MDG specific.

- **Long recall period and limited institutional memory**: Although the evaluation contacted a number of stakeholders with institutional memory, most interviewees reported more easily on WHO's contribution over the last few years of the MDGs. Data from early years were very scarce due to the long recall bias and unavailability of many early reports hampering the possibility of conducting time-trend analysis.

- **Low response to online surveys**: Given the low response rate, the survey data analyses were limited to frequency distributions. It was not possible to disaggregate the analysis across MDG's or any other variable. The evaluation also faced difficulties compiling lists of stakeholders for some of the technical areas, thus the survey distribution lists might have been somehow skewed.

- **Stakeholder interviews:** for certain groups of stakeholders the evaluation was only able to interview one or two representatives due to refusal to participate or unavailability of stakeholders; as a result the opinions received may not fully represent those of the stakeholder group and there may also be some scope for selection bias.

- **Limited headquarters and country documents available:** The evaluation also faced difficulty tracing and retrieving documents due to partial archiving of documents, particularly at country level. To expand the scope of the document review, the evaluation undertook extensive research using the global and regional WHO document repository (IRIS) as well as the internet.

- **Limited comparability of planning and Budget data:** Due to changes in the budget classification across the MDG era, the budget analysis faced some limitations due to incomplete matching of some budget lines. In addition, not all the components of selected programme budget broad categories were relevant to the MDGs. Expenditure data was available from 2002-2003 onwards only. At country level, budget data was available only from 2010 onwards. As a result a full data analysis of budget allocations at country level could not be undertaken.

  The evaluation mitigated most of these limitations by triangulating the findings to the extent possible; the evaluation is confident that despite these challenges the evaluation report provides relevant and useful information to extract robust lessons and recommendations that are sufficiently evidence-based.

# Annex 5: Bibliography

This annex presents the list of documents consulted/reviewed during the evaluation. It is divided into general and country documents.

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# Annex 6: Key informant interviews

This Annex presents the list of the stakeholders consulted in the inception and core phases of the evaluation (Table A6.1) and the interview guides used for each stakeholder group.

*Table A6.1: List of stakeholders interviewed*

| Category of stakeholder | Organization/ Department | Name of Stakeholder and position |
|---|---|---|
| **WHO Member States** | Rwanda Ministry of Health | Parfait Uwaliraye, Director General of Planning, Health Financing & Information System |
| | Georgia Ministry of Labor, Health and Social Affairs | Nino Berdzuli, Deputy Minister of Labour, Health and Social Affairs |
| | Bolivia Ministry of Health | Marco Rios, Director General |
| **UN agencies, bilateral and multilateral agencies** | UNICEF | Tom Slaymaker, Senior Statistician |
| | UNAIDS | Luiz Loures, Deputy Executive Director |
| | World Bank | Michele Grangolati, Practice Manager, Health Nutrition and Population Global Practice<br>Meera Shaker, Head of Nutrition<br>Samuel Mills, Director Health Financing and Governance |
| | USAID | Kamiar Khajavi, Senior Advisor<br>Bob Emrey, Senior Advisor Bureau of Global Health |
| | Centre for Disease Control (CDC) | Rebecca Martin, Director of the Centre for Global Health |
| **Global Health Partnerships** | The Global Fund | Osamu Kunii, Head of Strategy Investment and Impact |
| | GAVI | Judith Kallenberg, Head of Policy and Performance<br>Adrien de Chaisemartin, Director of Strategy, Funding and Performance |
| | Roll Back Malaria | Thomas Teuscher, former Deputy Executive Director |
| **Professional Healthcare Associations** | International Pharmaceutical Federation (FIP) | Luc Besançon, Chief Executive Officer |
| **NGOs and civil society** | PATH India | Rajiv Tandon, Technical Director MNCH+A |
| | Save the Children | Steve Walls, Senior Advisor, Saving Newborn Lives Project |
| **Academia** | Emory University/ London School Hygiene and Tropical Medicine (LSHTM) | Tom Clasen, Professor of Environmental Health, Emory University and Professor of Water, Sanitation and Health, LSHTM |
| **Private sector** | NOVARTIS | Hans Rietveld, Head of Business Franchise and Public Marketing |
| **WHO Country Offices** | Rwanda (AFRO) | Olushayo Olu, HWO |
| | Bolivia (AMRO/PAHO) | Luis Fernando Leanes, HWO |
| | Somalia (EMRO) | Humayun Rizwan, Health Systems Officer<br>Mona Almudhwahi, Public Health Officer |
| | Georgia (EURO) | Klimiashvili Rusudan, Public Health Officer and |

| Category of stakeholder | Organization/ Department | Name of Stakeholder and position |
|---|---|---|
| | | former HWO<br>Mamulashvili Nino, Program Coordinator |
| | India (SEARO) | Hendrik Bekedam, HWO<br>Rajesh Narwal, SDG Focal Point<br>Paul Francis, MCH National Professional Officer |
| **WHO Regional Offices** | AFRO | Joseph Cabore, Director of Programme Management<br>Felicitas Zawaira Director Family and Reproductive Health |
| | AMRO/PAHO | Marcos Espinal, Director of Communicable Diseases and Health Analysis |
| | EMRO | Jaouad Mahjour, Director of Programme Management<br>Rayana Bou Haka, WHO EMRO Office and EMG Member |
| | EURO | Emiroglu Nedret, Director Division of Communicable Diseases and Health Security and Special Representative of the Regional Director on the Sustainable Development Goals and governance<br>Janna Riisager, WHO EURO Office and EMG Member |
| | SEARO | Pem Namgyal, Director Family Health Gender and Life Course<br>Phyllida Travis, Director Health Systems SEARO and EMG Member |
| | WPRO | Kasei Takeshi, Director of Programme Management<br>Momoe Takeuchi, WHO Cambodia Office and EMG Member |
| **WHO Headquarters Departments** | Director General's Office (DGO) | Ian Smith, Executive Director, Director General's Office<br>Gaudenz Silberschmidt, Director, Partnership and Non-State Actors<br>Raman Minhas, Senior Executive Officer and EMG Member<br>Andrew Cassels, former Director, Strategy and Policy |
| | HIV, TB, Malaria, and NTDs (HTM) Cluster | Winnie Mpanju-Shumbusho, former Assistant Director General |
| | Family, Women's and Children's Health (FWC) Cluster | Shyama Kuruvilla, Senior Strategic Advisor to Assistant Director General |
| | Nutrition for Health & Development (NHD) | Francesco Branca, Director<br>Monika Bloessner, Technical Officer |
| | Immunization, Vaccine & Biologicals (IVB) | Jean Marie Okwo-Bele, Director<br>Thomas Cherian, Coordinator Expanded Programme on Immunizations<br>Lidja Kamara, Programme Manager, Immunization & Vaccines Initiative |

| Category of stakeholder | Organization/ Department | Name of Stakeholder and position |
|---|---|---|
| | | Kamel Senouci, Technical Officer, Immunization & Vaccines Initiative<br>Philippe Duclos, Senior Advisor, Immunization & Vaccines Initiative |
| | Maternal, Newborn, Child & Adolescent Health (MCA) | Bernardette Daelmans, Coordinator, Policy, Planning and Programmes<br>Rajiv Bahl, Coordinator, MNCA Health Research and Development Team |
| | Reproductive Health & Research (RHR) | Lale Say, Coordinator Adolescent and at-risk Populations<br>Craig Lissner, Programme Manager<br>James Kiarie, Coordinator<br>Metin Gulmezoglu, Coordinator |
| | HIV/AIDS (HIV) | Andre Lee-Ball, Senior Advisor Strategy, Policy and Equity |
| | Global Tuberculosis Programme (GTB) | Katherine Floyd, M&E Coordinator |
| | Global Malaria Programme (GMP) | Abdisalan Noor, Coordinator<br>Richard Cibulskis, M&E Coordinator |
| | Control of Neglected Tropical Diseases (NTD) | Dirk Engels, Director<br>Christopher Fitzpatrick, Health Economist |
| | Public Health, Environmental and Social Determinants of health (PHE) | Maria Neira, Director<br>Bruce Gordon, Coordinator, Water, Sanitation, Hygiene and Health<br>Rifat Hossein, Statistician Water, Sanitation, Hygiene and Health |
| | Essential Medicines and Health Products (EMP) | Suzanne Hill, Director<br>Gilles Forte, Coordinator, Policy, Governance and Knowledge Management |
| | Health Statistics and Information Systems Department (HIS) | Ties Boerma, Director<br>Daniel Hogan, Statistician |
| | Health Systems Financing | Agnes Soucat, Director, Health Systems Governance and Financing<br>Gerard Schmets, Coordinator, Health Systems Governance<br>David Evans, former Director Department of Health Systems Financing |
| | Country Cooperation & Collaboration with the UN System (CCU) | Shambhu Acharya, Director and EMG Member<br>Rui M. Gama Vaz, Coordinator, Department of Country Cooperation & Collaboration with the UN System |
| | Planning, Resource Coordination and Performance Monitoring | Imre Hollo, Director Planning, Resource and Performance Monitoring<br>Brian Elliot, Chief Budget Officer<br>Bernard Tomas, Planning Officer |

# Interview guides used to guide the key-informant interviews

## *Guiding questions for Member State representatives*

1. Was WHO's response to h-MDGs relevant and aligned with the needs and priorities of your country?
2. Was WHO's response to your country's h-MDG associated needs adequate and timely? What is your view on the quality of WHO's response to the h-MDGs in your country?
3. What was the main contribution of WHO towards the achievement of the h-MDGs in your country? What would you consider as a value-added contribution of WHO's work on the h-MDGs in your country? Were there any unexpected results associated with WHO's work on the h-MDGs?
4. How did WHO work in partnerships to support the achievement of the h-MDGs in your country?
5. Could your country have achieved these results even without WHO's support?
6. Was there any gap in WHO's support to your country in helping to achieve h-MDGs? What could have WHO done differently? What else could WHO have done to help your country achieve the h-MDGs?
7. What are the main lessons WHO can take from its support to your country for the h-MDG achievements? What is your view on how WHO is responding to the 2030 Agenda on SDGs? What else can WHO do to contribute to the health-related SDGs in your country?

## *Guiding questions for other partners and collaborators*

1. Could you please describe the main areas of work of your organization's partnership with WHO on the health-related MDGs?
2. What was the most important achievement of WHO on the health-related MDGs? What are the reasons for this? What were the drivers or success factors?
3. What would you consider as the value-addition of working in partnership with WHO on the health-related MDGs?
4. What could WHO have done differently? What else could WHO have done to help its Member States achieve the health-related MDGs further?
5. What were the key challenges of partnering with WHO on the health-related MDGs? What could WHO have done differently, if anything?
6. What are the main lessons WHO can take from its collaboration with your organization for advancing the health-related SDGs?
7. What is your view on how WHO should respond to the 2030 Agenda on SDGs?

## *Guiding questions for WHO departments at headquarters*

1. How did your department respond to the adoption of the h-MDGs? Did your department introduce any changes because of the adoption of h-MDGs?
2. What were the key factors, both internal and external, which influenced your department's response to the MDGs? To what extent did your department collaborate with other WHO departments and regional offices/country offices on the h-MDGs? What worked well and what didn't work well in internal collaboration?
3. Did the adoption of h-MDGs fit with your department's ongoing priorities and programme of

work? Did priorities shift following the adoption of the h-MDGs? Did the adoption of the h-MDGs influence your department's work on other non-h-MDG-related priorities?

4. What would you consider your department's achievements on the h-MDGs across each of the six core functions?
    - Establishing international committees/conventions on h-MDGs and convening global inter-governmental meetings/working groups/key stakeholders;
    - Shaping and promoting research and innovation;
    - Formulating technical norms and standards or developing methodologies, guidelines and tools;
    - Formulating global policies, strategies and plans;
    - Providing specialized technical assistance to the Member States;
    - Monitoring the health situation and trends.
5. Were there any unplanned results from your department's work on the h-MDGs?
6. Could WHO have achieved these results without the h-MDG agenda?
7. Did your department contribute to WHO's role as a co-lead agency for monitoring the h-MDGs? If yes, what was the value added of your department in this role?
8. What were the main partnerships your department engaged in the h-MDG area during 2001-2015? What were the main contributions to the h-MDGs as a result of your department's collaboration with these partners? What was the value addition due to collaboration? What worked and what did not?
9. What are the main lessons from your department's work related to the h-MDGs that should be taken into account in shaping WHO's contribution to the health-related SDGs?

### *Guiding questions for WHO regional offices*

1. How did your regional office (RO)/division of RO respond to the adoption of the h-MDGs? Did your RO/Division introduce any changes because of the adoption of h-MDGs? What were the key drivers, which influenced your RO/division's response to the h-MDGs?
2. Did WHO's adoption of the h-MDGs fit with your RO/division's priorities and ongoing programme of work? Did priorities shift following the adoption of the h-MDGs? Did the adoption of h-MDGs influence your RO/Division's work on other non h-MDG related priorities?
3. To what extent did your RO/division collaborate with other WHO departments and country offices in your region on the h-MDGs? What worked well and what didn't work well in internal collaboration?
4. What were the main results/achievements of your RO/Division on the h-MDGs for each core function?
    - Convening regional inter-governmental meetings/working groups/key stakeholders and supporting their engagement in international initiatives
    - Establishing and coordinating the implementation of a regional research agenda
    - Supporting the adaptation of technical norms and standards and monitoring the implementation of methodologies, guidelines and tools
    - Adapting strategies or plans to apply policies to regional context

- Supporting the provision of specialized technical assistance to the Member States
- Monitoring the regional health situation and trends

5. What were the main partnerships your RO/division engaged in the h-MDG area during 2001-2015? What were the main contributions to the h-MDGs of your RO/division's work in partnerships?
6. What was the added value of working in partnerships? What were the main challenges your RO/Division faced working in partnership on the h-MDGs?
7. What are the main lessons learned from your RO/division's response to the h-MDGs that should be taken into account in shaping WHO's contribution to the health-related SDGs?

### *Guiding questions for WHO country offices*

1. How did your country office (CO) respond to the adoption of the h-MDGs? Did your CO introduce any changes because of the adoption of h-MDGs? What were the key drivers which influenced your CO's response?
2. To what extent did your CO collaborate with RO/divisions and headquarters departments on the h-MDGs? What worked well and what didn't work well in internal collaboration?
3. To what extent were CO priorities aligned with the priorities of Member States on the h-MDGs? Was the work of your CO on the h-MDGs perceived as responsive to the country needs? To what extent did the adoption of h-MDGs affect the work of your CO on other non-h-MDG priorities?
4. What were the main results/ achievements of your CO on the h-MDGs for each of the six core functions?
    - Advocating for health and supporting the engagement of national partners;
    - Promote research and the strengthening of research capacities in countries;
    - Supported in the adaptation and implementation of guidelines, tools and methodologies;
    - Provided policy advice to national counterparts and partners;
    - Technical assistance to the countries;
    - Monitoring national policies and progammes related to h-MDGs and collection of data, analysis and dissemination.
5. How did these results contribute to the achievement of the h-MDGs? What was the added value of your CO's work on the h-MDGs?
6. What were the main partnerships your CO engaged in over the h-MDG period? What were the main contributions to the h-MDGs of your CO's work in partnerships? What was the added value of working in partnerships? What were the main challenges your CO faced working in partnership on the h-MDGs?
7. Based on your CO's work on the h-MDGs, what are key lessons for the Secretariat to carry forward in shaping WHO's contribution to the health-related SDGs? What steps has your CO taken to respond to health related SDGs?

# Annex 7: Online survey questionnaires and results

## Annex 7.1: WHO Member States – Survey questionnaire

World Health Organization

### Evaluation of WHO Secretariat's Contribution to the health-related MDGs

**Welcome to the online survey.**

The Evaluation of the WHO Secretariat's Contribution to the Health-Related Millennium Development Goals (hereafter referred to as h-MDGs) is a priority corporate evaluation of the WHO Evaluation Office, as approved by Executive Board in January 2016. The evaluation aims to:

- assess the WHO Secretariat's contribution to the h-MDGs at the three levels of the Organization;
- identify strengths, weaknesses, challenges and best practices; and
- provide strategic recommendations to inform future Secretariat support to the Sustainable Development Goals (SDGs), and ways of working.

As part of the evaluation, this survey seeks to gather Member States' perspectives concerning aspects of the WHO Secretariat's contribution to the h-MDGs, in particular, in terms of:

- the extent of WHO's response,
- the relevance of WHO's response,
- WHO's main achievements,
- WHO's work through partnerships, and
- lessons learned from such experience.

**Unless otherwise specified, all references to WHO encompass the three levels of the WHO Secretariat (headquarters, regional and country level).**

**Evaluation Team:** A team of independent senior evaluators has been commissioned to undertake this evaluation under the overall guidance of the WHO Evaluation Office. The evaluation team does not have any conflict of interest in the evaluation and none of its members had been involved in any stage of WHO's work in relation to the h-MDGs. The evaluation team adheres to the principle of confidentiality and it will report anonymized and aggregated results in the evaluation report.

If you have any questions, you may contact Carla del Castillo at carlad@who.int

**Thank you for your participation in this survey.** Your insights will help to draw important lessons for the future.

**Important information about answering the survey:**

Please answer the survey based on the perspective and experience of your work with the WHO Secretariat in relation to the h-MDGs. These are:

- MDG 1 (Target 1 C Nutrition);
- MDG 4 (Target 4 A: Child health and immunizations);
- MDG 5 (Target 5 A: Maternal health and 5 B: universal access to reproductive health;
- MDG 6 (Target 6 A and 6B: reverse spread of, and universal access to treatment for HIV/AIDS; Target 6 C: reverse incidence of Tuberculosis, Malaria and other diseases, including NTDs;
- MDG 7 (Target 7 C: Access to safe drinking water and Sanitation; and
- MDG 8 (Target 8 E: Access to affordable essential medicines) .

