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Selected Corporate and Decentralized evaluations

Findings, recommendations, actions and learning

World Health Organization

WHO Evaluation Office

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1. Introduction

1. This document provides details of the actions taken by the Secretariat in response to recommendations from selected evaluations conducted during the period 2014-2016. The Evaluation Office has specific responsibilities with regard to tracking the management response to high-level evaluations. The selection of the corporate and decentralized programme evaluations was based on criteria that related to organizational requirement, significance and utility.

1.2 The Evaluation Office developed a management response template to track the implementation of recommendations from the evaluations. This template includes the recommendations copied verbatim from each evaluation report and details of the management response and the status of implementation as at March 2017. The template draws on best practice from other UN agencies' evaluation tracking mechanisms. It was sent to the responsible managers and senior staff involved in the evaluations; their responses to the template are included in this document. Additional questions were also asked to provide information about the context, background and findings of the evaluation. Where necessary, the Evaluation Office gave guidance to the responsible unit on how to complete the template.

1.3 The management responses to the specific recommendations were assessed as follows: (i) accepted; (ii) partially accepted; (iii) not accepted; or (iv) other. The status of the management response was also tracked and categorized as either: (i) not started; (ii) in progress; or (iii) implemented.

1.4 The evaluation findings and recommendations highlighted should contribute toward improved performance and increased accountability for results. The management responses should also inform key decision-making and future programme and project development, especially where the recommendations have been incorporated more broadly in wider policies and plans or have influenced departmental strategy.

2. Detailed Information on the Status of recent evaluations

2.1. Evaluation of WHO's Presence in Countries

2.1.1 The purpose of this corporate evaluation was to provide evidence on progress towards the contribution of WHO to country-level goals and to the Organization's wider outcomes. The evaluation also aimed to identify related synergies across the three levels of WHO, including inter-country and inter-regional cooperation towards maximising the combined contribution to country level goals.

2.1.2 The scope of the evaluation was determined by five high-level questions namely (i) what does WHO presence in countries mean, and does it respond to Member States' and other relevant partners' expectations; (ii) what is the contribution of WHO presence in countries towards addressing global, regional, and individual countries' health priorities and needs; (iii) what is WHO's added value at country level in the light of its level of investment; (iv) what are the modalities for strengthening or reducing WHO's presence in countries, based on the different health status and needs of individual countries; (v) to what extent does WHO exert effective leadership and convening capacity at country level to mobilise different stakeholders and act as a broker of partnerships in support of the national health and development agenda. These five high-level questions taken together, provided the evaluation's substantive content which was conducted with an independent external evaluation team. Over 200 interviews were carried out during which eight countries were visited across the six regions of WHO. This was complemented by a global survey of Member States and country partners.

2.1.3 The evaluation concluded that WHO should review and clarify its role and purpose at country level, with special focus on assessing country level performance, ensuring linkages with country level agreements such as the country corporate strategy or biennial cooperation agreements. The added value of the different levels of WHO needs to be clarified, including making sure that WHO country presence and capacity is appropriate to country needs and consistent with the WHO global strategy. This should include ensuring there are appropriate leadership skills across WHO country representatives and staff as well as standard management processes to deliver country level health and development objectives.

2.1.4 The evaluation further identified a number of recommendations that were very similar to those made in previous evaluations of WHO. An additional recommendation was thus made, requesting WHO to facilitate implementation of recommendations from this and future evaluations. It was recommended that WHO's leadership allocate responsibility to specified senior roles to lead on agreed recommendations from this evaluation with implementation plans which are specific, time limited and accountable. This should include a process whereby the WHO Evaluation Office carries out a systematic review of the recommendations from other relevant reports on country strengthening and identifies a synthesised list of outstanding and relevant recommendations for agreement by the Global Policy Group. Furthermore the WHO Evaluation Office, in consultation with WHO leadership, should identify the barriers to implementation of outstanding recommendations, and to develop a plan of action to address barriers.

2.1.5 In its management response, the WHO Secretariat welcomed the comprehensive report stating that the findings of the evaluation are in line with previous similar evaluations, such as those conducted by the United Nations Joint Inspection Unit and the Multilateral Organisation Performance Assessment Network. WHO was pleased to note the recognition of WHO's work as highly valued, with important contributions to country level health objectives, particularly through its normative functions and health expertise as well as its health leadership as a convenor and neutral actor.

2.1.6 WHO finds the recommendations useful and in line with WHO's ongoing reform efforts. Several key actions are already under way. The results chain within WHO's global results framework is being further refined to reflect country level outcomes. Revision of the strategic and operational planning guidance and tools has been initiated and will build on the existing tools and approaches, bringing greater focus on country-level needs. WHO has put in place a structured process for setting priorities as part of a bottom-up planning process. The priorities identified at the country level have been published in the programme budget web portal and have been used as a key input for the development of the programme budget 2018-2019. Analytical work on WHO's investments has been completed in some of the regions and this will help further clarify the question of WHO's added value at country level. In addition, a new Country Cooperation Strategy Guide 2016 has been published.

Management Response

Evaluation Title	**WHO's Presence in Countries**
Commissioning Unit	**WHO Evaluation Office**
Evaluation Plan	**2014-2015 WHO Evaluation Office work-plan**
Unit Responsible for providing the management response	**RDs and DGO, with CCU as facilitator**

Overall Management Response:

The WHO Secretariat welcomes the comprehensive report on the Evaluation of WHO's Presence in Countries which provides a thorough look into how the Organization executes its mandate and contributes to the country-level goals and the Organization's wider outcomes through its country presence.

The findings of this important evaluation are in line with previous similar evaluations, such as those conducted by JIU and MOPAN, and relevant to WHO's ongoing reform efforts in pursuit of organizational excellence. WHO is pleased to note the recognition of WHO's work as highly valued, with important contributions to country level health objectives, particularly through its normative functions and health expertise as well as its health leadership as a convenor and neutral actor. The findings also highlight the continuous need for tailoring WHO's country support to changing needs amidst complex public health challenges in an interdependent world, measuring results, clearly communicating them and learning from experiences for further improvements. Notwithstanding some methodological limitations, including representativeness of the findings in the diverse settings that WHO operates, WHO finds the recommendations useful in pointing at gaps that need to be further addressed through WHO's continued efforts to strengthen support to countries it serves.

The recommendations are central to and in close conformity with the WHO reform efforts. Several key actions are already under way, reinforcing the way forward for the reform efforts, nevertheless, some action points, such as those that relate to WHO's engagement with the non-State actors are contingent upon the final agreement of all Member States as part of the pending process of the reform.

The detailed reflections on the proposed actions with specific responsibilities and timelines are described under each recommendation as follows. They present a shared view of WHO senior management.

Management Response status: completed

Date: 12 May 2017

Recommendations and Action Plan

1. What does WHO presence in countries mean, and does it respond to Member States' and other relevant partners' expectations?			
Recommendation 1	**WHO should review and clarify its role and purpose at country level to ensure a common understanding within WHO and externally.**		
Management Response	Partially accepted. The evaluation report proposes that the purpose and objectives of WHO as articulated in its Constitution be further defined as regards country level, so as to ensure that it is clear to all stakeholders and goes beyond what is already reflected in relevant governing body resolutions and the implications of the WHO Programme Budget. Building on WHO's existing work on this topic, including the report by the 2013 WHO Taskforce on the Roles and Functions of WHO at three different levels, WHO will further review and reconfirm the complementary roles of WHO at the three levels of the Organization and re-define its purpose and objectives particularly at country level, reflecting the demands of the 21st century health context and complex intersectoral health concerns. Given the diversity of country contexts, WHO's key thrusts in different settings will be further elaborated through the next generation of Country Cooperation Strategies. WHO's work at country level also needs to be better communicated to ensure clarity both internally and externally. This includes updating the Organization's communications strategy with a particular focus on WHO country presence as well as using innovative channels for disseminating information regarding WHO's work at countries and improving access to this information by country stakeholders.		
Status	*Implemented*		
Key Actions	*Responsible*	*Deadline*	*Comments*
1.1 WHO leadership to convene a working group with representation from all three levels of WHO to develop a clear definition of the purpose and objectives of WHO at country level in the changing 21st century health context . This should define country level purpose for all countries, with or without office.	DGO in collaboration with the Global Policy Group	May 2017	WHO has extensive background and documentation on this topic, including the WHO constitution, 12th GPW and report of the 2013 WHO Taskforce on the Roles and Functions of WHO at three different levels. Building on previous work, the purpose and objectives of WHO at country level will be further clarified. WHO has intensified efforts to strengthen country focus with a clear purpose across the Organization. A new CCS Guide 2016 has been published. Valuable information on WHO country presence, functions and priorities, tailored to specific country settings is presented to WHA70 (A70/INF./3 - WHO presence in countries, territories and areas: 2017 report). Improving results and performance at the country level has been at centre stage in the WHO reform, feeding into the formulation of the 13th GPW, with SDGs as key drivers at country level.
1.2 WHO leadership to develop a resourced communications strategy to facilitate WHO country offices to communicate WHO country level purpose, priorities and activities clearly and accessibly to country stakeholders.	DCO with support from CCU and PRP	May 2017	Action will be undertaken to update the WHO communication strategy with a greater emphasis on WHO's work in countries as well as to improve reporting on results. All three levels of the Organization are to step up at advocating WHO's country work. To widen the reach of WHO communication, innovate new channels, e.g. WHO's new PB web-portal, can be explored to disseminate WHO's work at country level. As for the prioritization of WHO work at the country level, WHO has put in place a structured process for setting priorities as part of the bottom-up planning process. The priorities identified at the country level have been published in the programme budget web-portal which gives information on WHO's work in countries to all stakeholders. The results have been used as a key input to the development of the Programme budget 2018-2019. A comprehensive WHO Global Strategic Communication Framework has been put in place for communicating effectively information, advice and guidance across a broad range of health issues, with a web-based tool for capacity building for the core communication principles.

2. What is the contribution of WHO presence in countries towards addressing global, regional, and individual countries' health priorities and needs?			
Recommendation 2	**WHO should develop and implement a methodology to assess performance at country level which is integrated with the CCS/BCA and WHO global results framework for purposes of learning and accountability.**		
Management Response	Accepted. Assessment of and demonstrating performance at country level in a systematic way is at the core of the Secretariat's efforts for greater accountability for results. The existing tools and approaches, approved by WHO governing bodies, and the existing global results framework provide a good basis for this. Nevertheless, we agree that further action is required to achieve a stronger integration of planning, monitoring, evaluation and reporting processes. The explicit focus of these efforts should be on country level outcomes, on communicating results, disseminating experiences and learning from previous work. Revision of CCS/Programme Budget guidelines is currently underway, including consideration to reflect health outcome/impact targets in line with the SDGs with a stronger and participatory monitoring and evaluation component. Tools and methodologies for assessing performance at country level have been developed and piloted in some Regions, lending for review and possible further adaptation for global use.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
2.1 WHO to develop a theory of change for WHO country level presence.	DGO and GMG	2018	With the WHO global results framework as its basis, the results chain will be further refined by reflecting country level outcomes and impact in the short/medium/long term.
2.2 WHO to develop a CCS and BCA/Biennium template based on the above mentioned theory of change which includes information on deliverables, planned outputs (results), outcomes and impact consistent with the WHO global results framework. The template is intended to be used as a tool to support bottom up planning with country partners	CSU Network, PRP Network joint responsibility	2018	Revision of the strategic and operational planning guidance and tools has been initiated by PRP and CCU, building on the existing tools and approaches and aiming at greater focus on country-level needs, priorities and context, while linking activities to country-level outputs and outcomes. Further revision may be expected in line with the development of the 13th GPW (starting in 2020). WHO has developed a global planning tool that facilitates the bottom-up planning of the entire Organization. The bottom-up priority setting and planning takes into account CCS, BCAs as well as discussions with partners and counterparts at the country level. The results of these planning and consultations are reflected in the Programme budget 2018-2019. The planning tool will show to what outputs, deliverables, products and services country office budget centres will contribute, including the cost.
2.3 WHO to develop CCS/ BCA methodologies, including a participatory process for annual reviews of progress on WHO country objectives with the country government and partners for learning and accountability purposes.	CCU Network, PRP Network joint responsibility	2018-2019	Strengthened monitoring and evaluation will be incorporated in the revised guidance and tools. The specific features and frequency of the processes will be further reviewed for their feasibility and sustainability. Improvement of the quality of reporting of outputs with a link to outcomes at country level is important, based on both qualitative and quantitative analysis. The discussion on establishing a joint monitoring and performance assessment of country level work with Member States is in progress.
2.4 WHO to review the planning processes used in different regions to ensure they are consistent with each other as well as with global reporting	PRP Network, CCU Network joint responsibility	2018-2019	Action addressed above, noting that the WHO overall planning process is based on the same global framework and tool, and that all six regions follow a common and standard planning process informed by the GPW. The interpretation and application of the process might of course differ, reflecting different contexts. Revision of processes is however underway, recognizing that improving the quality of reporting may largely