#### PART A: Background Information

**2.1) In which WHO region is your country?**

Please select one of the following:

- ○ African Region
- ○ Region of the Americas
- ○ Eastern Mediterranean Region
- ○ European Region
- ○ South-East Asia Region
- ○ Western Pacific Region

**2.2) What is your current function and place of work?**

Please write your answer here:

**2.3) How long have you worked in this current capacity?**

Please write your answer here: _____ years

**2.4) Please indicate on which of the following h-MDGs you work primarily.**

Please, select only one option, corresponding to the area of work in which you have most experience, even if you have worked in more than one MDG. If your area of work is not related to a specific h-MDG, please select the generic item "h-MDGs". Please note that the remaining questions in this survey will reflect the area of work you select below.

Please select one of the following:

- ○ MDG 1 (Nutrition)
- ○ MDG 4 (Child health and immunization)
- ○ MDG 5 (Maternal and reproductive health)
- ○ MDG 6 (HIV/AIDS)
- ○ MDG 6 (Tuberculosis)
- ○ MDG 6 (Malaria)
- ○ MDG 6 (Other communicable diseases including NTDs)
- ○ MDG 7 (Water supply and sanitation)
- ○ MDG 8 (Access to Essential Medicines)
- ○ h-MDGs

## PART B: How did the WHO Secretariat respond to the global MDG initiative?

**2.5) Based on your experience, how would you rate the adequacy of the WHO Secretariat's contribution to** [MDG selected in question 2.4]**?**

Please choose the appropriate response for each item:

| | Inadequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| WHO's role in leadership and advocacy, including convening and brokering partnerships | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in shaping a relevant research agenda and/or in stimulating the generation, translation and/or dissemination of valuable knowledge | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in setting relevant norms and standards and/or promoting and monitoring their implementation | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in articulating ethical- and evidence-based policy options | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in providing technical support, catalyzing change, and building sustainable institutional capacity | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in monitoring the health situation and assessing health trends | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's work in addressing relevant [MDG selected in question 2.4] targets and/or indicators | ○ | ○ | ○ | ○ | ○ | ○ |

**2.6) Based on your experience of working with WHO on the** [MDG selected in question 2.4]**, to what extent was the WHO Secretariat's work aligned with the following influencing factors in your country?**

Please choose the appropriate response for each item:

| | Not aligned | Partly aligned | Fully aligned | Do not know | Not applicable |
|---|---|---|---|---|---|
| Your country's health priorities/national plans of work or related documents | ○ | ○ | ○ | ○ | ○ |
| Your country's health needs, based on epidemiological or other assessments | ○ | ○ | ○ | ○ | ○ |

| | | | | | |
|---|---|---|---|---|---|
| Donor priorities in your country | ○ | ○ | ○ | ○ | ○ |
| Leadership/advocacy by global partnerships | ○ | ○ | ○ | ○ | ○ |
| Civil societies in your country on specific h-MDGs | ○ | ○ | ○ | ○ | ○ |

## PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs?

**2.7) To what extent would you agree with the following statements?**

Please choose the appropriate response for each item:

| | Strongly disagree | Disagree | Agree | Strongly agree | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| WHO's country office response was perceived as relevant to your country's [MDG selected in question 2.4] needs. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office work on [MDG selected in question 2.4] was fully aligned with national health policies and strategies. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office response to [MDG selected in question 2.4] was timely. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office response to [MDG selected in question 2.4] was effective in contributing to countries' national health policies | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office response to [MDG selected in question 2.4] was effective in contributing to countries' national health planning process. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office response to [MDG selected in question 2.4] matched the epidemiological burden of the your country. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office effectively balanced non h-MDG related needs and priorities (e.g. NCDs, tobacco-use; health systems strengthening; emergencies) while responding to h-MDGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| In responding to [MDG selected in question 2.4], WHO's country office deferred other MoH priority initiatives. | ○ | ○ | ○ | ○ | ○ | ○ |
| Important non-MDG health needs in your country were not addressed because of WHO's response to [MDG selected in question 2.4]. | ○ | ○ | ○ | ○ | ○ | ○ |

## PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of the health-related MDGs as expressed through its six core functions?

**2.8) Based on your experience of working with WHO on the h-MDGs, what would you consider is the single most important achievement of the WHO Secretariat in response to the [MDG selected in question 2.4] in your country?**

Please write your answer here:

**2.9) To what extent did the achievement stated in the previous question contribute to the following expected results in your country?**

Please choose the appropriate response for each item:

| | No contribution | Moderate contribution | Significant contribution | Strong contribution | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Influenced the national agenda on [MDG selected in question 2.4] | ○ | ○ | ○ | ○ | ○ | ○ |
| Promoted research and/or training and/or strengthening of research capacity on [MDG selected in question 2.4], or contributed to the body of knowledge on best practices | ○ | ○ | ○ | ○ | ○ | ○ |

| | No contribution | Moderate contribution | Significant contribution | Strong contribution | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Adapted and implemented guidelines, norms and standards, or tools and methodologies on [MDG selected in question 2.4] | ○ | ○ | ○ | ○ | ○ | ○ |
| Adopted policy advice on [MDG selected in question 2.4] in national health policies | ○ | ○ | ○ | ○ | ○ | ○ |
| Strengthened capacity of national counterparts and partners on [MDG selected in question 2.4] topics | ○ | ○ | ○ | ○ | ○ | ○ |
| Generated and used data for monitoring the national health situation on [MDG selected in question 2.4] | ○ | ○ | ○ | ○ | ○ | ○ |

**2.10) If you answered "Significant contribution" or "Strong contribution" in the previous question, can you give an example of how the achievement contributed to the results?**

Please write your answer here:

**2.11) In your opinion, how effective has the WHO Secretariat's contribution been to the achievement of [MDG selected in question 2.4] in your country?**

Please indicate extent of effectiveness by selecting one of the following:

- ○ not at all
- ○ to a moderate extent
- ○ to a satisfactory extent
- ○ to a strong extent
- ○ do not know
- ○ not applicable

**2.12) If you answered "to a strong extent" to the previous question, please give an example.**

Please write your answer here:

**2.13) Did the WHO Secretariat support your country in the monitoring of h-MDG-related indicators?**

Please select one of the following:

- ○ Yes
- ○ No
- ○ Do not know

**2.14) If you answered "Yes", what was the result of the WHO Secretariat contribution?**

Please select one of the following:

- ○ Better quality of data, including more robust estimation processes
- ○ Timeliness of data
- ○ Enhanced data availability
- ○ Positive impact on country data systems
- ○ Increased accountability for results
- ○ Other (please specify): _____

## PART E: How did the WHO country office work with others to support the achievement of h-MDGs in your country?

**2.15) How would you rate the adequacy of the WHO country office's role working with partners in [MDG selected in question 2.4]?**

Please choose the appropriate response for each item:

| | Not adequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| WHO's leadership role | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's advocacy role | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in resource mobilization | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's technical contribution | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in promoting accountability | ○ | ○ | ○ | ○ | ○ | ○ |

## PART F: What are the main lessons learned for the WHO Secretariat's engagement with the health-related Sustainable Development Goals (Agenda 2030)?

**2.16) Based on your experience of the WHO Secretariat's work in the h-MDG agenda, what are your recommendations to the WHO Secretariat to improve its contribution to the SDG agenda, for each of the following areas of focus?**

**Your suggestions for improving WHO Secretariat's contribution to the SDG agenda:**

Inter-sectoral action by multiple stakeholders:

Health systems strengthening for universal health coverage:

Respect for equity and human rights:

Sustainable financing:

Scientific research and innovation:

Monitoring and evaluation:

Other area, please specify:

**2.17) Is there anything else that you would like to add, including any final thoughts?**

Please write your answer here:

***END OF QUESTIONNAIRE***

**Thank you for your participation in this survey.** Your insights will help to draw important lessons and formulate strategic recommendations to inform future Secretariat support to the SDGs and ways of working.

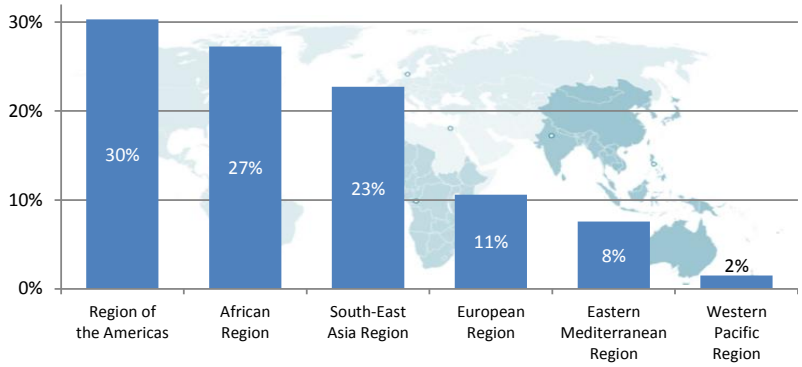
Submit the form

# Annex 7.2: WHO Member States – Quantitative results

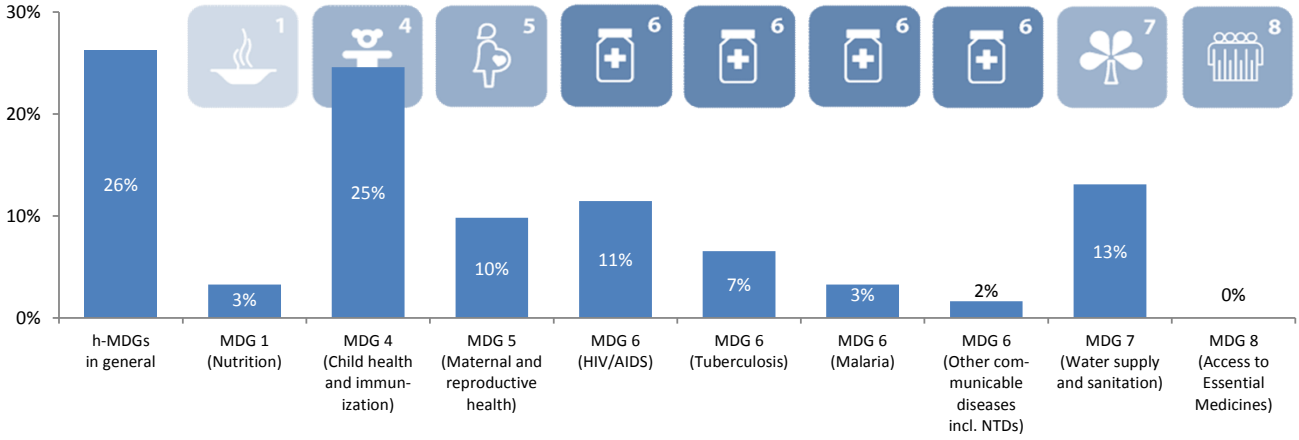
## PART A: Background Information

### In which WHO region is your country? (2.1)

| WHO region | Number of responses | Percentage of total |
|---|---|---|
| Region of the Americas | 20 | 30% |
| African Region | 18 | 27% |
| South-East Asia Region | 15 | 23% |
| European Region | 7 | 11% |
| Eastern Mediterranean Region | 5 | 8% |
| Western Pacific Region | 1 | 2% |
| **Total** | **66** | **100%** |

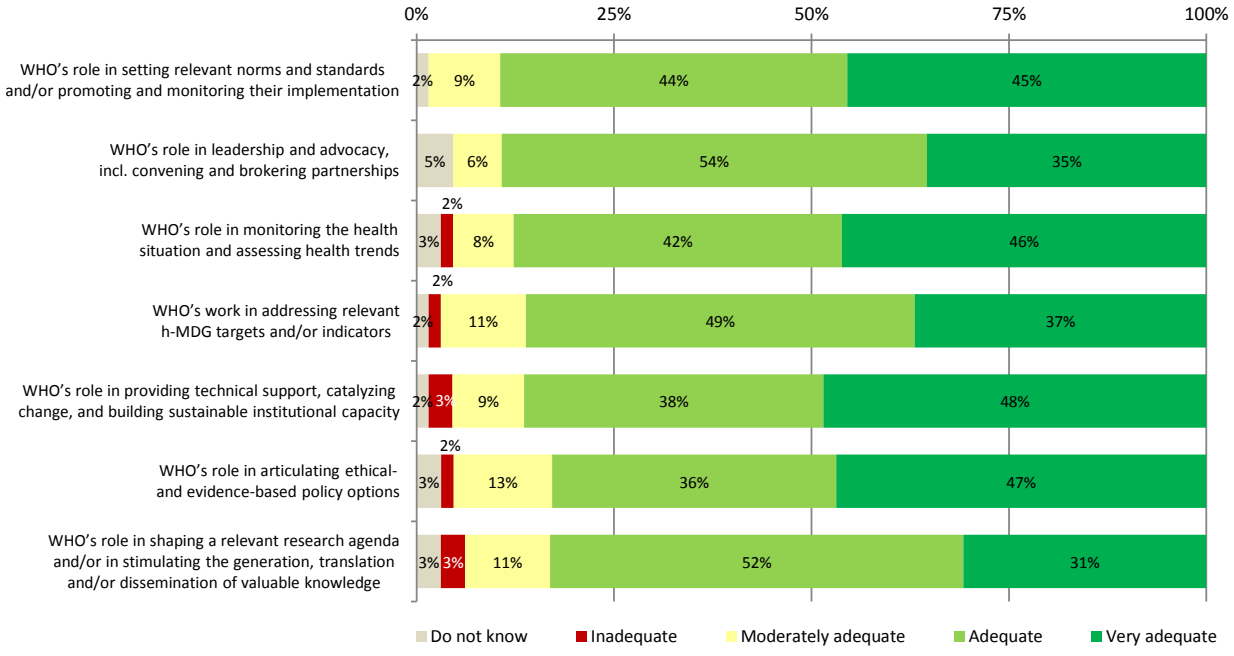



### Please indicate on which of the following h-MDGs you work primarily. (2.4)

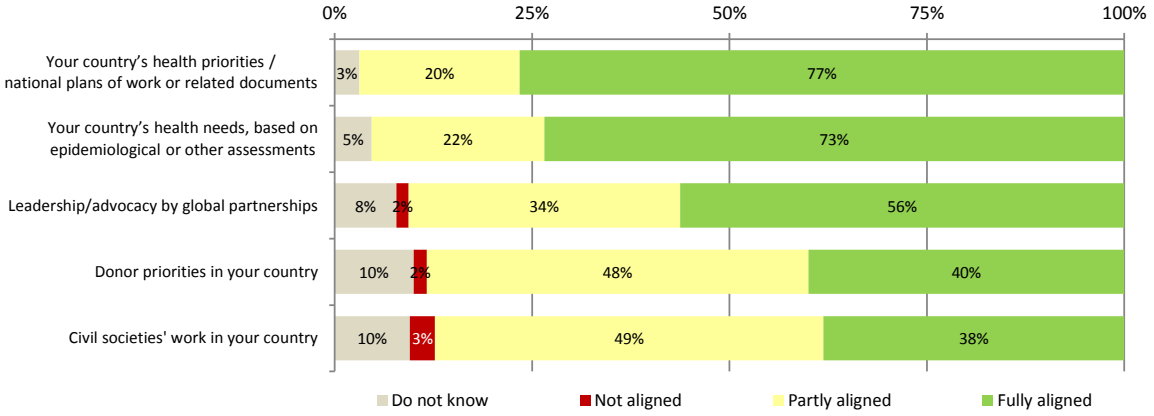



## PART B: How did the WHO Secretariat respond to the global MDG initiative?

### Based on your experience, how would you rate the adequacy of the WHO Secretariat's contribution to the h-MDGs? (2.5)

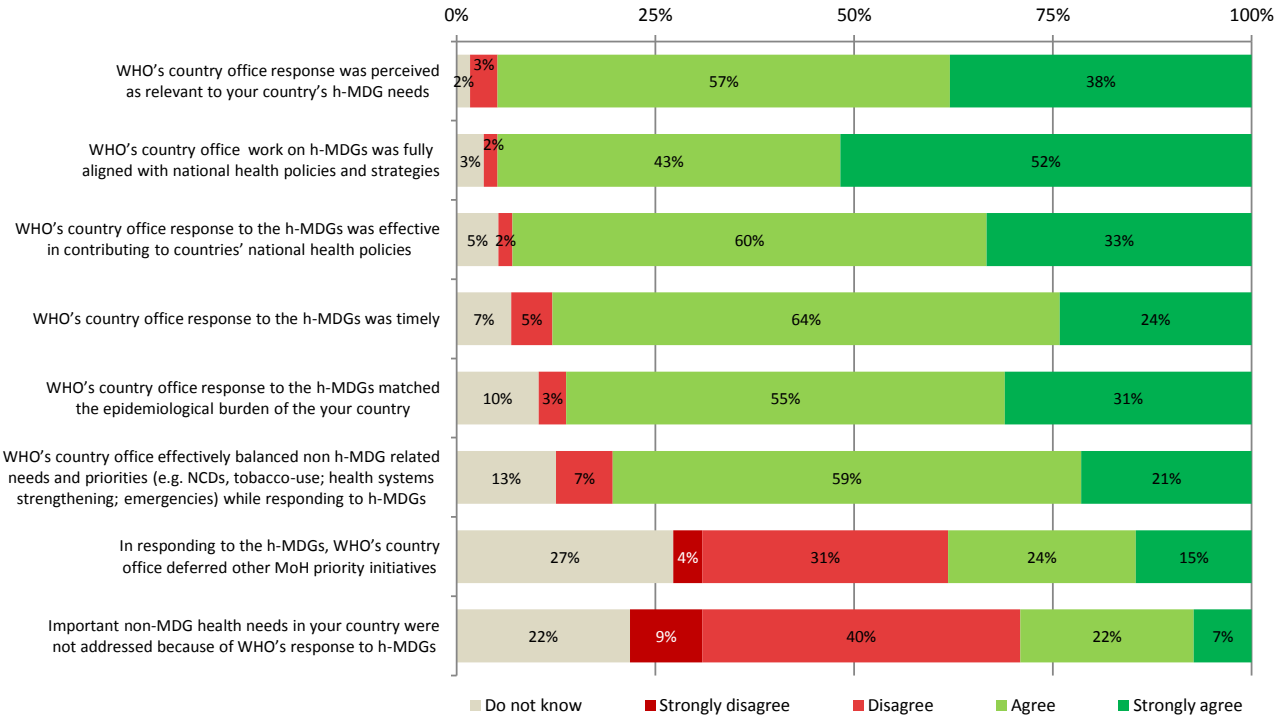


Based on your experience of working with WHO on the h-MDGs, to what extent was the WHO Secretariat's work aligned with the following influencing factors in your country? (2.6)



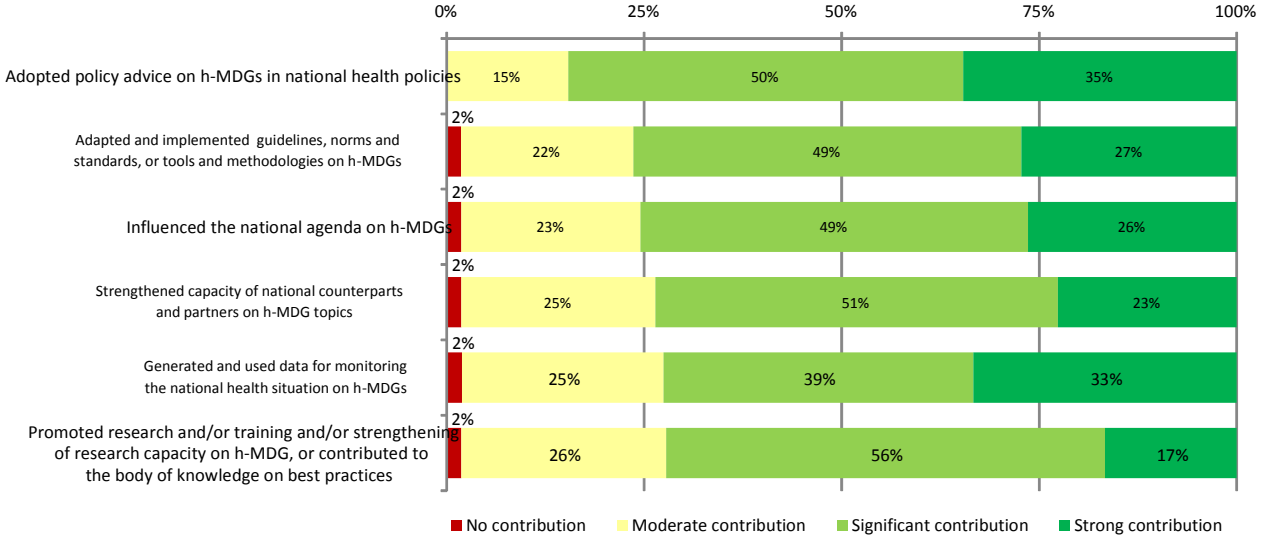

## PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs?

To what extent would you agree with the following statements? (2.7)

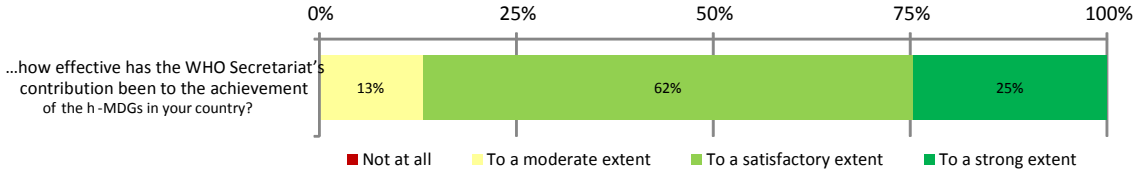


## PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of MDGs as expressed through its six core functions?

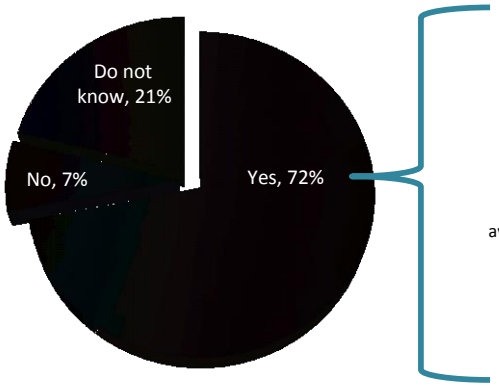
To what extent did the WHO achievement contribute to the following expected results in your country? (2.9)



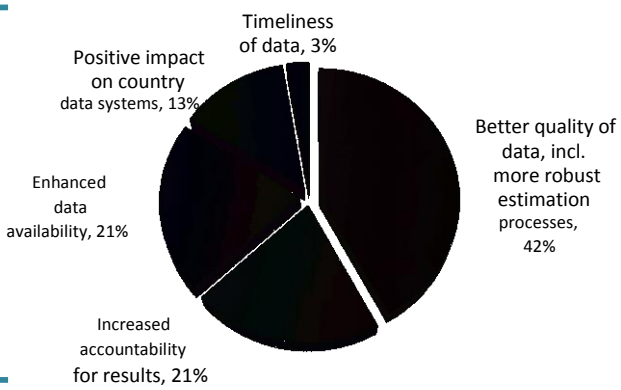

In your opinion, ... (2.11)




Did the WHO Secretariat support your country in the monitoring of h-MDG-related indicators? (2.13)

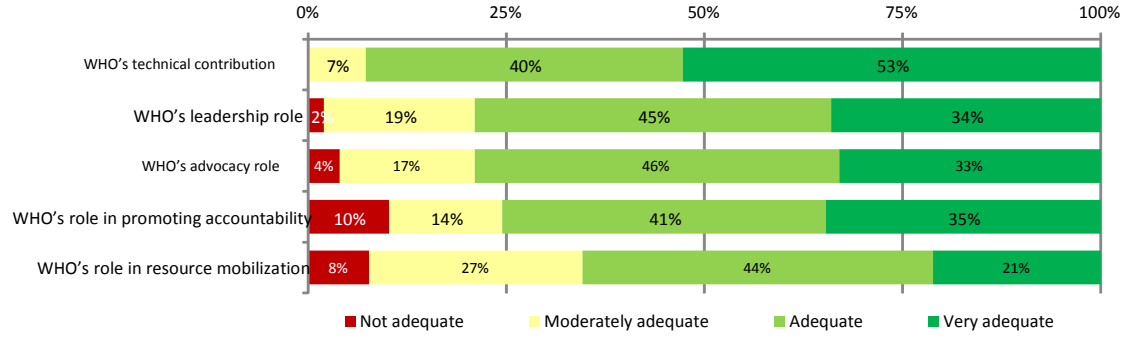



If you answered "Yes", what was the result of the WHO Secretariat contribution? (2.14)




## PART E: How did the WHO country office work with others to support the achievement of health-related MDGs in your country?

How would you rate the adequacy of the WHO country office's role working with partners on h-MDGs? (2.15)



# Annex 7.3: WHO Member States – Qualitative results

**2.8) Based on your experience of working with WHO on the h-MDGs, what would you consider is the single most important achievement of the WHO Secretariat in response to the h-MDGs in your country?**

| | |
|---|---|
| **Technical assistance** | • Preparation of national health sector strategy and strategic planning<br>• The preparation of funding proposals<br>• Setting standards for drinking water<br>• Preparation of GLASS report<br>• Improvement of vaccine coverage and the implementation of interventions with high impact on the deadliest diseases of the child (diarrhea, pneumonia, malaria, malnutrition)<br>• Prevention, Strategic planning for HIV<br>• Multi drug resistant tuberculosis, Strategic plan<br>• Prevention and control of epidemics and other health emergencies<br>• Improvement of the national system of supply of medicines and vaccine,<br>• Organization of national and/or integrated vaccination campaigns against vaccine-preventable diseases.<br>• Updating, expanding and sustaining the national response to HIV, STIs and viral hepatitis (e.g. in Peru).<br>• Mapping of procurement system including for the revision every two years of national list of essential generic medicines and for the development of therapeutic guide.<br>• Advocacy and technical assistance support to develop and implement extreme maternal morbidity<br>• Training in obstetric emergencies<br>• Advocacy and technical assistance for maternal health (e.g. actions to reduce maternal death due to hemorrhage)<br>• Strengthening generation and dissemination of evidence-based information across the country<br>• Monitoring of h-MDGs |
| **Monitoring** | • Strengthening the health system specifically in the area of capacity building in planning, monitoring and evaluation of health program and support system<br>• Position the MDGs at the level of governments, develop strategies and scientific evidence on the priority themes, and measure the results in the different themes.<br>• Through timely decisions, resolutions and action plans of the WHO, in country coordination and robust collection of data was enhanced<br>• Filling the CHIP portal has greatly improved reporting on MDGs.<br>• Evidence generation on technical issues |
| **Standards and policies** | • The development of national HIV/AIDS standards and policies<br>• Creation and updating of norms focused on Child Health.<br>• Participation of Bulgaria in a WHO European Childhood Obesity Surveillance Initiative (COSI)<br>• The dissemination and implementation in the national water quality regulation for human consumption of the principle of risk analysis and critical control points and the methodology of water safety plans<br>• Strengthening health-related policy and knowledge raising |
| **Capacity building** | • Training of service providers<br>• Training Human Talent focused on Objective 4. Child Health.<br>• Working with the community approach to malaria control activities<br>• Strengthening national capacity to adequately address problems in maternal and child health.<br>• Shaping national health agenda (India)<br>• Focusing on the achievement of MDGs 4, 5 and 6. |
| **Advocacy** | • Advocacy for resources mobilization (for health systems) |
| **Maternal and child health** | • Reduction of maternal and child health mortality<br>• Developing the National Maternal and Newborn Health Strategic Plan and supporting the country to strengthen the Newborn Care Programme that helped to achieve MDG 4 for the country.<br>• Reduction in maternal and child mortality; country has high quality epidemiological data on maternal and child health; country started process of improvement quality of perinatal services<br>• Decreasing childhood anemia<br>• Reduction of child anemia |
| **Poverty reduction** | • Reduction of extreme poverty, even though there are still large gaps between the poorest and the richest in urban and rural areas. |
| **Essential drugs** | • Essential drug list for Sri Lanka |
| **Vaccine and Immunization** | • Areas of Vaccine and Immunization<br>• Stopping polio virus after 4 years<br>• Polio Eradication in Afghanistan<br>• Control of epidemics related to vaccine-preventable diseases since 2010 (Polio, TMN, red, ETC) and improvement of routine vaccine coverage.<br>• National Polio Surveillance Projects' Support to Universal Immunization Programme of Government of India |

| | |
|---|---|
| **TB and Malaria** | • Eliminate new case of Malaria<br>• Retaining tuberculosis as a health priority and establishing national and local intervention plans.<br>• Achieving MDG tuberculosis-related targets<br>• The National Tuberculosis Control Programme was more focused earlier on diagnosis and treatment only but the focus shifted also towards assessing the burden and the biggest step was the WHO's support in formulating the Standards of tuberculosis Care in India and in framing the Notification Order for Tuberculosis in 2012. This led to the notification of tuberculosis cases from the private sector which was earlier not known to the NTP. |
| **HIV and STIs** | • Incorporating UNAIDS "90-90-90" strategy into the National Program for Prevention and Control of HIV and STIs (2017-2020) |
| **Coordination and harmonization** | • Aligning CCSs with MDG Agenda<br>• The coordination of the revolving fund for vaccines and the regular updating of the List of Essential Medicines.<br>• Integrating with the MoHFW , Government of India , especially with the Maternal , Child and Adolescent Health Division (RMNCH+A) under the National Health Mission in promote collaboration by breaking the silo approach) as well as within WHO Country Office and SEARO with Maternal & Child Health divisions, Health systems Division and Routine immunization for developing a collaborative implementation framework .<br>• Collaborating with other UN agencies to achieve health goals cost-effectively. |

**2.10) To what extent did the WHO achievement contribute to expected results in your country? If you answered "Significant contribution" or "Strong contribution", can you give an example of how the achievement contributed to the results?**

| | |
|---|---|
| **Technical support** | • Technical advice and financial support for strengthening national health system<br>• Technical experts and consultants in combination with a very capable country office with inputs to influence decisions or provide the necessary justification.<br>• Preparation and provision of guidelines and access to good practices |
| **Capacity building** | • Training in Tuberculosis Surveillance and Operational Research<br>• Support to develop sector strategic plans and their progress review documents<br>• Training facilitated by WHO and UNICEF; The SARA survey made it possible to assess the situation of water and sanitation in health facilities; The WHO standards were widely used at GLAAS and SARA.<br>• Training in obstetrical emergencies by developing a training module on avoiding maternal death due to hemorrhage<br>• Workshops organized with the cooperation of ETRAS - PAHO, convening all authorities involved to disseminate quality control plans based on water safety plans.<br>• Financial support for training/participation in national and international events.<br>• The support for Measles Rubella Vaccination Campaign in selected states of India has been instrumental in capacity building of the health work force involved at various levels in the campaign.<br>• WHO initiated training for national counterparts such as the Planning Institute of Jamaica, Statistical Institute of Jamaica, Ministry of Agriculture, and the Registrar General's Department, among others. |
| **Guidance and norms** | • Development of technical guides and diagnostic algorithms<br>• Development of Norms, Standards and Guidelines on Newborn Care for the country. This background helps to improve the quality of neonatal care and hence contribute to reduce neonatal morbidity and mortality.<br>• The adaptation and implementation of WHO guidelines for health protection and prevention of health risks for drinking water was encouraged. The water systems administered by the EPS (Companies providing water and sanitation services) that manage the main cities of the country and that group more than 19 million inhabitants of the country, more than 70% have formulated their plan of Quality Control Based on the methodology of the water safety plans, establishing better practices in the control of the systems for improving the quality of water for human consumption.<br>• WHO handbook on contraception and WHO MEC wheel has been one of the key reference material for developing technical material for the program |
| **Affordable medicines** | • Access to affordable essential medicines contributed to the reduction on maternal and child mortality |
| **Monitoring** | • Regular monitoring of results through the organization of joint reviews of performance;<br>• Strengthening System capacity (HMIS from paper based to electronic DHIS2 to monitor MDGs) |
| **Research** | • Elaboration of costing methodologies for research on OOPE/Costing of interventions/cost effectiveness of interventions |
| **Area related** | • Decrease Maternal and child mortality; Improve quality of Data<br>• Decrease tuberculosis prevalence; Improve HIV prevention service, eliminate malaria cases<br>• The achievements of the fight against poliomyelitis have made a major contribution to disease surveillance in the country<br>• The first two activities (mapping and therapeutic guide are in progress) but compared to the national list of essential generic medicines, it is widely used by our health structures, which contributes to access to medicines of lower cost and quality<br>• Advice on updating and recommendations of the regulatory framework: ART management schemes, simplification of diagnostic algorithms, IMT elimination, viral hepatitis to be incorporated into national policy.<br>• Water Safety Plan Program has implemented in Timor-Leste in ten pilot sites |

| | |
|---|---|
| | • Improved CVs, additional national immunization activities, communication, introduction of new vaccines, TC all these activities have helped to control epidemics and then influence MDG4 and reduced the infant mortality.<br>• Maternal Mortality Ratio in India declined from 556 in 1990 to 167 in 2011-13. Institutional deliveries increased to 80%<br>• Unless 90% of people living with HIV know their status, the 90-90-90 strategy will not succeed, whence the Program focuses on the expansion of HIV testing among most-at-risk groups in accordance with the WHO HIV testing guidelines (2015).<br>• A 66% decline in new HIV infections from 2000 and 32% decline from 2007. The adult HIV prevalence at the National level declined from 0.38% in 2001-03 to 0.26% in 2015. The number of AIDS-related deaths has also come down significantly.<br>• The biggest achievement was accepting the revised burden of disease estimation for India and which put tuberculosis back in focus amongst communicable diseases. |
| **Coordination** | • Participatory and collaborative approach at all stages of the process<br>• Interagency meetings for the theme of MDGs and wide dissemination of related themes<br>• Effective participation in the Neonatal Maternal Collective |
| **Standard and Policy** | • Tuberculosis is considered as a priority programme in revised National Health Policy 2015-2020.<br>• MDGs promoted positioning of the tuberculosis approach, to strengthen the multisectoriality, legal documents such as Tuberculosis Law No. 30287.<br>• Clear health policy guidelines<br>• Provided a basis for developing a national food security policy and regulatory framework for healthy eating to children in school and used to monitor policies against child obesity<br>• Helped in developing clear health policy guidelines<br>• Advised on national health policies on MDGs 7<br>• Within the framework of the Andean Community, important documents have been generated, such as the Andean Medicines Policy with the active participation of PAHO/WHO.<br>• MCH and Fast Track Initiative Road map 2016-2020, National Strategy for Reproductive and Sexual Health |

**2.12) In your opinion, how effective has the WHO Secretariat's contribution been to the achievement of the h-MDGs in your country? If you answered "to a strong extent" to the previous question, please give an example.**

| | |
|---|---|
| **Area related** | • Water quality is very important to health otherwise scale up water safety program is still needed |
| **Norms and standards** | • Continuously making evidence available, providing guidance in many forms such as developing generic standards of care, guidelines, in-service training packages and motivating and supporting the countries to implement them; eg; Lancet Neonatal Series, Neonatal Care Standards, Essential Newborn Care package. |
| **Policy** | • Provided TA for drafting policies, Strategies (NCD, CDC, RMNCH, HMIS etc) and filling the critical gaps<br>• Setting it as a priority programme in National Health policy as well as attracting donor commitment.<br>• WHO has been consistently and effectively advocating for the adoption of the new WHO Guidance and the Guidelines that have been released from time to time and in a matter of 3-6 months ensured that the Country was able to adopt them whatever was critical for the Programme customizing it to the Indian context. Have managed to gather the highest political commitment and the finances for every aspect of the Programme's needs proactively and which has been well appreciated and has contributed for huge cost savings in the country |
| **Capacity building** | • Capacity building, infrastructure strengthening & monitoring and evaluation |
| **Technical support** | • Everything that is done by WHO is involved either directly through the staff or indirectly through the technical support or the provision of funds. |

# Annex 7.4: WHO partners – Survey questionnaire

World Health Organization

## Evaluation of WHO Secretariat's Contribution to the health-related MDGs

### Welcome to the online survey.

The Evaluation of the WHO Secretariat's Contribution to the Health-Related Millennium Development Goals (hereafter referred to as h-MDGs) is a priority corporate evaluation of the WHO Evaluation Office, as approved by Executive Board in January 2016. The evaluation aims to:

- assess the WHO Secretariat's contribution to the h-MDGs at the three levels of the Organization;
- identify strengths, weaknesses, challenges and best practices; and
- provide strategic recommendations to inform future Secretariat support to the Sustainable Development Goals (SDGs), and ways of working.