requirements at three levels and with the current CCS guidance.			address the issue.
3. What is WHO's added value at country level in the light of its level of investment?			
Recommendation 3	**WHO should review and map how the different levels of WHO add value to each other and to the Organisation as a whole, to understand better what WHO invests in country level work, and tackle the risks to its capacity to add value.**		
Management Response	Partially accepted: As part of the WHO reform, the roles and added value of the three levels have already been mapped. The review is continuing on how the various levels of the Organization add value to each other, building on the previous work. Translating the functions and roles into required investments and linking them with the results framework will provide an indication of WHO's added value in relation to the level of investment. There is a broad level of agreement on the findings of this evaluation on this topic, and WHO believes that the ongoing reform initiatives at global, regional and country levels are already addressing the issues to a large extent.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
3.1 WHO to clarify, define and map the Organisation's investments at all three levels in relation to countries and how these contribute to the WHO global results framework at country level so as to identify where there is scope to increase its effectiveness, and efficiency and how and where most value can be added.	GMG	May 2017	Analytical work has been completed in this area in some Regions and this will contribute to the ongoing discussion on the issue. The proposed action is furthermore strongly related to recommendations 1 and 4.
3.2 WHO to address the internal risks to its capacity to add value, notably through improving internal systems to facilitate prompt country level responses to partners; to support greater innovation; to reduce working in silo; and, to promote a more forward- looking way of working. These risks will need to be addressed at all three levels to enable WHO to work more efficiently as One WHO.	GMG, DGO with technical inputs from PRP, CRE and CNs	Mid-2017	This issue is being addressed as part of the WHO reform, for example, through the establishment and work of the WHO Risk Registry. Reviewing and evaluating the work of the CNs will be useful for the planning of the next GPW including a more cross-programmatic way of working. The corporate risk-management policy entered into force in November 2015, and the first full risk-management cycle across the Organization was completed in June 2016. Further, WHO's principal risks have been identified and made available publicly. The Secretariat is also developing a web-based register of risks to which Member States have access. The alignment of work at all levels with country priorities has been strengthened through close collaboration within and across the category networks and programme area networks in the preparation of 2018-2019 proposed programme budget which also addresses cross-cutting work in the context of the SDGs. This will pave the way for further consideration on WHO's business model for the 13th GPW.
3.3 WHO to convene a working group to review WHO's functions in relation to other global health organisations and the UN system so as to define more clearly WHO's unique offer and	DGO	End 2017	Creating yet another WHO Working group for this purpose may not be a very useful and effective approach. Discussions in various fora are already ongoing within the UN on the functions and roles of different agencies, to positioning the UN system optimally for SDG implementation support. At a very practical level, guidance to country offices on when and how to relate to the other agencies at country level is useful, especially when mandates overlap.

to avoid overlaps in roles.			
4. What are the modalities for strengthening or reducing WHO's presence in countries, based on the different health status and needs of individual countries?			
Recommendation 4	**WHO should ensure that the level of WHO country presence and capacity is appropriate to country needs, consistent with the WHO global strategy and WHO country purpose.**		
Management Response	Accepted: We agree that the level of WHO country presence and capacity should be matched with country needs and be consistent with the WHO global strategy and WHO country purpose. The issue has been discussed within the Organization and its governing body meetings for several years, and work is under way to develop a new and harmonized methodology to guide the allocation of resources to country offices, which would reflect the optimal use of resources at all levels. These efforts will provide a basic frame for WHO country presence. The findings of this evaluation are therefore relevant in light of the ongoing work. However, as the issue is more complex than merely following a set of indicators, any methodology that will be developed must need to be flexible enough to take into account the influences on WHO's work in countries which cannot be captured by mathematical formula, including national capacity, negotiations with the Member State, presence of other health actors (other UN, NGOs, private sector) and emerging priorities in a rapidly changing environment in the context of the SDGs.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
4.1 WHO to convene a working group to review and develop a methodology for determining country level presence, based on the revised statement of purpose at country level and the model outlined in this report. The methodology should be based on or closely aligned to the SBSA, or, if this is not adopted, a similar model based on indicators of country needs and capacity.	GPG, ADG/GMG and EXD/DGO to lead the work with participation of DAFs, DPMs and support from PRP, CCU and HRM	Mid-2018	The methodologies for determining country level presence which has been discussed in the past will be revisited, and a revised methodology, if needed, will be developed by the Working Group.
4.2 WHO to amend the global CCS guidance to include an assessment of country level staffing and staff skill mix, including administrative staff and the balance of national and international staff, consistent with WHO country budgets and country needs	CCU	End-2016	There is indeed a recognized need for a periodic assessment of country level staffing needs including skill mix. A CCS Working Group involving the CSU Network, technical cluster representatives and selected HWOs is currently reviewing and revising the global CCS guidance which includes the mainstreaming of SDGs and assessment of the implications of implementing the strategic agenda. Implemented. The new CCS Guide 2016 has been published.
4.3 WHO to review internal recruitment and HR processes to ensure prompt appointments and effective processes for the development and performance	HRD	End-2016	The findings are well recognized in WHO and are being addressed through ongoing reform initiatives of which HR is a part at Headquarters, Regional and Country levels. Harmonized selection process for longer-term positions for internationally recruited staff in professional and higher level positions were launched in January 2017. Forecast plans have been developed for the vast

management of staff.			majority of positions to facilitate workforce planning and reduce the period during which posts are vacant. Fast-track selection procedures have been introduced for emergencies. Early experiences in implementing the mobility policy are used to guide the following rounds of the mobility exercise and streamline processes when the Organization moves into the compulsory phase in 2019.
4.4 WHO to review processes for accessing internal expertise and identify gaps in relation to new and developing areas such as health financing, private sector engagement, social determinants of health to ensure that all WHO Country Offices have adequate and prompt access to a good quality of expertise to respond promptly to country needs. The analysis should also include access to health emergency resources.	HRD with PANs	Mid-2017	The challenge on how to establish and maintain a living global roster of expertise (internal and external – in addition to those managed by specific programmatic areas) has not yet been overcome when tackled as a stand-alone issue. This action will be addressed as part of the development of methodologies for determining country presence and capacity in line with the country needs and as part of HR dynamic reforms with a view to facilitating greater mobility of available expertise within WHO. Agreements with executive search firms have been made to assist major offices in the identification of suitably qualified candidates for professional and higher-level categories. Rosters have been developed for emergency expertise and e.g. for programme management and administrative functions at global and regional levels.
5. To what extent does WHO exert effective leadership and convening capacity at country level to mobilise different stakeholders and act as a broker of partnerships in support of the national health and development agenda?			
Recommendation 5	**WHO should ensure that HWOs and country staff have the necessary leadership skills to be effective at country level, and that they are supported in this by the systems and processes of the wider Organisation, and should strengthen partnership engagement to support the delivery of country level health and development objectives.**		
Management Response	Conditionally accepted: We agree that HWOs and country staff should have the necessary leadership skills to be effective at country level. Several efforts have already been made to this effect such as recruiting the HWOs based on merit by using a pre-qualified HWO Roster to draw from, and arranging global inductions at Headquarters and regional levels, and organizing global health diplomacy training courses and participation in the UN leadership courses for newly appointed HWOs. We are also in full agreement that HWOs and country staff should receive systematic and consistent guidance and support from Regional and global levels in a sustainable manner. Clear guidance on engagement with non-state actors at country level is pending finalization of negotiations with Member States on FENSA.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
5.1 WHO to ensure that new HWOs and country staff recruited have strong skills and competencies in leadership, health diplomacy and partnership collaboration; training should be provided to existing staff where needed.	GPG, with support for capacity building by HRD,GLC and CCU	Continuing task	Implemented. Competencies in leadership, partnerships and health diplomacy have been included in the standardized HWO post description and work objectives. Sustainable system efforts on strengthening leadership competencies have been made, and coaching has been initiated as a way to further support leadership capacity. However, such efforts are only successful if systems are in place to make strengthening of competencies a continuing effort, going beyond HWOs and involving also other senior staff across the Organization.
5.2 WHO to ensure that all three levels of WHO are well aligned and	RDs, CNs, GLC, CSUs	Continuing	This action is linked to reconfirming the differentiated roles and functions of the three levels of WHO. Efforts are also needed to improve the CCS and ensure that it is indeed the main framework for WHO cooperation in