As part of the evaluation, this survey seeks to gather WHO's partners and collaborator's perspectives concerning aspects of the WHO Secretariat's contribution to the h-MDGs, in particular, in terms of:

- the extent of WHO's response,
- the relevance of WHO's response,
- WHO's main achievements,
- WHO's work through partnerships, and
- lessons learned from such experience.

**Unless otherwise specified, all references to WHO encompass the three levels of the WHO Secretariat (headquarters, regional and country level).**

**Evaluation Team:** A team of independent senior evaluators has been commissioned to undertake this evaluation under the overall guidance of the WHO Evaluation Office. The evaluation team does not have any conflict of interest in the evaluation and none of its members had been involved in any stage of WHO's work in relation to the h-MDGs. The evaluation team adheres to the principle of confidentiality and it will report anonymized and aggregated results in the evaluation report.

If you have any questions, you may contact Carla del Castillo at carlad@who.int

**Thank you for your participation in this survey.** Your insights will help to draw important lessons for the future.

**Important information about answering the survey:**

Please answer the survey based on the perspective and experience of your work with the WHO Secretariat in relation to the h-MDGs. These are:

- MDG 1 (Target 1 C Nutrition);
- MDG 4 (Target 4 A: Child health and immunizations);
- MDG 5 (Target 5 A: Maternal health and 5 B: universal access to reproductive health;
- MDG 6 (Target 6 A and 6B: reverse spread of, and universal access to treatment for HIV/AIDS; Target 6 C: reverse incidence of Tuberculosis, Malaria and other diseases, including NTDs;
- MDG 7 (Target 7 C: Access to safe drinking water and Sanitation; and
- MDG 8 (Target 8 E: Access to affordable essential medicines) .

### PART A: Background Information

**3.1) Which type of organization do you represent?**

Please select one of the following:

- ○ Member States
- ○ UN agencies
- ○ Other multilateral organizations
- ○ Bilateral organizations
- ○ Global health partnership
- ○ Philanthropic foundations
- ○ NGO's and civil society
- ○ Academic institutions
- ○ Private organizations
- ○ Other (please specify): _____

**3.2) At what level does your organization work at?**

Please select one of the following:

- ○ Global
- ○ Regional
- ○ Country
- ○ Multiple of the above levels

**3.3) Please indicate on which of the following h-MDGs you collaborate with WHO.**

Please, select only one option, corresponding to the area of work in which you have most experience working with WHO, even if you have worked with WHO in more than one MDG. If your work with WHO is not related to a specific h-MDG, please select the generic item "h-MDGs". Please note that the remaining questions in this survey will reflect the experience of your work with WHO in the area you select below.

Please select one of the following:

- ○ MDG 1 (Nutrition)
- ○ MDG 4 (Child health and immunization)
- ○ MDG 5 (Maternal and reproductive health)
- ○ MDG 6 (HIV/AIDS)
- ○ MDG 6 (Tuberculosis)
- ○ MDG 6 (Malaria)
- ○ MDG 6 (Other communicable diseases including NTDs)
- ○ MDG 7 (Water supply and sanitation)
- ○ MDG 8 (Access to Essential Medicines)
- ○ h-MDGs

**3.4) How many years have you worked in partnership with WHO in** [MDG selected in question 3.3]**?**

Please write your answer here: _____ years

## PART B: How did the WHO Secretariat respond to the global MDG initiative?

**3.5) Based on your experience, how would you rate the adequacy of the WHO Secretariat's contribution to** [MDG selected in question 3.3]**?**

Please choose the appropriate response for each item:

| | Inadequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| WHO's role in leadership and advocacy, including convening and brokering partnerships | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in shaping a relevant research agenda and/or in stimulating the generation, translation and/or dissemination of valuable knowledge | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in setting relevant norms and standards and/or promoting and monitoring their implementation | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in articulating ethical- and evidence-based policy options | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in providing technical support, catalyzing change, and building sustainable institutional capacity | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in monitoring the health situation and assessing health trends | ○ | ○ | ○ | ○ | ○ | ○ |

**3.6) Please briefly comment on your answer to the previous question.**

Please write your answer here:

## PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs?

**3.7) To what extent would you agree with the following statements?**

Please choose the appropriate response for each item:

| | Strongly disagree | Disagree | Agree | Strongly agree | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| WHO's work adequately addressed relevant [MDG selected in question 3.3] targets and/or indicators. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's country office response was perceived as relevant to country's [MDG selected in question 3.3] needs. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's work on [MDG selected in question 3.3] was timely in relation to countries' needs and priorities. | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's work on [MDG selected in question 3.3] was adequate in relation to countries' needs and priorities | ○ | ○ | ○ | ○ | ○ | ○ |
| In responding to [MDG selected in question 3.3] WHO deferred or cancelled other WHO or Member States' priority initiatives. | ○ | ○ | ○ | ○ | ○ | ○ |
| Important non-MDG health needs were not addressed by WHO because of WHO's response to [MDG selected in question 3.3] | ○ | ○ | ○ | ○ | ○ | ○ |

**3.8) Please briefly comment on your answer to the previous question.**

Please write your answer here:

## PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of the health-related MDGs as expressed through its six core functions?

**3.9) Based on your experience of working with WHO on the h-MDGs, what would you consider is the single most important achievement of the WHO Secretariat in response to [MDG selected in question 3.3]?**

Please write your answer here:

**3.10) Based on your experience of working with WHO, to what extent did the achievement stated in the previous question contribute to the following expected results?**

Please choose the appropriate response for each item:

| | No contribution | Moderate contribution | Significant contribution | Strong contribution | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Engaged global, regional and/or national health actors on [MDG selected in question 3.3] and/ or influenced the global, regional and/ or national agenda on [MDG selected in question 3.3] | ○ | ○ | ○ | ○ | ○ | ○ |
| Promoted research and/or training and/or strengthening of research capacity on [MDG selected in question 3.3] or contributed to the body of knowledge on best practices | ○ | ○ | ○ | ○ | ○ | ○ |
| Adapted and implemented guidelines, norms and standards, or tools and methodologies on [MDG selected in question 3.3] | ○ | ○ | ○ | ○ | ○ | ○ |
| Adopted policy advice on [MDG selected in question 3.3] in national health policies | ○ | ○ | ○ | ○ | ○ | ○ |
| Strengthened capacity of national counterparts and partners on [MDG selected in question 3.3] topics | ○ | ○ | ○ | ○ | ○ | ○ |
| Generated and used data for monitoring the health situation on [MDG selected in question 3.3] | ○ | ○ | ○ | ○ | ○ | ○ |

**3.11) If you answered "Significant contribution" or "Strong contribution" in the previous question, can you give an example of how the achievement contributed to the results?**

Please write your answer here:

**3.12) In your opinion, how effective has the WHO Secretariat's contribution been to the achievement of** [MDG selected in question 3.3]**?**

Please indicate extent of effectiveness by selecting one of the following:

- ○ not at all
- ○ to a moderate extent
- ○ to a satisfactory extent
- ○ to a strong extent
- ○ not applicable

**3.13) If you answered "to a strong extent" to the previous question, please give an example.**

Please write your answer here:

**3.14) Did your organization work in partnership with the WHO Secretariat on the monitoring of h-MDG-related indicators?**

Please select one of the following:

- ○ Yes
- ○ No
- ○ Do not know

**3.15) If you answered "Yes" in the previous question, did the WHO Secretariat contribute to any of the following?**

Please select one of the following:

- ○ Better quality of data, including more robust estimation processes
- ○ Timeliness of data
- ○ Enhanced data availability
- ○ Positive impact on country data systems
- ○ Increased accountability for results
- ○ Other (please specify): _____

## PART E: How did the WHO Secretariat work with your organization in contributing to h-MDGs?

**3.16) How would you rate the adequacy of the WHO Secretariat's role in working with your organization on** [MDG selected in question 3.3]**?**

Please choose the appropriate response for each item:

| | Not adequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| WHO's leadership role | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's advocacy role | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in resource mobilization | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's technical contribution | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's role in promoting accountability | ○ | ○ | ○ | ○ | ○ | ○ |

**3.17) Which of the following aspects posed significant challenges to the partnership with WHO?**

Please choose the appropriate response for each item:

| | No challenge | Moderate challenge | Strong challenge | Do not know | Not applicable |
|---|---|---|---|---|---|
| Duplication or redundancy of work with own work programme | ○ | ○ | ○ | ○ | ○ |
| Competing priorities with own work programme | ○ | ○ | ○ | ○ | ○ |
| Difficulties in coordinating across partners | ○ | ○ | ○ | ○ | ○ |
| Lack of clarity in partner roles and responsibilities | ○ | ○ | ○ | ○ | ○ |
| Unrealistic expectations from the partnership | ○ | ○ | ○ | ○ | ○ |
| Inadequate funding for effective implementation | ○ | ○ | ○ | ○ | ○ |

**3.18) Were there any other aspects posing a challenge to the partnership with WHO?**

Please write your answer here:

## PART F: What are the main lessons learned for the WHO Secretariat's engagement with the health-related Sustainable Development Goals (Agenda 2030)?

**3.19) Based on your experience of the WHO Secretariat's work in the h-MDG agenda, what are your recommendations to the WHO Secretariat to improve its contribution to the SDG agenda, for each of the following areas of focus?**

**Your suggestions for improving WHO Secretariat's contribution to the SDG agenda:**

| | |
|---|---|
| Inter-sectoral action by multiple stakeholders: | |
| Health systems strengthening for universal health coverage: | |
| Respect for equity and human rights: | |
| Sustainable financing: | |
| Scientific research and innovation: | |
| Monitoring and evaluation: | |
| Other area, please specify: | |

**3.20) Please provide overall suggestions for the WHO Secretariat to support efforts in the formulation and implementation of the SDG agenda. Any other suggestions that you would like to make, including any final thoughts, would be welcome.**

Please write your answer here:

***END OF QUESTIONNAIRE***

**Thank you for your participation in this survey.** Your insights will help to draw important lessons and formulate strategic recommendations to inform future Secretariat support to the SDGs and ways of working.

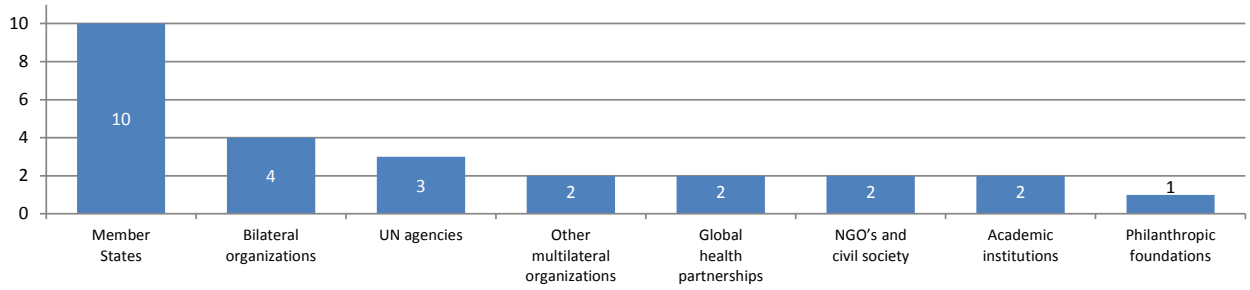
Submit the form

# Annex 7.5: WHO partners – Quantitative results

## PART A: Background Information

**Note:** In view of the small sample size, data labels are given in absolute numbers instead of percentages

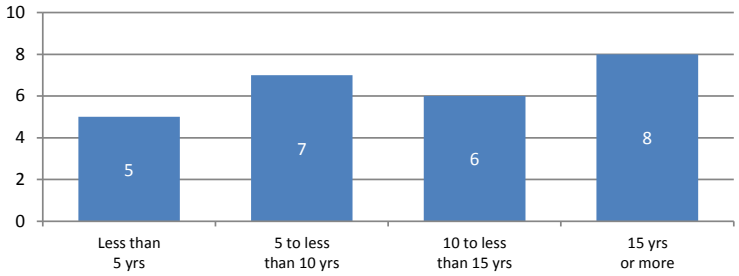
### Which type of organization do you represent? (3.1)



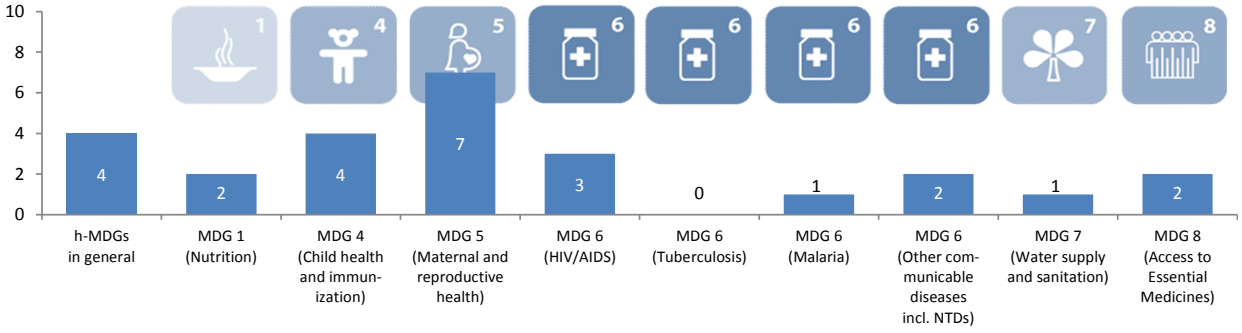

### At what level does your organization work at? (3.2)

| Level | Number of responses | Percentage of total |
|---|---|---|
| Global | 14 | 54% |
| Regional | 0 | 0% |
| Country | 4 | 15% |
| Multiple of the above | 8 | 31% |
| **Total** | **26** | **100%** |