coordinated to support country level leadership so that Country Offices receive consistent and systematic support from the other two levels of WHO.			a Member State, drawing from coordinated inputs from throughout the Organization. Periodic reviews of country work through WebEx will also be considered as a way to coordinate work on key issues in a particular country. For coherent organization-wide support for country priorities, video/WebEx discussions on newly launched CCSs have been initiated.
5.3 WHO to develop and institutionalise a process aligned with CCS development and review for Country Office teams to map all partners at country level to include new and emerging partners relevant to the country's needs such as CSOs, NGOs and the private sector. Country Office teams to be developed to improve their capacity to engage with the private sector	HWOs, CSU, External Relations and Partnerships, LEG	Revised CCS guidance by end 2016; full FENSA implementation by 2018.	As part of the CCS process, relevant stakeholders in a country are mapped for their respective roles in the implementation of the strategic agenda. The Sixth-ninth World Health Assembly adopted the Framework of Engagement with non-State Actors in May 2016, and implementation has begun. The Framework provides a common set of rules for engagement, types of interaction, an online register with information on all non-State actors with which WHO engages, and process and coordination mechanisms for the implementation of the Framework. The implementation of the Framework at all levels of the Organization will be fully operationalized within a two-year timeframe. A guide for staff and a handbook for non-State actors are being finalized. In addition, a change management plan, communication plan, and training materials for staff are being developed.
5.4 WHO to clarify the mutual accountabilities and responsibilities of WHO and Member State governments to ensure that each party has a clear understanding of its roles and relationship	WHA and RCs	Ongoing	The mutual accountabilities and responsibilities of the WHO Secretariat and Member State governments are defined in the 12th GPW and further described in the WHO global results chain and programme management framework.
6. Cross-Cutting			
Recommendation 6	**WHO leadership should develop standard management processes to implement and follow up agreed recommendations from evaluations and identify organisational barriers to their implementation.**		
Management Response	Accepted: WHO leadership will oversee the implementation of the actions identified in the management response, following its approval. DGO will provide the general oversight, with the WHO Evaluation Office playing a leading role in its monitoring. The oversight and tracking of the main elements of the management response will be undertaken for at least a five-year period.		
Status	*In progress*		
Key Actions	*Responsible*	*Deadline*	*Comments*
6.1 WHO leadership to allocate responsibility to specified senior roles to lead on agreed recommendations from this evaluation with implementation plans which are specific, time limited and accountable.	DGO	September 2016	DGO is leading on the definition of the WHO management response to the evaluation. It includes the assignment of responsibilities for the implementation of the recommendations. Following finalization of the management response, DGO will prepare a plan of action for implementation of the agreed recommendations by each concerned units.
6.2 WHO Evaluation Office to carry	WHO Evaluation	For future	EVL will submit to the forthcoming meeting of the GPG a synthesized list of outstanding recommendations

out a systematic review of the recommendations from other relevant reports on country strengthening and identify which of those are still outstanding and relevant, with a view to producing a synthesised list of recommendations for agreement by the Global Policy Group (GPG).	Office (EVL)	meetings of the GPG	made on other relevant reports on country strengthening.
6.3 WHO Evaluation Office, in consultation with WHO leadership, to identify the barriers to implementation of outstanding recommendations, and to develop a plan of action to address barriers.	WHO Evaluation Office (EVL)	2016-2017	WHO EVL, in consultation with WHO leadership, will undertake a review of the barriers to implementation of the outstanding recommendations from previous reports on country strengthening. The review will be complemented by an action plan to address these barriers. The review and action plan will be submitted to the GPG for consideration and follow-up.

2.2 Evaluation of the Impact of WHO publications

2.2.1 The objective of this evaluation was to assess the impact of WHO publications by considering the reach, usefulness and use of a sample of WHO's information products as estimates for their impact. The evaluation posed four high-level questions and covered approximately 15 000 publications over a period of 10 years of publication. The evaluation itself was conducted between December 2015 and September 2016 and used multiple lines of evidence, including interviews, document review, case studies, surveys and bibliometrics. The scope of the evaluation covered 10 years and approximately 15,000 publications.

2.2.2 The evaluation concluded that WHO produces a number of high quality, high impact publications and that health professionals the world over look to WHO for science-based guidance and advice. However, there remain opportunities for improvement. One such area relates to audience reach, WHO publications are not fully reaching intended audiences. Better publication planning around dissemination, communication and translation is recommended.

2.2.3 Specifically the evaluation recommended six strategic recommendations namely (i) WHO should develop a publication strategy that provides the model for programmes to properly and rigorously plan, develop, disseminate and monitor their publications; (ii) WHO should better integrate quality assurance throughout the entire publication process, from initial planning to finalization; (iii) WHO should develop a more proactive dissemination strategy; (iv) WHO should better integrate quality assurance throughout the entire publication process, from initial planning to finalization; (v) WHO should develop and implement a monitoring and evaluation framework to provide monitoring information on the reach, uptake and impact of WHO publications; and (vi) Programme publication strategies should include translation plans that are based on programme information needs assessments. Together these recommendations are intended to ensure that WHO builds towards a publication strategy that defines the role of publications in achieving organizational and programmatic goals, including monitoring compliance set within a broader knowledge translation framework.

2.2.4 In its management response, the Secretariat highlighted that the evaluation provided WHO a set of recommendations designed to achieve better future impact of its publications. Overall, the Secretariat felt that while most of the recommended actions are desirable and feasible and will improve the efficiency of WHO publications, not all the recommendations reflect measured consideration of the trade-offs between quality and timeliness or between expenditure and reach.

2.2.5 Work is already in progress to address some of the gaps identified. In line with addressing the recommendation requesting the Secretariat to clarify WHO's publications policy, a schedule for policy updates will be produced and publishing policies reviewed with the aim of simplifying them. Publication committees in all WHO regional offices and several departments at headquarters are directly involved in promoting WHO's current procedures for publications. With the aim of systematically increasing access to WHO's publications, WHO's translation services focus on governing bodies and high-level corporate content and WHO's open access policy encourages other institutions to translate content. The new strategic priorities of the WHO Library for 2016 to 2019 include enhancement of information management tools but will require substantial investment.