### How many years have you worked in partnership with WHO in h-MDGs? (3.4)

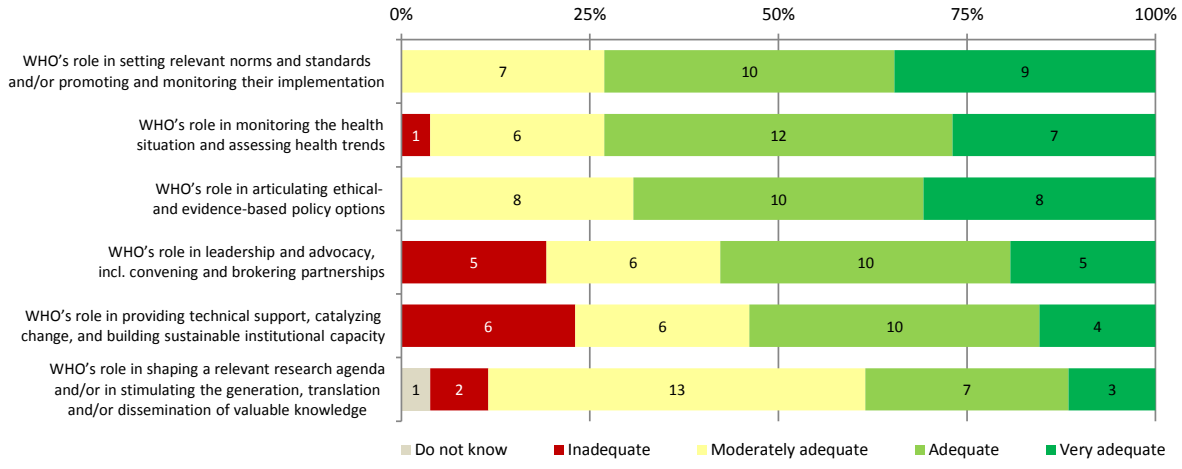



### Please indicate on which of the following h-MDGs you collaborate with WHO. (3.3)



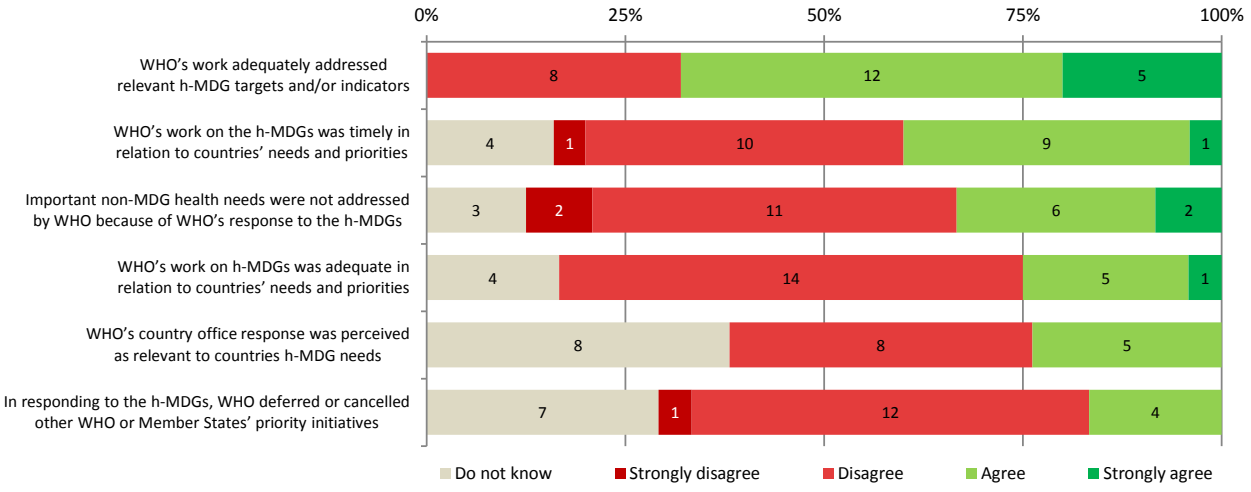

## PART B: How did the WHO Secretariat respond to the global MDG initiative?

### Based on your experience, how would you rate the adequacy of the WHO Secretariat's contribution to the h-MDGs? (3.5)



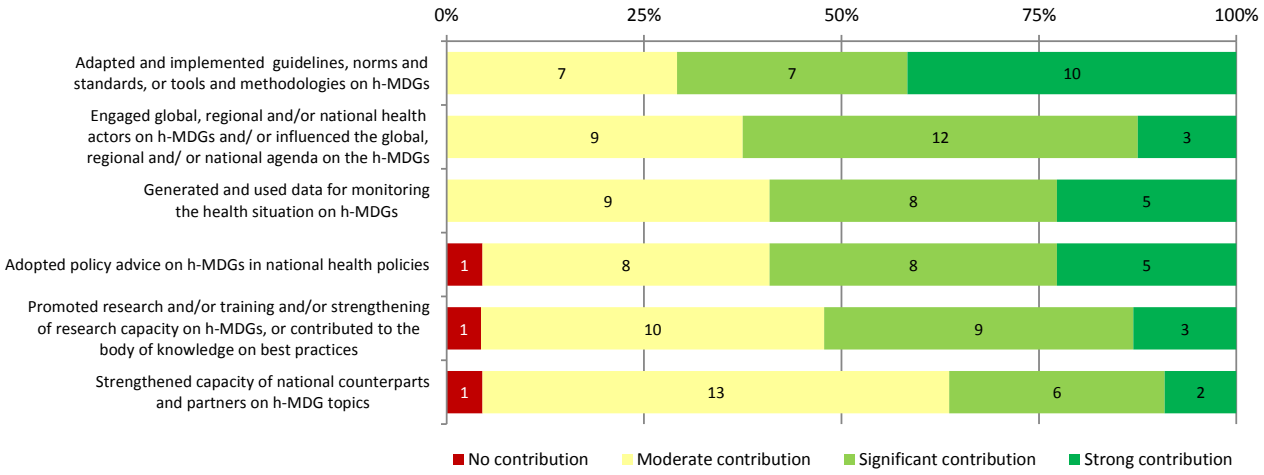
## PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs?

To what extent would you agree with the following statements? (3.7)

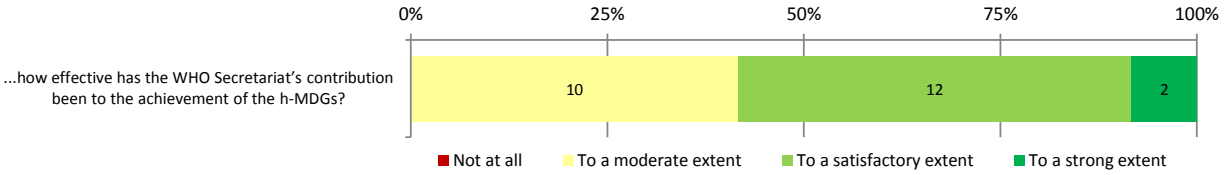



## PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of the h-MDGs as expressed through its six core functions?

To what extent did the WHO achievement contribute to the following expected results? (3.10)

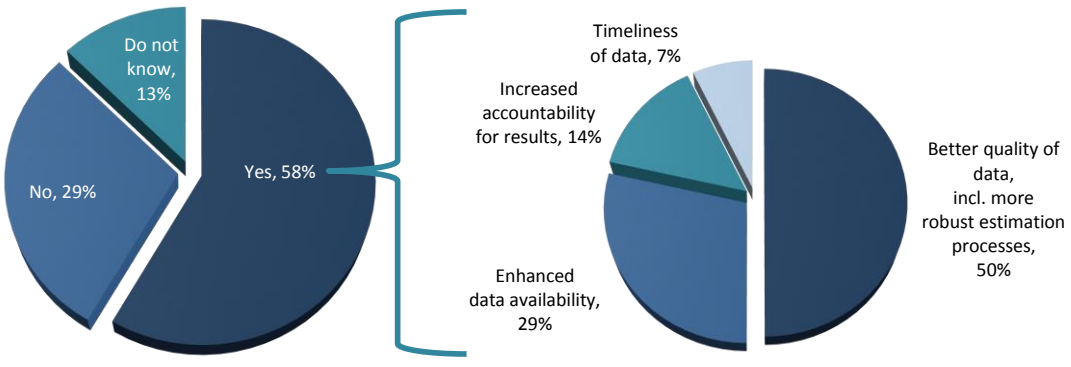



In your opinion, ... (3.12)



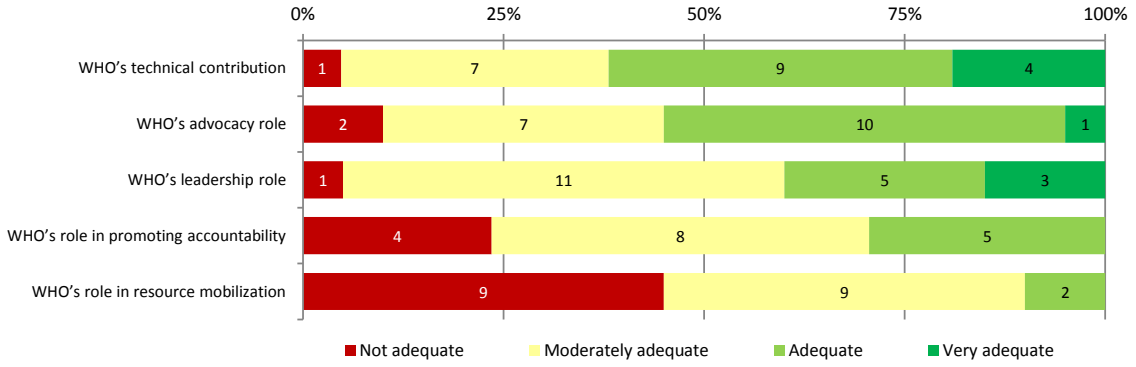

Did you work in partnership with the WHO Secretariat on the monitoring of h-MDG-related indicators? (3.14)

If you answered "Yes", what was the result of the WHO Secretariat contribution? (3.15)

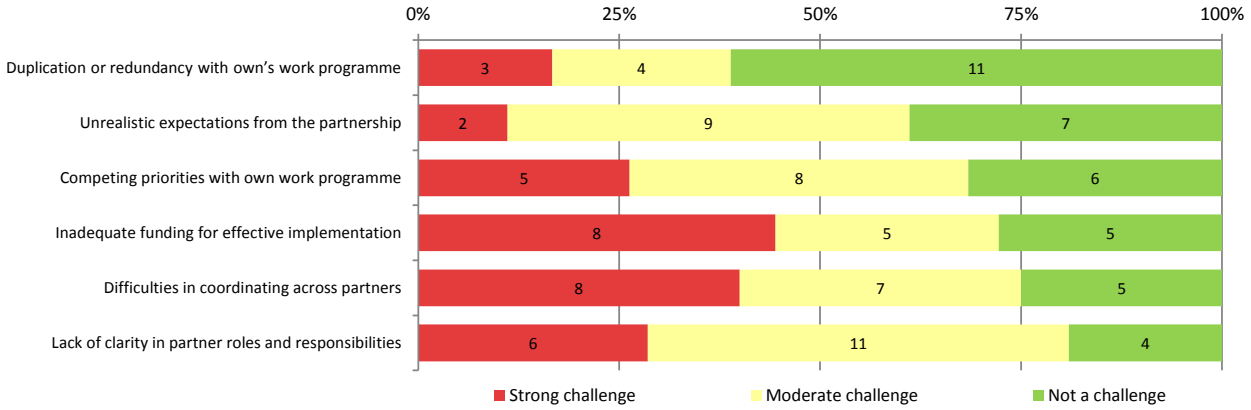


PART E: How did the WHO Secretariat work with your organization in contributing to the health-related MDGs?

How would you rate the adequacy of the WHO Secretariat's role in working with your organization on the h-MDGs? (3.16)




Which of the following aspects posed significant challenges to the partnership with WHO? (3.17)



# Annex 7.6: WHO partners – Qualitative results

**3.9) Based on your experience of working with WHO on the h-MDGs, what would you consider is the single most important achievement of the WHO Secretariat in response to the h-MDGs?**

| | |
|---|---|
| **Leadership, Advocacy & Partnerships** | • Priorities for action setting - evidence based (OECD Member State)<br>• Keeping the MDGs high on the agenda (OECD Member State)<br>• Prioritization of breast-feeding and validation of new lipid based therapies (OECD Member State)<br>• Coordination (OECD Member State)<br>• WHO worked very closely with UNICEF on MDG 7. Together they have established a highly successful Joint Monitoring Programme which has made a major contribution to monitoring drinking water, sanitation and hygiene during the MDG era and has established ambitious plans for enhanced monitoring during the SDG era. (UN agencies)<br>• PMNCH for advocacy (Bilateral organization)<br>• Leadership of MNCAHD in late MDG era was excellent at evidence-based convening and working with other UN partners and wider partners. (Academic institutions) |
| **Norms & guidelines** | • Defining technical norms to guide the achievement of the MDGs. (OECD Member State)<br>• Clear and catchy treatment guidelines. While work on prevention would really need to be strengthened by WHO. (OECD Member State)<br>• Norm setting/technical guidelines (Global Health Partnership)<br>• Generating guidelines (Academic institution)<br>• Setting norms and standards enabling other agencies (like Global Fund, Agencies for international aid...) to ensuring quality of the medicines they provide/finance (NGOs and civil society) |
| **Policies & strategies** | • Setting a road map of the global health strategy (OECD Member State)<br>• The strategic vision, with clear targets and providing guidance for WHO-GMP and for external actors through the widely backed-up GTS, and coordinated with the AIM document. (OECD Member State) |
| **Monitoring** | • Very effective coordinated and excellent working relationship, and substantive work done in common through the Inter-agency Group for Child Mortality Estimation, and Maternal Mortality Estimation Inter-agency Group for the global monitoring of child and maternal mortality, sharing of input data and development and use of common methodology to generate common estimates. (UN agencies)<br>• Various data collection efforts including through UNICEF (Bilateral organization)<br>• Monitoring data of maternal mortality (Global Health Partnership)<br>• Measuring newborn death and causes (NGOs and civil society) |
| **Other** | • Globally, substantial progress has been made in reducing mortality in children under five years of Age (OECD Member State)<br>• The extension of the WHO Model List of Essential Medicines, the pre-qualification and collaborative procedures in medicines regulatory systems strengthening. (Bilateral organization) |

**3.11) Based on your experience of working with WHO, to what extent did the WHO achievement contribute to expected results? If you answered "Significant contribution" or "Strong contribution", can you give an example of how the achievement contributed to the results?**

| WHO Achievement | Results |
|---|---|
| • WHO's work on monitoring MDG 7 targets and indicators was highly relevant to countries needs and priorities but the level of support provided at regional and country level was generally inadequate. | • WHO/UNICEF JMP has significantly shaped the agenda for WASH monitoring at national, regional and global levels and WHO has strongly contributed to the development of associated norms and standards. |
| • The strategic vision, with clear targets and providing guidance for WHO-GMP and for external actors through the widely backed-up GTS, and coordinated with the AIM document. | • GTS has been widely consulted, and has become the document of reference within WHO, country programmes, but also organizations such as RBM and MMV. |
| • The extension of the WHO Model List of Essential Medicines, the pre-qualification and collaborative procedures in medicines regulatory systems strengthening. | • In the area of the medicines regulatory systems, WHO has certainly played an important role to strengthen national and regional capacities to improve registration and evaluation of medicines, foster clinical trials capacities and good manufacturing practices as well as promote local production of medicines |
| • Setting norms and standards enabling other agencies (like Global Fund, Agencies for international aid...) to ensuring quality of the medicines they provide / finance | • Ensuring that the investments made in medicines truly resulted in health improvement by ensuring their quality. |

# Annex 7.7: WHO staff – Survey questionnaire

## Evaluation of WHO Secretariat's Contribution to the health-related MDGs

**Welcome to the online survey.**

This survey seeks input from relevant WHO staff in headquarters (HQ), regional offices (ROs) and country offices (COs) as part of the Evaluation of WHO Secretariat's Contribution to health-related Millennium Development Goals (h-MDGs), a priority corporate evaluation of the WHO Evaluation Office as approved by Executive Board in January 2016.

The survey aims to gather WHO staff members' perspectives concerning the following aspects of WHO's response to the MDGs:

- extent of WHO's Secretariat response and its influencing factors,
- relevance of WHO's response,
- WHO's main achievements,
- working through partnerships, and
- lessons learned from WHO's work on h-MDGs.

**Evaluation Team:** A team of independent senior evaluators has been commissioned to undertake this evaluation, under the overall guidance of the WHO Evaluation Office. The evaluation team does not have any conflict of interest in the evaluation and none of its members had been involved in any stage of the Secretariat's work related to the h-MDGs. The evaluation team adheres to the confidentiality principle and it will report anonymized and aggregated results in the evaluation report.

If you have any questions, you may contact Carla del Castillo at carlad@who.int

**Important information about answering the survey:**

Please answer the survey based on your work experience in WHO in relation to the h-MDGs. These are:

- MDG 1 (Target 1 C Nutrition);
- MDG 4 (Target 4 A: Child health and immunizations);
- MDG 5 (Target 5 A: Maternal health and 5 B: universal access to reproductive health;
- MDG 6 (Target 6 A and 6B: reverse spread of, and universal access to treatment for HIV/AIDS; Target 6 C: reverse incidence of Tuberculosis, Malaria and other diseases, including NTDs;
- MDG 7 (Target 7 C: Access to safe drinking water and Sanitation; and
- MDG 8 (Target 8 E: Access to affordable essential medicines) .

**Thank you for your participation in this survey.** Your insights will help to draw important lessons and formulate strategic recommendations to inform future Secretariat support to the SDGs and ways of working.

### PART A: Background Information

**1.1) In which office do you currently work?**

Please select one of the following:

- ○ Headquarters (HQ)
- ○ Regional Office (RO)
- ○ Country Office (CO)

*⌦ FILTER ON: Next question only appears if respondent answered "Country Office (CO)" in question 1.1*

**1.2) Please select the income category that corresponds to the country where you work, based on the World Bank classification.**

Click here for the World Bank country classification and here for the World Bank categorization of Fragile States.

- ○ Low Income
- ○ Lower Middle Income
- ○ Upper Middle Income
- ○ High Income
- ○ Please select this box also if the country you work in is a Fragile State

*⌦ FILTER ON: Next question only appears if respondent answered "Regional Office (RO)" or "Country Office (CO)" in question 1.1*

**1.3) If working in ROs or COs, please indicate the region where you work at present.**

- ○ African Region
- ○ Region of the Americas
- ○ Eastern Mediterranean Region

- ○ European Region
- ○ South-East Asia Region
- ○ Western Pacific Region

**1.4) What is your current level of responsibility?**

Please select one of the following:

- ○ Director or above
- ○ Coordinator/Senior Technical Officer (or equivalent)
- ○ Technical Officer (or equivalent)
- ○ Other, please specify _____

**1.5) How long have you worked for WHO?**

Please write your answer here: [ ] years

**1.6) Please indicate the MDG that more closely relates to your primary area of work at WHO.**

Please, select only one option, corresponding to the area of work in which you have most experience, even if you have worked in more than one MDG. If your area of work is not related to a specific h-MDG, please select the generic item "h-MDGs". Please note that the remaining questions in this survey will reflect the area of work you select below.

Please select one of the following:

- ○ MDG 1 (Nutrition)
- ○ MDG 4 (Child health and immunization)
- ○ MDG 5 (Maternal and reproductive health)
- ○ MDG 6 (HIV/AIDS)
- ○ MDG 6 (Tuberculosis)
- ○ MDG 6 (Malaria)
- ○ MDG 6 (Other communicable diseases including NTDs)
- ○ MDG 7 (Water supply and sanitation)
- ○ MDG 8 (Access to Essential Medicines)
- ○ h-MDGs

## PART B: How did the WHO Secretariat respond to the global MDG initiative?

**1.7) Please indicate your level of agreement with the following statements.**

Please choose the appropriate response for each item:

| | Strongly disagree | Disagree | Agree | Strongly agree | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Your department, division or country office developed specific response to address [MDG selected in question 1.6] relevant targets and/or indicators in the early stage of the MDGs era (prior to 2005) | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's programme of work was already aligned with [MDG selected in question 1.6] in the early stages of the MDG era (prior to 2005) | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office restructured itself to reflect adequate attention to [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office increased fundraising activities for [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office strengthened collaboration with partner organizations on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office strengthened its [MDG selected in question 1.6] related advocacy activities | ○ | ○ | ○ | ○ | ○ | ○ |

**1.8) How would you rate the adequacy of your department, division or country office's contribution to [MDG selected in question 1.6]?**

Please choose the appropriate response for each item:

| | Inadequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Your department, division or country office's role in leadership and advocacy, including convening and brokering partnerships | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's role in shaping a relevant research agenda and/or in stimulating the generation, translation and dissemination of valuable knowledge | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's role in setting relevant norms and standards and/or promoting and monitoring their implementation | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's role in articulating ethical and evidence-based policy options | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's role in providing technical support, catalyzing change, and building sustainable institutional capacity | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's role in monitoring the health situation and assessing health trends | ○ | ○ | ○ | ○ | ○ | ○ |

**1.9) How did the following factors influence the articulation of your department, division or country office's response to** [MDG selected in question 1.6]**?**

Please choose the appropriate response for each item:

| | Significant negative influence | Some negative influence | No influence | Some positive influence | Significant positive influence | Not applicable |
|---|---|---|---|---|---|---|
| Leadership from the UN Secretariat, MDG Campaign or UN Country Team | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO's General Programme of Work / Medium-Term Strategic Plan (MTSP) / Biennial Programme Budget | ○ | ○ | ○ | ○ | ○ | ○ |
| Governing Bodies' resolutions | ○ | ○ | ○ | ○ | ○ | ○ |
| WHO Country Cooperation Strategies | ○ | ○ | ○ | ○ | ○ | ○ |
| Member States' health priorities / National Plans of work or related documents | ○ | ○ | ○ | ○ | ○ | ○ |
| Magnitude of health problem (globally, regionally or at country level) | ○ | ○ | ○ | ○ | ○ | ○ |
| Donor priorities | ○ | ○ | ○ | ○ | ○ | ○ |
| Financial resources available to your department, division or country office | ○ | ○ | ○ | ○ | ○ | ○ |
| Adequate/knowledgeable human resources available to your department, division or country office | ○ | ○ | ○ | ○ | ○ | ○ |
| Timely and adequate availability of technical support | ○ | ○ | ○ | ○ | ○ | ○ |
| Other WHO health priorities (competing priorities) | ○ | ○ | ○ | ○ | ○ | ○ |
| Leadership/advocacy by global or regional partnerships and events | ○ | ○ | ○ | ○ | ○ | ○ |
| Global civil society movements on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| The degree of coordination across the 3 levels of the Organization | ○ | ○ | ○ | ○ | ○ | ○ |

**1.10) Where there any other factors influencing the articulation of the response to** [MDG selected in question 1.6]**?**

Please write your answer here:

**1.11) How would you rate the adequacy of the collaboration across relevant WHO offices in contributing to** [MDG selected in question 1.6]**?**

Please choose the appropriate response for each item:

| | Inadequate | Moderately adequate | Adequate | Very adequate | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Alignment of objectives and/or priorities across the three levels of the Organization for progress of [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Clarity in roles and responsibilities across the three levels of the Organization for progress of [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Provision of technical and administrative support on [MDG selected in question 1.6] across the three levels of the organization | ○ | ○ | ○ | ○ | ○ | ○ |
| Communication and knowledge sharing across the three levels of the Organization on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |
| Coordination within the same office level among different areas of relevance for [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |

## PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs and consistent with the Organization's mandate?

**1.12) How relevant was your department, division or country office's response to country needs in relation to** [MDG selected in question 1.6]**?**

Please indicate your level of agreement with the following statements:

| | Strongly disagree | Disagree | Agree | Strongly agree | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Your department, division or country office's response to the [MDG selected in question 1.6] was timely | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's response to the [MDG selected in question 1.6] was adequate (in COs, it was fully aligned with national health policies and strategies) | ○ | ○ | ○ | ○ | ○ | ○ |
| Your department, division or country office's response to the [MDG selected in question 1.6] matched the epidemiological disease burden of countries | ○ | ○ | ○ | ○ | ○ | ○ |

**1.13) How did your department, division or country office prioritize MDG and non-MDG health needs?**

Please indicate your level of agreement with the following statements:

| | Strongly disagree | Disagree | Agree | Strongly agree | Do not know | Not applicable |
|---|---|---|---|---|---|---|
| Your department, division or country office's staffing and financial resource allocation were adequate to satisfactorily meet h-MDG and non-MDG country health needs | ○ | ○ | ○ | ○ | ○ | ○ |
| In responding to [MDG selected in question 1.6] your office deferred or cancelled other WHO or Member States' priority initiatives | ○ | ○ | ○ | ○ | ○ | ○ |
| Important non-MDG health needs were not addressed at country level because of your office's response to [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ | ○ |

## PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of the health-related MDGs as expressed through its six core functions?

**1.14) Could you identify any significant contributions of your department, division or country office towards** [MDG selected in question 1.6]**?**

If so, please, indicate such contribution where applicable below.

**Example of the most significant contribution towards** [MDG selected in question 1.6] **per core function:**

| | |
|---|---|
| Providing leadership and engaging with partnerships: | |
| Shaping research agenda and disseminating knowledge: | |
| Setting norms and standards: | |
| Articulating ethical evidence-based policy options: | |
| Providing technical support to the Member States: | |
| Monitoring health situation and assessing trends: | |

**1.15) To what extent did the WHO achievement stated above have a positive influence on the intended results listed in the table below?**

Please choose the appropriate response for each item:

| | No influence | Moderate influence | Significant influence | Strong influence | Not applicable |
|---|---|---|---|---|---|
| Engagement of global, regional and/or national health actors on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Global /national agendas and/or resource availability for [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Use of research evidence for decision-making on [MDG selected in question 1.6] programmes | ○ | ○ | ○ | ○ | ○ |
| Uptake of guidelines, norms and standards in [MDG selected in question 1.6] programmes | ○ | ○ | ○ | ○ | ○ |
| Adoption of WHO policy advice by national or regional policy makers on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Strengthening of capacity in countries and partners on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| The generation and use in policy-making of harmonized and valid data of [MDG selected in question 1.6] progress | ○ | ○ | ○ | ○ | ○ |

**1.16) Please explain where 'Strong influence' was selected.**

Please write your answer here:

**1.17) In your opinion, how effective has been your department, division or country offices' response in contribution to** [MDG selected in question 1.6]**?**

Please indicate extent of effectiveness by selecting one of the following:

- ○ not at all
- ○ to a moderate extent
- ○ to a satisfactory extent
- ○ to a strong extent
- ○ not applicable

**1.18) WHO was responsible for the global monitoring of h-MDGs' progress.**
**What is, in your opinion, the added value of WHO's contribution in this role?**

Please choose the appropriate response for each item:

| | Added value | No added value | Do not know |
|---|---|---|---|
| Better quality of data, including more robust estimation processes | ○ | ○ | ○ |
| Timeliness of information | ○ | ○ | ○ |
| Enhanced data availability | ○ | ○ | ○ |
| Positive impact on country information systems | ○ | ○ | ○ |
| Increased accountability for results | ○ | ○ | ○ |

**1.19) If answered 'No added value' for any of the above statements, please explain why.**

Please write your answer here:

**1.20) Please mention any other additional added value of WHO's contribution in this role.**

Please write your answer here:

## PART E: How did the Secretariat work with others to support the achievement of the health-related MDGs?

**1.21) In relation to** [MDG selected in question 1.6]**, did you work with partnerships?**

Please select one of the following:

- ○ Yes
- ○ No

⌦ *FILTER ON: Following questions 1.22 to 1.25 only appear if respondent answered "Yes" in question 1.21*

**1.22) To what extent did partnerships influence the following intended results?**

Please choose the appropriate response for each item:

| | Not at all | To a moderate extent | To a satisfactory extent | To a strong extent | Not applicable |
|---|---|---|---|---|---|
| Engagement of global, regional and/or national health actors [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Global /national agendas and/or resource availability for [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Use of research evidence for decision-making on [MDG selected in question 1.6] programmes | ○ | ○ | ○ | ○ | ○ |
| Uptake of guidelines, norms and standards in [MDG selected in question 1.6] programmes | ○ | ○ | ○ | ○ | ○ |
| Adoption of WHO policy advice by national or regional policy makers on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| Strengthening of capacity in countries and partners on [MDG selected in question 1.6] | ○ | ○ | ○ | ○ | ○ |
| The generation and use in policy-making of harmonized and valid data of [MDG selected in question 1.6] progress | ○ | ○ | ○ | ○ | ○ |

**1.23) If answered 'To a strong extent' for any of the above statements, please give some examples of achievements.**

Please write your answer here:

**1.24) In general, how would you rate the adequacy of WHO's role in the most significant partnership you worked with?**

Please choose the appropriate response for each item:

| | Not adequate | Moderately adequate | Adequate | Very adequate | Not applicable |
|---|---|---|---|---|---|
| WHO's leadership role in the partnership | ○ | ○ | ○ | ○ | ○ |
| WHO's advocacy role | ○ | ○ | ○ | ○ | ○ |
| WHO's role in resource mobilization | ○ | ○ | ○ | ○ | ○ |
| WHO's technical contribution | ○ | ○ | ○ | ○ | ○ |
| WHO's role in promoting accountability | ○ | ○ | ○ | ○ | ○ |

**1.25) Which of the following aspects posed significant challenges to the work of WHO in partnerships?**

Please choose the appropriate response for each item:

| | No challenge | Moderate challenge | Strong challenge | Do not know | Not applicable |
|---|---|---|---|---|---|
| Duplication or redundancy of work with own programme | ○ | ○ | ○ | ○ | ○ |
| Competing priorities in areas of work with own programme | ○ | ○ | ○ | ○ | ○ |
| Difficulties in coordinating across partners | ○ | ○ | ○ | ○ | ○ |
| Lack of clarity in partner roles and responsibilities | ○ | ○ | ○ | ○ | ○ |
| Unrealistic expectations from the partnership | ○ | ○ | ○ | ○ | ○ |
| Inadequate funding for effective implementation | ○ | ○ | ○ | ○ | ○ |

## PART F: What are the main lessons learned for your Office's engagement with the health-related Sustainable Development Goals (Agenda 2030)?

**1.26) Based on your experience of the h-MDG agenda, what are your recommendations to WHO to improve its contribution to the SDG agenda, in each of the following areas?**

**Your suggestions for improving WHO 's contribution to the SDG agenda:**

Inter-sectoral action by multiple stakeholders:

Health systems strengthening for universal health coverage:

Respect for equity and human rights:

Sustainable financing:

Scientific research and innovation:

Monitoring and evaluation:

Other area, please specify:

**1.27) Is there anything else that you would like to add, including any final thoughts?**

Please write your answer here:

***END OF QUESTIONNAIRE***

**Thank you for your participation in this survey.** Your insights will help to draw important lessons and formulate strategic recommendations to inform future Secretariat support to the SDGs and ways of working.

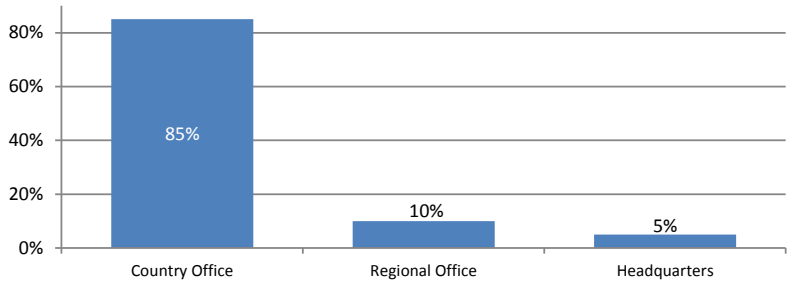
Submit the form

# Annex 7.8: WHO staff - Quantitative results

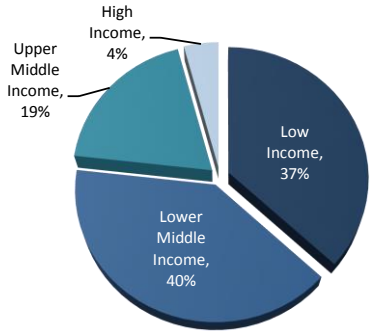
## PART A: Background Information

### In which office do you currently work? (1.1)

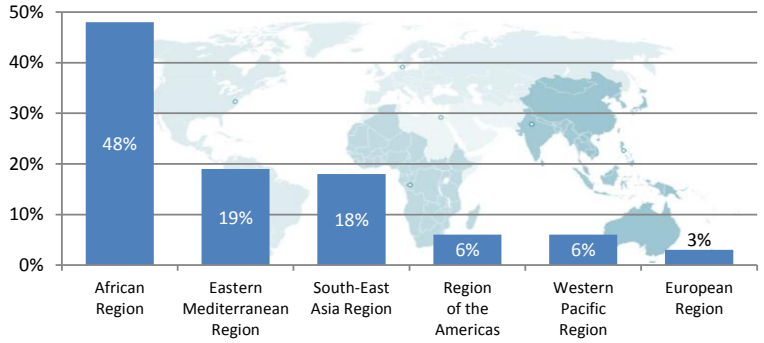
| Level of the organization | Number of responses | Percentage of total |
|---|---|---|
| Country Office | 171 | 85% |
| Regional Office | 20 | 10% |
| Headquarters | 10 | 5% |
| **Total** | **201** | **100%** |