Management Response - Evaluation of the Impact of WHO Publications

Evaluation Title	**Evaluation of the Impact of WHO Publications**
Commissioning Unit	**WHO Evaluation Office**
Evaluation Plan	**Evaluation workplan for 2014-2015**
Unit Responsible for response	**DGO and regional offices, with SPI as facilitator**

Overall Management Response:

The evaluators have provided WHO a set of recommendations designed to achieve better future impact of its publications. As noted below, we consider that most of the recommended actions are desirable and feasible and will improve the efficiency, the coherence and the result of WHO's varied publishing activities. Work is already in progress to address some of the gaps identified; expansion of the open access policy, systems improvements needed to introduce demand-driven, digital publication and promotion of multilingualism through the revision of translation policies. This development work is contingent upon new resources, including those allocated through the information technology infrastructure fund.

However, not all the recommendations are supported by adequate data, and none reflect measured consideration of the trade-offs between quality and timeliness or between expenditure and reach. The evaluators address this crucial limitation only by stating that "resource requirements should be contemplated by programmes." We are encouraged by an 86% satisfaction rating from the WHO stakeholders surveyed despite the inevitable resource constraints that prevent WHO from distributing every publication in every possible language or format.

This evaluation intended to measure reach, usefulness and use of WHO publications but the evaluators were unable to quantify or define the intended audience of the publications they included in this study. The evaluators also conceded that they were unable to measure the extent of implementation of WHO's publications policy and its influence in the impact of WHO publications.

In reviewing the findings of this evaluation, WHO's legal office has confirmed that it will continue to advise WHO Departments and Offices on WHO's publishing policies and procedures, as set out in eManual, Chapter VIII and continue to promote compliance with WHO's publishing policies and procedures and withhold clearance of non-compliant cases which are brought to its attention.

With respect to the correlation reported between the number of official language versions produced and reach attained online, we would like to clarify that only the most well-funded publications can be produced in Arabic, Chinese, French, English, Russian and Spanish, and that these are almost always to be found in their category of flagships. WHO achieves considerable additional reach through the licensing of non-official translations, but this mechanism was not assessed in the evaluation.

The evaluators have provided us with useful evidence on the competing objectives and constraints that shape WHO's publishing activities. Implementing their recommendations will help ensure that WHO maximizes the relevance, reach and use of its published output.

Management Response Status	Completed
Date	15 February 2017

Recommendations and Action Plan

The recommendations refer to the following high-level questions addressed by the evaluation:

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

Recommendation 1	**WHO should develop a publication strategy within a broader knowledge translation framework that provides the model for programmes to properly and rigorously plan, develop, disseminate and monitor their publications**			
Management response	Accepted, with reservations, as a summary policy on publishing is needed, as well as one or more publication strategies, with implementation plans. WHO has had a knowledge translation framework in the past, but this needs to be updated. The strategy should also include an emphasis on a professional approach to publishing management. See comment under rec 4.			
Status	*In progress*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Establish an organizational publications strategy within one year. The strategy should incorporate a knowledge translation framework and encompass all types of programme publications, including external publications, and support publication priority setting and lay the framework for rolling out strategies at regional offices, clusters and departments. The strategy should be led by the highest levels of the organization.	HQ/DGO/SPI	2018	In progress	The Publishing Policy Coordination Group recognizes that some departments may require individual publication strategies. Commitment by the GPG would help to support implementation at cluster and regional level. All departments and offices will be consulted on the development of an overall publishing strategy. This strategy will be limited to publications per se, and not address the issues of m-health, apps, interactive tools etc.
ii. Promote broader knowledge translation framework to all WHO staff through training, awareness raising and communications.	HQ/DGO/SPI	2018	Not initiated	As above; decision needed on the desirability of updating previous framework. Communications planning is the purview of DCO and officers in individual departments.
iii. WHO programmes should determine their role in providing publications in support of policy making and programme implementation. This would help to achieve clarity on how best to impact health outcomes by including guidance, on policy and implementation matters.	Each department that publishes; too many to list.	Each programme determines its role in the provision of publication, but to a variable degree.	Implemented	Intended outcome needs further clarification. Strategy development and IT investments are planned to improve visibility of products in the pipeline.
iv. Clarify the WHO publications policy, as established by EB 122/20, 123/and EB 129/4, by providing and promoting a coherent policy document and renewed guidance on its implementation and evaluation for	HQ/DGO/SPI	2019	In progress	The PPCG reviews and updates WHO's many publishing policies on a continual basis. A schedule for updates will be produced. Publishing policies will be reviewed with the aim of simplifying them.

the next five years.				
v. Promote current WHO procedures for publications, as articulated in Chapter 8 of the WHO e-Manual, to ensure consistent, high quality WHO publications across organization.	HQ/DGO/SPI HQ/DGO/LEG HQ/DGO/DCO HQ/HIS/IER	2017	Implemented	Publication committees in all regional offices and several departments at HQ are directly involved in promoting current WHO procedures for publications. Clearance procedures will be reviewed in the context of IT upgrades, contingent upon receipt of IT infrastructure funds.

Recommendation 2	**WHO Programmes should clearly identify information needs and the target audiences for their publications**			
Management response	Accepted, with reservations. Given the variety of WHO publications, some titles have well-established target audiences.			
Status	*In progress*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Formalize a needs assessment process, to be undertaken at the programme level, which ensures alignment of WHO publication approaches with target audience needs.	HQ/DGO/SPI	2019	Not initiated	The PPCG can propose a formal needs assessment process, but this would need to be undertaken by each department producing publications. Endorsement of external publications is rarely possible for legal reasons, but joint publication agreements have been established with other UN agencies.
ii. Promote an intra-WHO discussion aiming to establish criteria to identify target audiences for WHO publications. Consider defining a common approach to documenting the needs assessment and targeting process, within knowledge translation framework.	HQ/DGO/SPI	2019	Not initiated	As above
iii. Systematically identify and prioritize target audiences and needs, and plan to address those needs by tailoring publications (e.g., more use of derivative products, producing shorter, less technical versions of lengthy technical documents to increase usefulness, produce in multiple languages, etc.) to target groups (such as policy makers and front-line practitioners, especially those in developing countries) to ensure relevance and usefulness and thereby maximizing the results from investment.	HQ/DGO/SPI HQ/DGO/DCO	2019	In progress	WHO translation services focus on governing bodies and high-level corporate content. WHO's open access policy should be used to encourage more institutions to translate content.

Recommendation 3	**WHO should develop a more proactive dissemination strategy**			
Management response	Accepted			
Status	*In progress*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Create an active dissemination strategy to promote the "pull" dissemination of publications, as well as the "push" or active dissemination for different types of documents. This would include dissemination planning, delivery channels, targeting and matching formats, language and delivery to targets. In countries/regions with unreliable or restricted internet access, consider appropriate dissemination approaches, which should include hard copy distribution.	HQ/DGO/SPI	2020	In progress	Publication planning should include resources for printing and targeted distribution at country level. Communication plans should accompany all publications – these rely on the department of communications and the authoring departments. Pull dissemination and improved stock monitoring are requirements of new IT infrastructure, requiring substantial investment.
ii. Revise dissemination mechanisms (e.g., country office involvement, publications promotion, etc.) to promote and support policy making and programme implementation.	HQ/DGO/SPI	2019	In progress	Clear strategy needed to enable country offices to implement and to disseminate publications that are clearly relevant to the country needs
iii. Keep an accurate, valid community of publication users (e.g., mailing lists, etc.).	HQ/DGO/SPI	2018	In progress	Need clear strategy for how to address this point. At present this is diffused across clusters and regions. Incorporated in the information systems renovation needed for distribution.
iv. Enhance WHO foundational information management tools to a standard befitting a knowledge-based organization by reviewing the functionality of: • The Institutional Repository for Information Sharing (IRIS) to ensure it is accurate and up-to-date, and therefore more useful. Potential approaches include: reviewing functionality, procedures and quality assurance of IRIS; developing clear definitions, inclusion and exclusion criteria, procedures, quality assurance mechanisms and review processes for IRIS; and promoting awareness of IRIS capability. • Current WHO website to increase	(IRIS) HQ/DGO/SPI	(IRIS) 2016-2018	(IRIS) In progress	(IRIS) The recommended key actions are included as important components in the new strategic global priorities of the WHO Library (Expanding the WHO Library and Information Networks: Strategy 2016-19). IRIS metadata accuracy, the implementation of modern tools and appropriate technology, content update and collection management, metrics and bibliometrics, as well as visibility, discoverability, awareness and dissemination are combined in 9 specific recommendations that are dependant of sufficient funding of the implementation plan. This recommended key action as well as most of IRIS strategic priorities are closely linked to WHO publications as well as Web policies and practices. Constant

searchability and website usability (e.g., ease of use of website, the placement of important information in appropriate areas). Potential approaches include: providing links between more popular publications (i.e., guidelines and flagship products) and other less-viewed documents and adding mechanisms to enhance website searchability (e.g., effective WHO search engines, improved online publications directory and metadata, etc.).	(Web) HQ/DGO/DCO	(DCO) 2019		coordination and alignment with WHO's publishing and digital dissemination strategies (under development) is therefore essential and will be further reinforced (through clarification of roles and review of procedures and workflows). (DCO) Implementation contingent upon budget and workplan approval. While a new CMS is currently in process of approval, some redesign of the site itself may be needed to address these suggestions together with training and SOPs for web focal points. It is currently the responsibility of departments to submit their publications to the institutional repository and to build web pages that assist discovery of those files. IT investments are planned to improve the searchability of IRIS and to migrate the online bookshop to a publication platform that facilitates both free access and the purchase of print copies.
Recommendation 4	**WHO should better integrate quality assurance throughout the entire publication process, from initial planning to finalization**			
Management response	Accepted			
Status	*In progress*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Review quality assurance compliance systems and determine gaps in quality assurance function across programme areas and major offices. Identify common procedures and systems for monitoring. Reconsider role of Publishing Policy Coordination Group (PPCG), and/or clarify commitment and accountability of senior and executive management to quality assurance, at both HQ and Regional Offices.	HQ/DGO/SPI	2018	In progress	Quality in the publication process can only really be assured through recognizing the role of and investing in publishing professionals. Investment by clusters and regions in establishing a single post (at a generic level) for a professional publisher/publishing manager will promote standards, consistency and compliance (and support the staff mobility policy). It will also free up technical professionals to concentrate on technical work.
ii. Encourage leadership and senior management to commit to enforce compliance with publication policies.	HQ/DGO/SPI HQ/DGO/LEG HQ/DGO/DCO HQ/HIS/IER	2017	In progress	See comment above. Commitment to enforce a professional approach to publishing will facilitate compliance.
iii. Introduce/maintain publication policies training for relevant employees in HQ and ROs. Encourage attendance from Director Level (management) staff. Assess link between training and compliance.	HQ/DGO/SPI	2017	In progress	This is valid but has already shown to be a partial solution only. A professional approach and project management skills are essential.
iv. Review publications systems and procedures to identify barriers and constraints to compliance. Increase flexibility of e-Pub to suit varying needs of areas, while maintaining quality assurance and publications standards.	HQ/DGO/SPI	2019	In progress	ePub is aimed at ensuring approvals are obtained and at basic policy compliance. Approvers usually want to see clear justification and structural outline. While publishing tracking systems can help manage, care must be taken to ensure that clusters do not introduce many different solutions. The objective is to simplify the procedures and increase the accuracy of reporting overall.

Eliminate system duplications (i.e., use of paper-based and electronic systems at the same time).				
v. To support quality assurance throughout the entire publication process, assess the need and function for publication process quality assurance authorities and resource those positions as required.	Regional offices, HQ/DGO	2018	Not initiated	Some departments consider that outsourcing is a more cost-effective and flexible option.
Recommendation 5	**WHO should develop and implement an M&E framework to provide monitoring information on the reach, uptake and impact of WHO publications**			
Management response	Accepted			
Status	*In progress*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Establish a monitoring system to track dissemination, uptake and reach of WHO publications. Create a monitoring approach to track readership, possibly using web analytics. Consider end-of-publication surveys on webpages to track use and usefulness	HQ/DGO/SPI	2018	In progress	A standardized corporate approach across WHO is essential to ensure comparability; Altmetrics will be acquired to track online use of publications with compliant metadata. In alignment with WHO publishing policies, web analytics and Altmetrics, IRIS will implement tracking and metric tools that will support reporting on the reach of WHO publications. The aim is for comprehensive annual reports of use through all channels – free downloads, purchased copies, translations, social media and academic citations – available per title. The IT infrastructure changes required to do this are substantial.
ii. Integrate the assessment of the impact of WHO publications as a cross-cutting component into future WHO programme evaluations.	HQ/DGO/EVL	ongoing		
Recommendation 6	**Programme publication strategies should include translation plans that are based on programme information needs assessments**			
Management response	Accepted with reservations; translations are resource-intensive if done by WHO, or unpredictable if done by external suppliers at their cost.			
Status	*Not initiated*			
Key actions	*Responsible*	*Timeline*	*Status*	*Comments*
i. Define translation needs and plan translation strategies in advance of publication production, irrespective of apparent resource constraints at that stage. Resource requirements should be contemplated by programmes as part of their programme strategies and as part of their	All departments that publish; too many to list.	2020	Not initiated	Supported. In addition the overall publishing strategy should clearly define which publications must be translated in official languages and will thus be issued as official translations at a corporate level with resources allocated accordingly.

information needs assessment.				
ii. Promote translation in local languages, including through partnering with local NGOs, academic institutions, government agencies, etc.	HQ/DGO/SPI	2016	Implemented	WHP promotes and manages translation agreements in dozen of non-official languages.