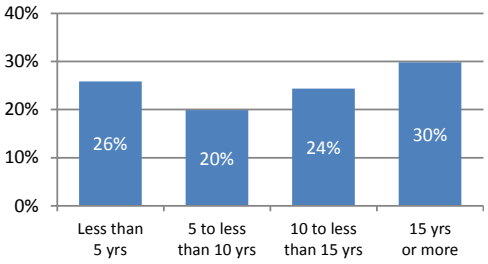

### Please select the income category that corresponds to the country where you work at present. (1.2)



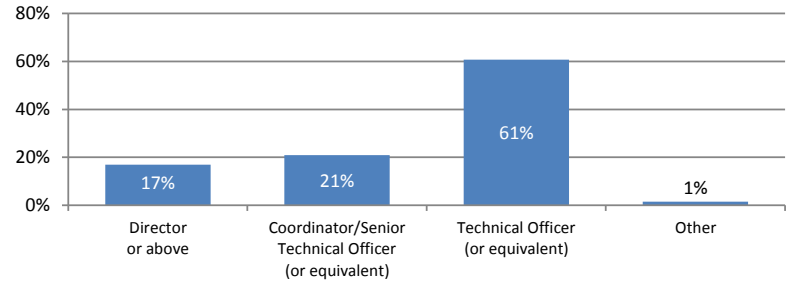

### If working in Regional Office or Country Office, please indicate the region where you work at present. (1.3)



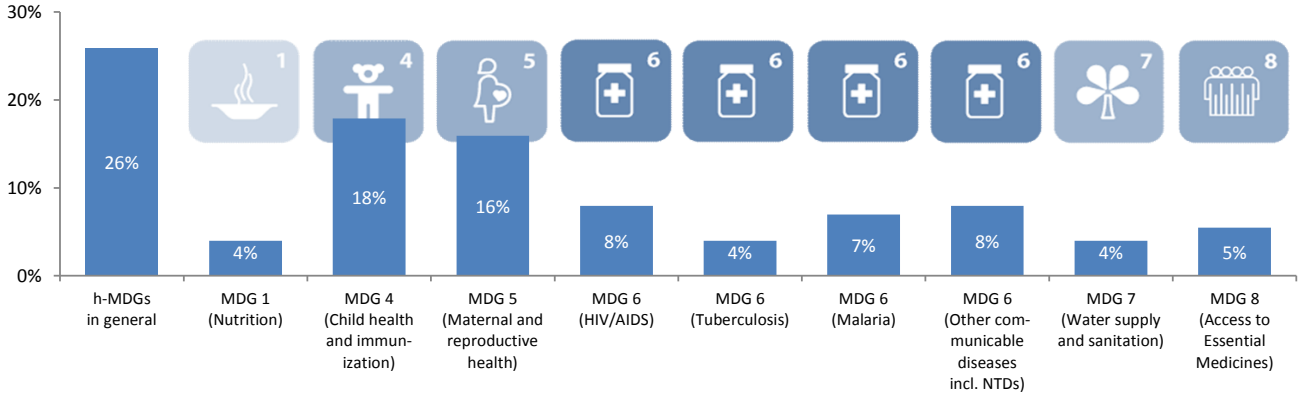

### How long have you worked for WHO? (1.5)




### What is your current level of responsibility? (1.4)

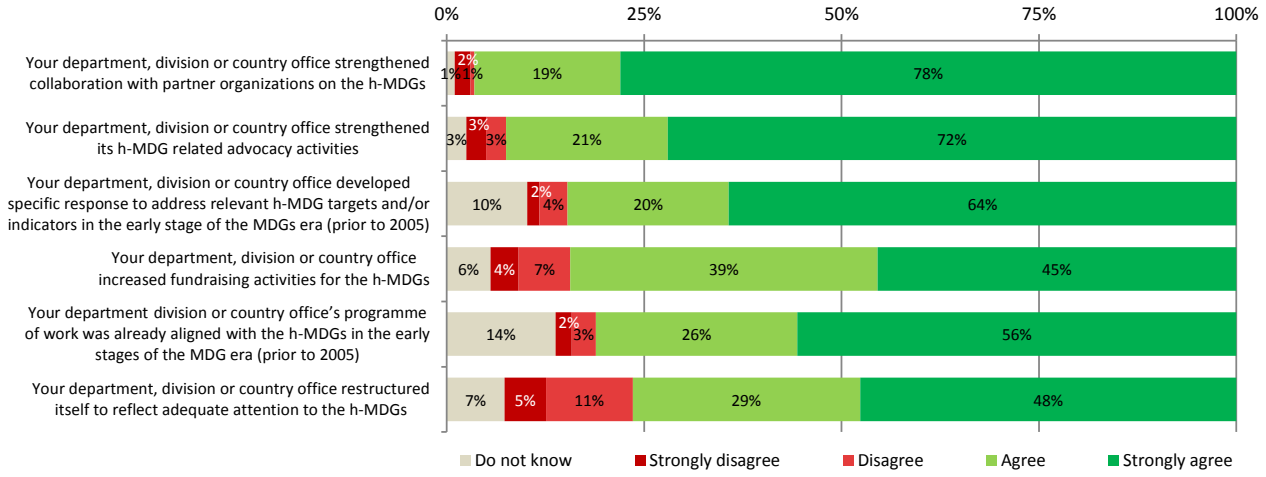



### Please indicate the MDG that more closely relates to your primary area of work at WHO. (1.6)

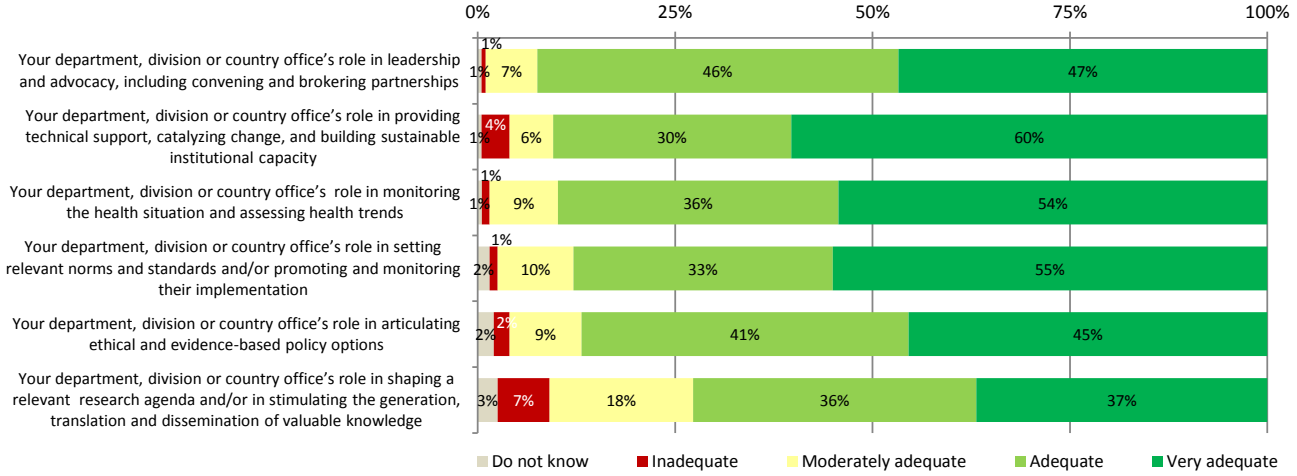


PART B: How did the WHO Secretariat respond to the global MDG initiative?

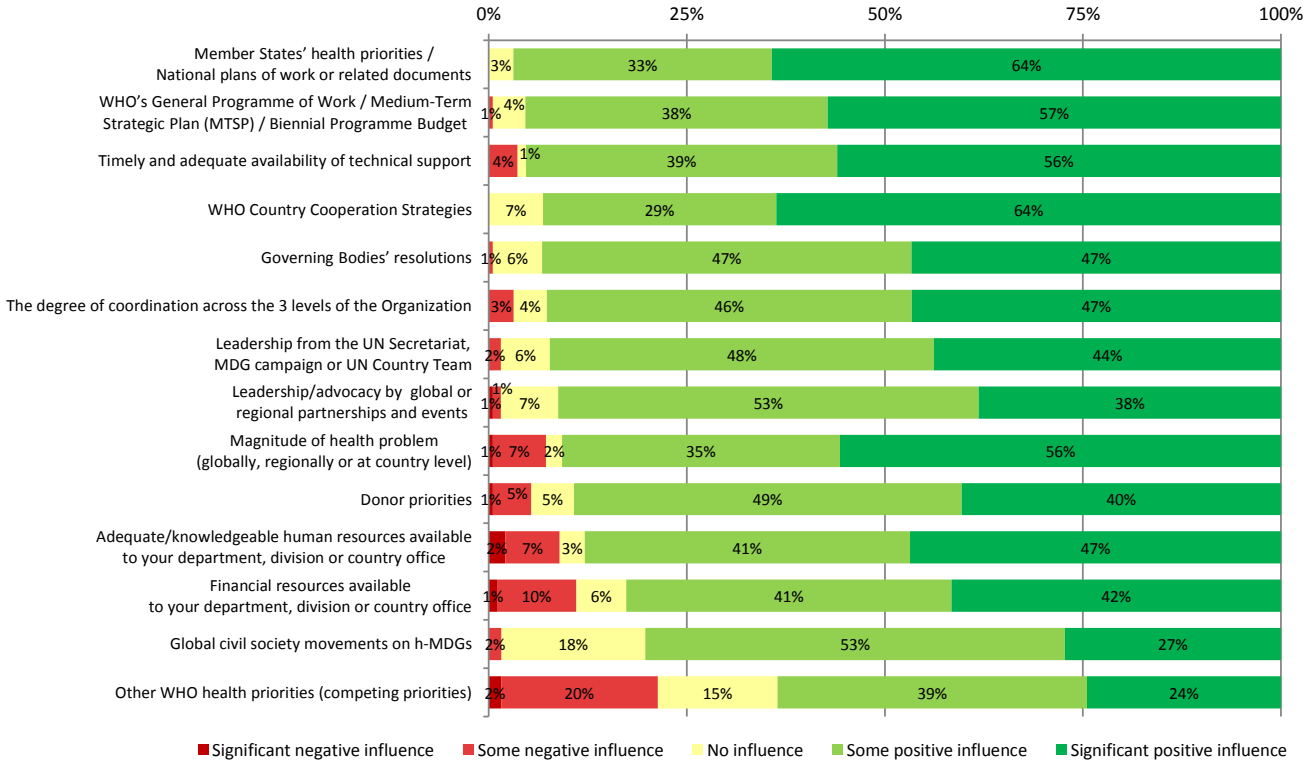
Please indicate your level of agreement with the following statements. (1.7)



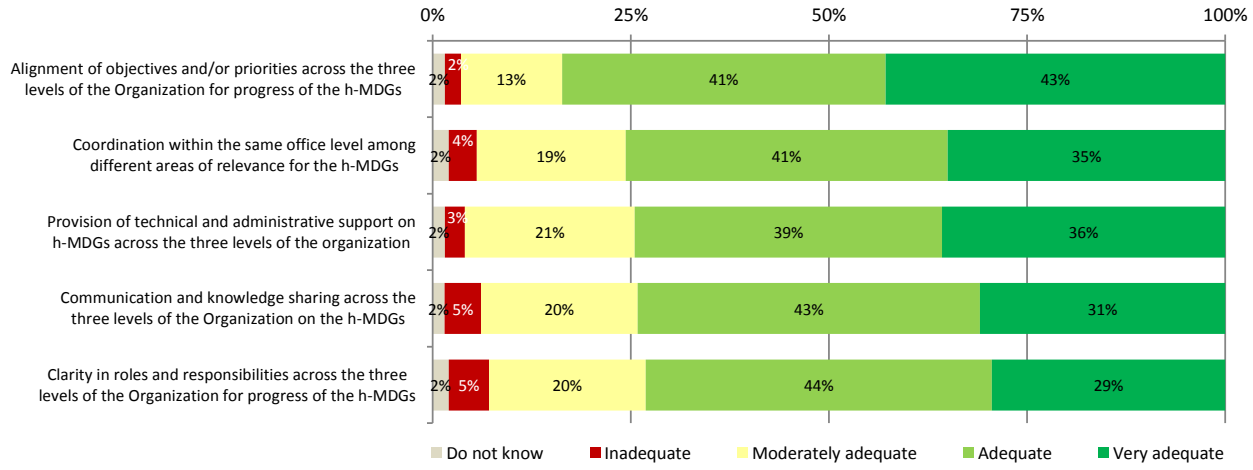

How would you rate the adequacy of your department, division or country office's contribution to the h-MDGs? (1.8)




How did the following factors influence the articulation of your department, division or country office's response to the h-MDGs? (1.9)

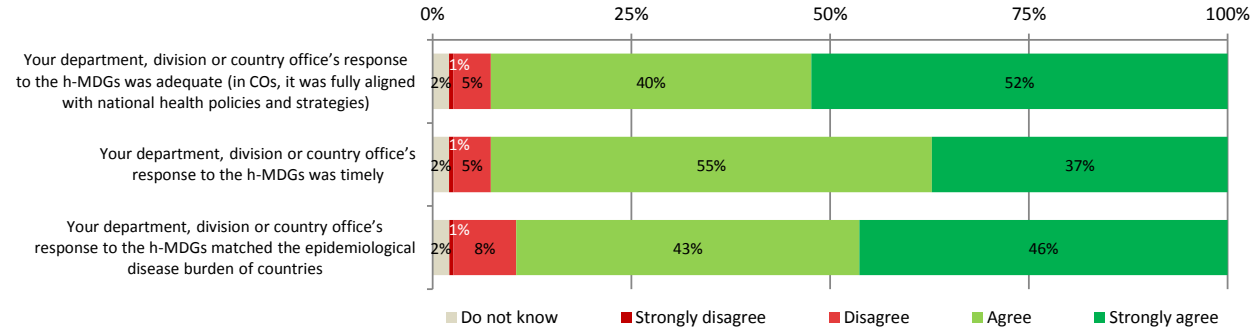


How would you rate the adequacy of the collaboration across relevant WHO offices in contributing to the h-MDGs? (1.11)

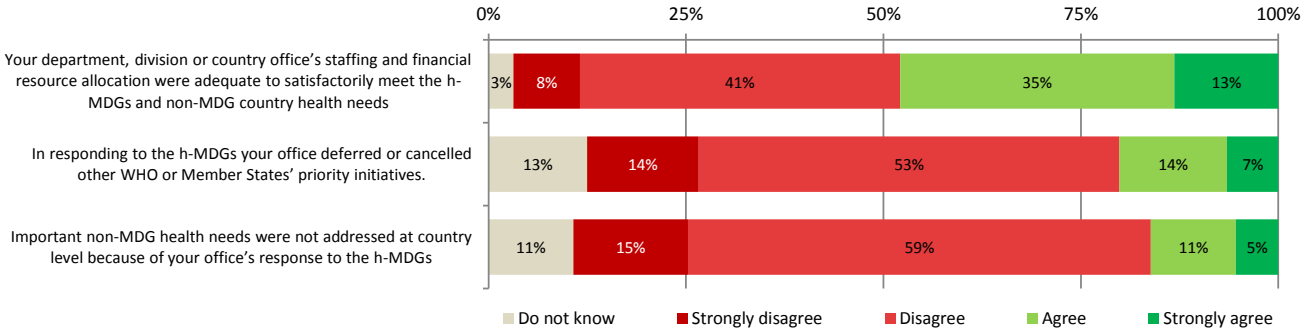



PART C: Was the Secretariat's response to the health-related MDG targets relevant to Member States' needs and consistent with the Organization's mandate?

How relevant was your department, division or country office's response to country needs in relation to the h-MDGs? (1.12)

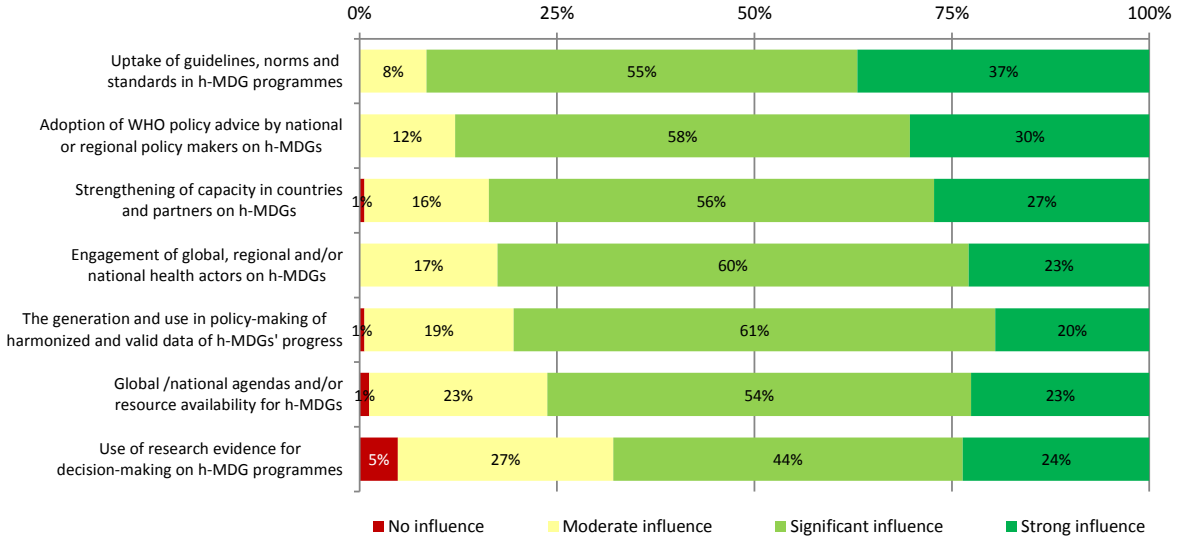



How did your department, division or country office prioritize MDG and non-MDG health needs? (1.13)

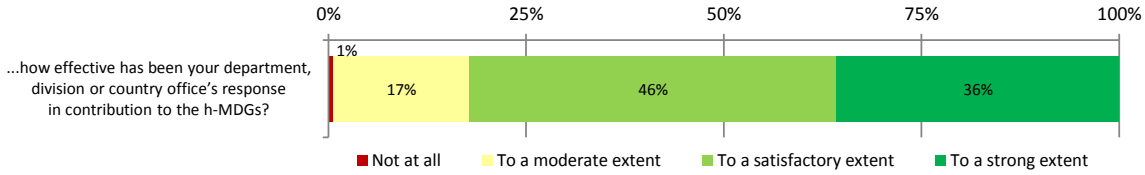


PART D: What have been the main results of the WHO Secretariat's contributions to the achievement of the h-MDGs as expressed through its six core functions?

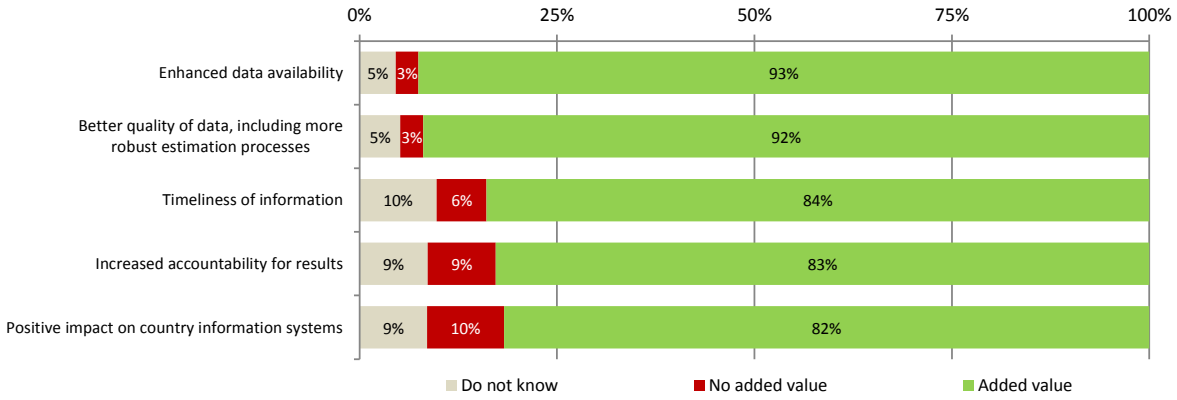
To what extent did the WHO achievement have a positive influence on the intended results? (1.15)




In your opinion, ... (1.17)

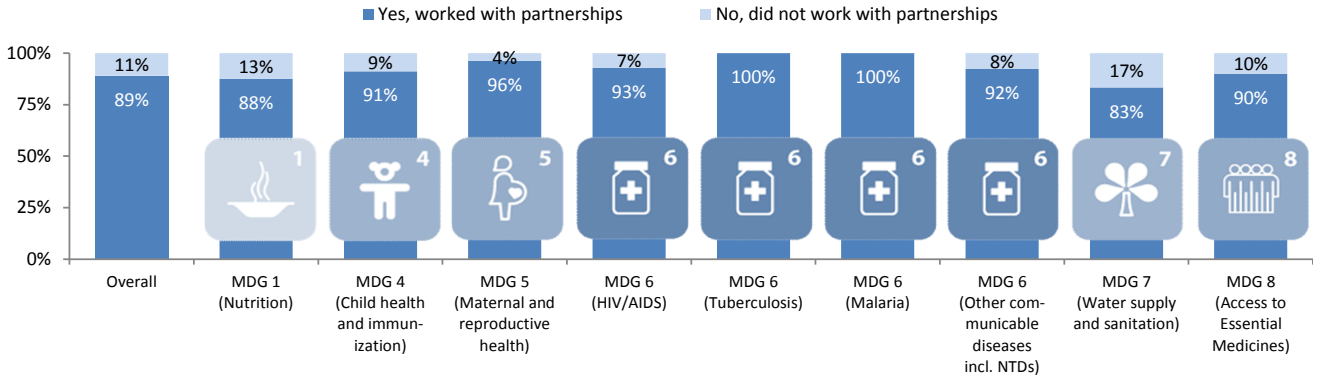



WHO was responsible for the global monitoring of h-MDG's progress. What is, in your opinion, the added value of WHO's contribution in this role? (1.18)

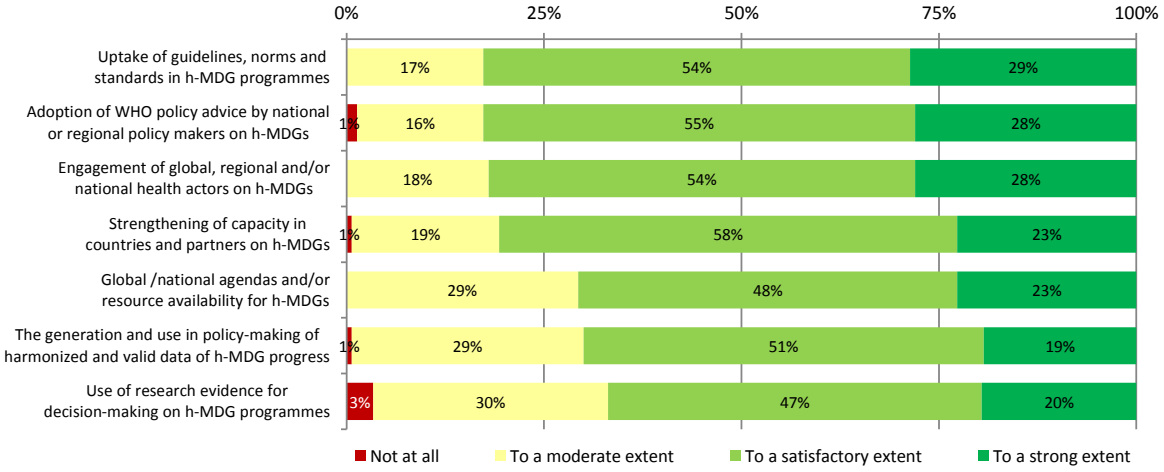


PART E: How did the Secretariat work with others to support the achievement of the health-related MDGs?