2.3. The External review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases

2.3.1 The purpose of the review was to undertake a detailed examination of most aspects of the work of the Special Programme for Research and Training in Tropical Diseases (TDR). The review recognised that in the last five years, TDR has largely achieved its goals and regained its position as a respected player in the field.

2.3.2 The review was asked to consider the strategic direction of TDR and its specific niche, in order to contribute to the strategy from 2017 onwards. During the review, eight themes emerged for analyses: (i) TDR's niche, (ii) capacity building, (iii) partnerships, (iv) maintaining the commitment of the co-sponsors, (v) managing the workstreams, (vi) succession planning, (vii) funding TDR, and (viii) accessing technical expertise.

2.3.3 Some of the major recommendations of the review include the following: TDR should continue its focus on implementation research and should confirm its current direction in withdrawing from supporting product research and development through its own funds; if TDR does take on the management of the Health Product Research and Development Fund, the risks of doing so need to be clearly identified and mitigated; in the next strategic plan, TDR should clearly outline its approaches to partnerships, ensuring that costs of inputs into such partnerships are covered and expectations clarified; and the structure of TDR should be appropriate for its strategic focus.

2.3.4 Furthermore, in the area of capacity building, if TDR continues this function, collaboration with other institutions should be explored. There is an urgent need to improve TDR's project management systems and this may involve entering into intensive negotiation with WHO. In general, TDR benefits from being a programme with several UN agencies as co-sponsors and this should be maintained. More work is needed to explain the relevance of TDR's work to the co-sponsors, including identifying ways in which mutual benefit can be leveraged. Where donors provide designated funding, it is important that TDR only engages with agreements that it can effectively handle administratively and for which all costs are covered by that funding.

2.3.5 In its management response, TDR highlighted that a number of issues raised in the recommendations are being addressed in the 2018 to 2023 strategy currently under development. Explicit statements on research and development, partnerships, intervention and implementation research, including an organisational structure that fits the strategy, are all being considered in the strategy development process. TDR is moving forward on collaborating with other organisations and discussions with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction have already begun, starting with areas of mutual benefit. Efforts are also being made to identify specific projects of mutual interest to facilitate closer management with current co-sponsor priorities.

For the management response, see:
http://www.who.int/tdr/publications/about-tdr/reviews/summary-sixth-external-review.pdf?ua=1

2.4 Final Review of the Medicines Transparency Alliance Programme

2.4.1 The review of the Medicines Transparency Alliance (MeTA) Programme, Phase II, was commissioned by the WHO Department of Essential Medicines and Health Products. The principal purpose of the review was to provide in-depth information with regard to the achievements and challenges of Phase II of this Programme as well as to inform the WHO strategy for future work in transparency and good governance in the pharmaceutical sector in countries.

2.4.2 Based on results from seven participating countries, the review concluded that MeTA has been successful in achieving its aims. The key determinants of success have been the increased capacities of national councils and the range of policy recommendations made. The performance achieved by most countries has surpassed the expectations set out in the project logical framework.

2.4.3 The review, while confirming that multi-stakeholder policy dialogue is important, also highlighted that effective multi-stakeholder engagement on its own, is not sufficient. Similar observations were made regarding transparency, highlighting that the role of transparency is more enhanced when framed as a set of principles that support the multi-stakeholder approach. This encouraged stakeholders to share information suggesting that MeTA's strength lies not in its ability to generate data per se but in how that data is used as an integral part of multi-stakeholder policy dialogue.

2.4.4 Evidence showed that genuinely open multi-stakeholder policy dialogue on access to medicine issues, did not happen prior to MeTA and thus it could be concluded that MeTA has made a unique and significant contribution to establishing a platform where actors from civil society, the public and private sectors can engage in meaningful access to medicine policy dialogue.

2.4.5 The review's principal recommendations are that WHO should use the experience and lessons learnt from MeTA to promote the roles of multi-sectoral councils as key drivers of change in national medicines policies, particularly their roles in promoting transparency, accountability and policy dialogue. WHO should also consider integrating a MeTA approach into its wider work on transparency and good governance in medicines.

2.4.6 In its management response, WHO highlighted that it has supported the MeTA programme in the seven participating countries since its inception in 2009. This has been done, first through the provision of technical support and later, in addition to technical support, through participation in the management of the programme.

2.4.7 In response to one of the review's recommendation for WHO to consider integrating the MeTA approach into its wider work on transparency and good governance in medicines, WHO has supported the development of a mobile phone application for the collection of medicines price and availability data. To date, 15 countries have used the application to collect data. Scaling up to include more countries is dependent on the availability of resources.

2.4.8 In addition, the review proposed other key areas for consideration. Some of these were: (i) ensuring inclusion of activities focused on consistent multi-stakeholder engagement on access to medicines, such as the capacity of civil society to engage, or ensuring adequate resourcing of management structures that facilitate the multi-stakeholder process; (ii) the need to be aware of investing in activities within the political stream as these were not found to be necessary to policy success; (iii) the need to focus on activities that provide stakeholders with credible data to engage in multi-stakeholder policy dialogue rather than for use in general public awareness raising or similar; and (iv) considering further work so as to better understand other factors that may influence policymakers to identify and prioritise access to medicines issues.

2.4.9 The review concluded that the multi-stakeholder approach takes time to implement and for actors to trust one another. The approach is best considered in programmes with long time horizons (e.g. more than five years) and requires uninterrupted financial support during its lifetime. A clear exit strategy will be important to ensure sustainability of multi-stakeholder dialogue when external support ends.

Management Response

Evaluation Title	The Medicines Transparency Alliance - Programmatic Review of MeTA Phase II
Commissioning Unit	EMP/PAU
Link to the evaluation	http://apps.who.int/iris/handle/10665/246256
Unit Responsible for providing the management response	EMP/PAU

Overall Management Response:

WHO has supported the MeTA project in the 7 participating countries since its inception in 2009, firstly through the provision of technical support and later through both the provision of technical support and through participation in the management of the programme. A programme evaluation was carried out to gain insight from external reviewers on the achievements and challenges of MeTA Phase II and to inform WHO strategy for future work in transparency and multi-stakeholder engagement in the pharmaceutical sector in countries.

Principal conclusions of the programme evaluation include:

- Phase II achieved its aims in transparency and multi-stakeholder policy dialogue
- Improved transparency through a multi-stakeholder approach is an example of good governance best practice
- Processes could be improved for more impact and better value for money

A total of 28 detailed recommendations were made with the overall recommendations as follows:

- WHO should use the experiences and lessons learnt from MeTA to promote the roles of multi-sectoral councils as key drivers of change in national medicines policies, particularly their roles in promoting transparency, accountability and policy dialogue.
- WHO should consider integrating a MeTA approach into its wider work on transparency and good governance in medicines.