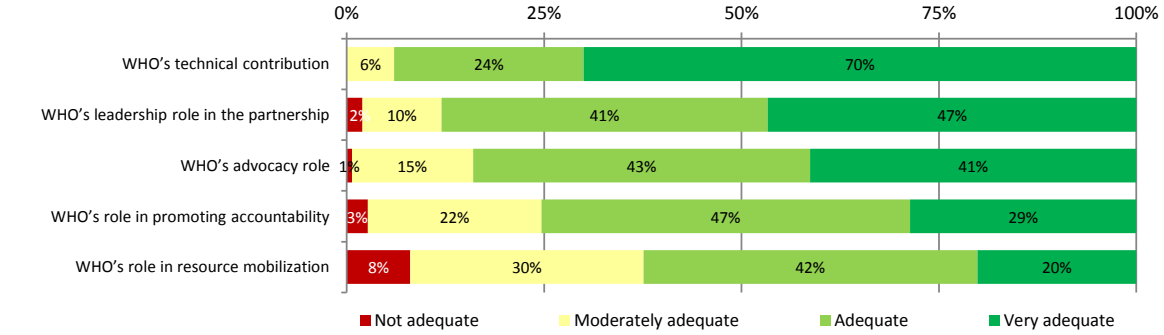
Did you work with partnerships? (1.21)



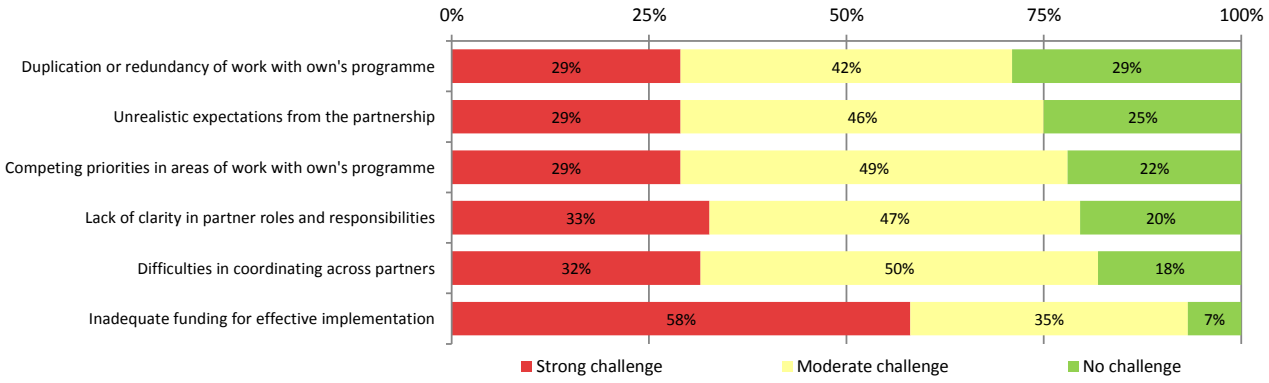

To what extent did partnerships influence the following intended results? (1.22)




In general, how would you rate the adequacy of WHO's role in the most significant partnerships you worked with? (1.24)




Which of the following aspects posed significant challenges to the work of WHO in partnerships? (1.25)



# Annex 7.9: WHO staff - Qualitative results

### 1.10) Where there any other factors influencing the articulation of the response to the h-MDGs?

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| **High level commitment** | • Commitment at high level of the government commitment<br>• Reflection of h-MDGs in national policies, plans and programs<br>• WHO's partnership at country level, and capacity building for MOH on leadership and M&E<br>• WHO's global mandate for global monitoring of MDGs |
| **Knowledge solution** | • The countdown report put in evidence country performance and had a positive "wake-up" influence<br>• Sharing knowledge, experiences, and best practices<br>• Knowledge dissemination of information based on scientific evidence<br>• Generating evidence base via operational research |
| **Community engagement** | • Involvement of the community in the management of mother and newborn<br>• Community management of child illnesses |
| **WHO Staff** | • The fabulous work atmosphere, including supportive team members, within the WHO |
| **Coordination and collaboration** | • Coordination with other UN agencies and joint monitoring (with UNICEF)<br>• Co-ordination with government counterparts to identify priorities<br>• WHO/NHD started a close collaboration with UNICEF and World Bank to derive joint global and regional estimates on child malnutrition. The fact of having one and the same global figure of underweight children was extremely helpful for advocacy purpose.<br>• Joint program (between WHO, UNICEF and UNFPA) for reducing maternal and neonatal mortality)<br>• Social mobilization advocacy by WHO, MOH and RHBs<br>• UNDAF |
| **Resource mobilization** | • Successful resource mobilization for WHO work on MDG6 and ongoing collaboration with MOH, implementers, researchers, civil society and funders<br>• Donor priorities along the disease lines |
| **Country context** | • Emergence from conflict and fragility |

### 1.14) Could you identify any significant contributions of your department, division or country office towards the h-MDGs?

The respondents stated specific responses and covered a wide array of topics and areas of support provided by WHO. Many were identified as normal work WHO was doing. Some specific responses are summarized as follows:

- Promoted research agendas in MCH, HIV, and Malaria.
- Development of guidelines based on global guidelines such as Development of water quality surveillance strategy, HIV testing, prevention, and treatment, malaria, tuberculosis, immunization including introduction of new vaccines.
- Produced publications based on research and shared the technical documents and reports with CO for further sharing with national authorities as well as publishing annual and periodical reports based on research and recently accumulated data and statistics.
- WHO country office developed Research priorities for tuberculosis in India, conducted many capacity development activities, published more than 100 peer reviewed articles, many of them changed policy and practice.
- Promoted participation of partners through cooperation, coordination, and collaboration.
- Conducted a number of surveys, assessments, operational research, WHO Country office developed Research priorities for TB in India, conducted many capacity development activities, published more than 100 peer reviewed articles, many of them changed policy and practice.
- Supported monitoring and evaluation of projects and programs including COIA assessments, monitoring
- Help in the adoption of WHO guidelines and developed guidelines for country context based on the global guidelines.
- Promoted HMIS system including use of web-based programs, improved connection to web.
- Provided technical support provided for RMH research topics, review before publication in the EMR health journal, supporting countries to benefit from the long term institutional development funds to encourage research and trainings.

### 1.16) To what extent did the WHO achievement have a positive influence on intended results? Please explain where 'Strong influence' was selected.

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| **General comments** | • Advocacy, Research, Technical support, Outbreak response, Medical Disaster Management", "Establishing Early Warning Alert and Response System for communicable diseases enables reporting and monitoring weekly the disease status, alerts and the trend changes, all these were not available before<br>• Provision of technical guidelines in policy designing, resource mobilization, setting norms and standards, setting research agenda, capacity building, strengthening surveillance and programme reviews<br>• Leadership role in the country and in the Region. This leadership role facilitates the engagement and prioritization of key health issues.<br>• WHO supported several global and regional political forums and declarations that have oriented policy makers on MDG 5<br>• "WCO /Burkina support the country to develop norm and standard documents for the treatment, surveillance HIV, and monitoring. Some support was also given in supply management. |

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| **Essential medicines** | • Most countries now have an essential medicines list which is used as the basis for making procurement decisions.<br>• The WHO Country office convened other partners to support the Ministry of Health develop Pharmaceutical Policy and Strategic Plan, the Essential Medicines List and Standard Treatment Guidelines to ensure standardized prescription and treatment procedures. Oriented health workers on treatment protocols and prescription practices. Have in place a multidisciplinary technical working group responsible for monitoring implementation of the guidelines and protocols and regular review of the Essential Medicines List and Standard Treatment Guidelines. |
| **Advisory committee and guidelines** | • Through the establishment of the Malaria Policy Advisory Committee and published meeting reports.<br>• Mandatory and core function of WHO and adherence of Member States to quality standards for medicines and biologicals<br>• WHO convened partner platforms for resource mobilization and adoption of technical tools. WHO provided technical materials and guidance for formulation, review and revision of policies and plans for MCH.<br>• Engagement of global, regional and/or national health actors on MDG 1 (Nutrition): Support to MoH for guidelines and training materials on Nutrition and NCDs has an influence on their engagement in this area<br>• WHO advocacy for MoH revision of national protocol on prevention and management of severe acute malnutrition using current WHO recommendations<br>• The development and application in public and clinical health of WHO growth standards was fundamental in shifting the understanding of what healthy child growth means and led to the phasing out of underweight, which is an unreliable indicator of child malnutrition. WHO had strong influence in shifting to the use of stunting and wasting as distinct forms of undernutrition requiring different interventions<br>• Policy processes at country level benefited from IHP+ and JANS guidelines, and UHC principles<br>• "Engagement: WCO is co-chair of the Health Sector Strategic Plan and member of Development Partners<br>• Remarkable technical and financial support to control Leishmaniasis, including surveillance, lab. diagnosis and management.<br>• Strong support to tuberculosis program and HIV makes it possible to reach a consensus and a National Protocol of treatment in line with WHO guidelines, and this impacted positively procurement of medicines "<br>• Guidelines absolutely required and used to support and build skills of clinicians as well as improving programme management at national and county levels<br>• The Global Immunization Vision and Strategy (GIVS) developed by WHO along with partners was followed effectively by countries. |
| **Partnership and political will** | • WHO is always requested to provide guidance and final response on controversial issues.<br>• Strong and close collaboration with the local partners within the country made the above possible<br>• Pro-active technical and political presence and contribution of the country in WHA and Regional Committee inter-country and global meetings<br>• Winning the African AU ALM award; coupled with high level political support provided to mobilize nationwide support for malaria eradication activities<br>• Significant global engagement to support IDSR/One health/IHR was observed and the country developed capacity for electronic reporting; started to implement One Health and developed the GHSA plan based on IHR assessment report made by WHO.<br>• WCO is the first partner to Ministry of Health in policy development. |
| **Fundraising** | • Somewhat sadly, assisting with fundraising was perhaps the most valued contribution.<br>• Explored opportunities for mobilizing resources locally and internationally.<br>• Funding made available for public health program including tuberculosis program at developing countries are from the partners site since MoH budget is really limited. |
| **Capacity building** | • Strengthened country capacity to fight HIV/Aids<br>• Strengthening of capacity in countries and partners on MDG 1 (Nutrition): management of severe acute malnutrition, Nutritional care for prevention and management of NCDs. |
| **Research** | • Introduction of the ARV and use of WHO guidelines in order to update the national ARV protocol<br>• WHO invested in epidemiological studies that revealed the extent of the HIV epidemics in populations at higher risk. This resulted in major changes in strategic approaches to HIV prevention and control. "<br>• The production of credible and respected data has been key in determining country's decision and engagement in activities.<br>• The WHO used concrete evidence from tuberculosis prevalence surveys and joint program reviews to influence all aspects (as stated above). The country made many critical changes to its policies, particularly on early case-finding, primarily based on WHO influence.<br>• World Malaria Report and other work raised profile of malaria and prospects of accountability, encouraging increased investments. Advice to donors influenced resource allocation to target populations most in need. |
| **Advocacy and technical support** | • As a result of WHO advocacy through the implementation of Water Safety Plan (WSP), the government of Timor-Leste has recognized the importance of Water Supply & Sanitation by providing adequate funding allocations to Ministry of Infrastructure. |
| **Limiting factors** | • The message of support for MDGs was clear; the funding and staffing to take this from statements to realities in the ground was less so. For example, building capacities in countries to prioritize research and move from lines of work to specific research question requires a sustained support, and the funding for these activities was not a |

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| | priority, was given in a staggered way that made difficult to plan on the long run and retain experts. The fragmentation of the Evidence Information and policy division at WHO impacted on the positioning of research within WHO, and weakened the systematic integration of research with policy development in WHO. The Department did a lot with what it had, but what it received was not commensurate with the responsibilities it had in integrating research in addressing the MDGs, building the human capital and shaping the agendas.<br>• It does not work if WHO can only provide policy advice. It was not easy for low income countries to interpret WHO norms/standards and guidelines into actions at local level. So country office needs resources to adapt these. It is very important that WHO involves in field work and has demonstration projects to show the way in low capacity countries.<br>• Due to unavailability of Health Information System expert and resource persons, the information management and supporting with evidence was lacking. |

**1.23) To what extent did partnerships influence the intended results?**
**If answered 'To a strong extent' for any of the above statements, please give some examples of achievements.**

Examples of strong influence include:

Fund raising: Successful in fundraising and maintaining grants, from the strong global partners like GFATM, GAVI, DFID, BMGF, CDC and others, have shown a tremendous contribution for strengthening immunization systems and services and hence reaching the MDG4.

- Through the GAVI the vaccine alliance, WHO helped in mobilizing adequate resources for the national immunization program and introduced a number of new vaccines in the national immunization schedule e.g. Hep B vaccine, Hib vaccine, Pneumococcal vaccine and IPV. High coverage of immunization which is about 90% and partnership in the introduction of new vaccines such as HPV.
- WHO-Ethiopia through resource mobilization scheme has influenced CDC and USAID to support the country HIV program through WHO.
- Low and middle income developing countries have been given windows to access more new and underused vaccines which will definitely reduce infant/under five deaths and reach the MDG4 targets. GYTS, STEPS, GSHS, FCTC ratification, WHO Program on Reducing Epilepsy Treatment GAP in Mozambique. WCO supported Rwanda to introduce new vaccines (pneumococcal vaccine, rotavirus vaccine, rubella vaccine..) and vaccination contributed to reduce child mortality from 196 in 2000 to 50 in 2015.

Research and IT system: Initiatives on the use of research were used to specifically advance MDGs. Improved maternal mortality surveillance system, developed health information system. The evidences produced were also taken up by partners and more funds were able to be mobilized for the ministry of health. Some examples are

- Review of SRH policy based on new orientations and evidence generated by research.
- Integrated MNH data with HMIS as a key means of monitoring core indicators and programme progress.
- Establishment of EWARS (does not exist before).
- National weekly reports, alerts response, and data analysis for communicable diseases.

Strengthening partnership: Most of the activities in HIV generally worked in collaboration with partners. Almost every aspect of our technical work involves partnerships to generate and promote the use of research or build capacities for it, including addressing the MDGs.

- UN joint program has contributed to the success, as well as partnership with bilateral donors and NGOs. The partnership with other UN partners in maternal health contributed to increasing financial resources for maternal health and contributed to enhancing the implementation of maternal activities through a joint plan. Some examples are: UN joint projects on maternal and newborn health involving WHO, UNFPA, UNICEF; 3rd Global Call to Action Summit for Ending Preventable Child and Maternal Deaths August 2015, New Delhi; 21 HPCs Delhi Ministerial Declaration and Analytic Document; Norway-India Partnership Initiative 2006 – 13; and H6 partnership.
- Close collaboration with other key partners such as USAID and some NGOs are critical to move towards 100% DOTS and DOTS plus.
- Development of a Joint Maternal and child health acceleration plan 2013-15 for the high burden countries.

WHO IMPAC tools form the foundation of nationally available guidelines and protocols on MDG5. WHO supports to generating evidence-based policy making in h-MDGs at national level.

Implementation of guidelines: The country readily adapts WHO guidelines and policy advice; when such advice is also coming from other UN agencies there is increased likelihood for them to be adopted and is important given their role/involvement with non-health sectors. Strong ambition for the implementation of the global resolution at country level exists. The country used global guidelines on systematic screening for tuberculosis after the WHO influenced all key partners to do that. The WHO engaged with many in-country and external experts to do a joint program review, which influenced decision-making for many years.

Monitoring: Contribution from various partners enabled implementation and monitoring to take place. Joint mission and field visits to monitor and assess the progress of countries in the intervention of the RNH activities.