Management agrees with the recommendations.

Management Response Status	In progress
Date	27 February 2017

Recommendations and Action Plan

Recommendation 1				
WHO should use the experiences and lessons learnt from MeTA to promote the roles of multi-sectorial councils as key drivers of change in national medicines policies, particularly their roles in promoting transparency, accountability and policy dialogue.				
Management response	- Accepted - Further work was planned to explore the lessons learnt and to share and promote the lessons learnt			
Status	In progress			
Key actions	Responsible	Timeline	Status	Comments
A review was developed and published: Medicines Transparency Alliance (MeTA): Pathways to Transparency, Accountability and Access Cross-Case Analysis and Review of Phase II	EMP/OOD/PGK	Completed	Implemented	
Peer reviewed journal articles, abstracts and advocacy planned	EMP/OOD/PGK	2017	In progress	

Recommendation 2				
WHO should consider integrating a MeTA approach into its wider work on transparency and good governance in medicines				
Management response	- Accepted - Further work was planned to improve support for the collection of robust information, transparency and multi-stakeholder approaches			
Status	In progress			
Key actions	Responsible	Timeline	Status	Comments
Development of mobile phone application for the collection of medicines price and availability data	EMP/IAU	Ongoing	In progress	- At least 15 countries have used the application to collect data. Scale up is funding dependent
Transparency in pricing of pharmaceuticals will be explored through the Fair Pricing Forum	EMP/IAU	May 2017	In progress	
Multi-stakeholder approaches incorporated into the Good Governance for Medicines programme	EMP/OOD/PGK	Ongoing	In progress	

2.5 Review of bilateral consultation between WHO and contributors as part of the Financing Dialogue 2015

2.5.1 WHO's Financing Dialogue was launched in 2013 as part of an ambitious reform agenda to ensure a fully-funded programme budget for the Organization in a rapidly evolving global health landscape. Its main objectives are to secure at least 70% of the programme budget financing before the start of a biennium as well as to reflect and promote the principles of alignment, flexibility, predictability and transparency, and to reduce funding vulnerability. As a means of strengthening the foundations of the financing dialogue and WHO's resource mobilisation more broadly, the WHO task force on resource mobilisation and management strategies in 2013 further recommended that WHO hold bilateral consultations with major contributors.

2.5.2 The first Financing Dialogue and bilateral consultations occurred in 2013, and again in 2015, adopting recommendations to enhance both regional office involvement and collaboration with contributors in the organization of the meetings. Following the Financing Dialogue 2013, an evaluation was conducted at the request of the Sixty-sixth World Health Assembly and focused on the entire Financing Dialogue process. Following the Financing Dialogue 2015, it was decided to have a review focusing specifically on the bilateral meetings held in the lead-up to and following the Financing Dialogue meeting held in November 2015.

2.5.3 The main objective of the review was to draw lessons from the bilateral consultations with a view to providing practical recommendations on strengthening the implementation of the individual financing dialogue bilateral consultations to help to influence contributors' adoption of the financing dialogue principles, and optimising WHO's approach to donor engagement and dialogue more broadly. An analytical framework was developed to guide the analysis for this review and its recommendations. At its lowest level, the framework reflects the activities undertaken to conduct the dialogues and consultations; at the next level it assesses the number and quality of the bilateral consultations in terms of timing, participation, dialogue, follow-up, and link to other efforts to engage contributors. The framework then traces the influence of the quality of these outputs at two outcome levels: (1) their effect on knowledge, relationships, and confidence levels of participants; and (2) the extent to which the WHO Financing Dialogue and Bilateral Consultations Review influenced contributors to take action to increase, maintain or better align funding with the financing dialogue principles

2.5.4 The review concluded that the financing dialogue bilateral consultations are considered a valued and important opportunity for dialogue and relationship building but that the nature of the financing dialogue bilateral consultations varies significantly, it was unclear how the consultations are differentiated from regular meetings between WHO and each contributor. The consultations had a positive effect on relationships and mutual understanding between contributors and WHO but there was an identified need for them to become more strategic and more strongly focused on progress and results achieved across each contributor's portfolio. The report also noted that, for financing dialogue bilateral consultations to play a more "catalytic" role in encouraging action towards increased funding and alignment with financing dialogue principles, they must be integrated into a broader contributor engagement strategy and a clearer overarching approach to organizational resource mobilization and communications. The review found that, in the current approach, specific technical discussions had the tendency to overcrowd the strategic discussions.

2.5.5 The review recommended to use the presence of senior WHO leadership for meetings with critical stakeholders such as civil society, parliamentarians and the media to communicate WHO's results achieved, WHO's financing needs, WHO's principles and communicate on the support required by WHO to effectively do its work.

2.5.6 It was also recommended that a longer-term view of reducing funding vulnerability is critical. In this light, WHO should consider broadening the scope of the financing dialogues and bilateral consultations to include key emerging contributors from all sectors. An overall targeted engagement strategy for each of WHO's contributor groups is key.

2.5.7 The review recognised that the increased level of effort and expertise needed to implement these recommendations will require strengthened capacity in terms of both skill and resources within CRM and

beyond. This would also require changes in current mindsets and behaviours to enable strengthened collaboration across all WHO departments.

2.5.8 In its preliminary management response, the Secretariat has launched a detailed process review of the bilateral consultations structure, including the need to strengthen regional participation in the process. The new recommended process was implemented in the bilateral consultations held in the last quarter of 2016. Engagement plans are being developed for a number of key contributors to the Organization. Further work is under way to develop actionable recommendations on how to focus WHO's resource mobilisation approach.

3. Update on progress in the implementation of recommendations from recent evaluations reported in the evaluation annual report to the 139th session of the Executive Board[1] in May 2016

3.1 Quick Start Programme of the Strategic Approach to International Chemicals Management: progress and challenges towards the achievement of the goal for 2020

3.1.1 The Quick Start Programme was established to promote the sound management of chemicals and hazardous wastes throughout their lifecycle so that, by 2020, chemicals are produced and used in ways that minimize significant adverse impacts on human health and the environment. The report of the external evaluation to assess progress and challenges of this United Nations Environment Programme-hosted initiative was submitted to the International Conference on Chemicals Management at its fourth session (Geneva, 28 September-2 October 2015).

3.1.2 Since the last evaluation annual report, the Secretariat highlighted that the Quick Start Programme is winding down and there is only one remaining project currently under implementation. WHO is ensuring that this project is aligned with the Country Cooperation Strategy and that there is a conversion towards the principle of gender equity and gender mainstreaming. A draft roadmap including activities on substitution and alternatives has been presented for consideration by the Seventieth World Health Assembly.

[1] Document EB139/9.

Quick Start Programme of the Strategic Approach to International Chemicals Management: progress and challenges towards the achievement of the goal for 2020

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
NB: this evaluation and the recommendations were directed at the SAICM Secretariat at UNEP, which is responsible for the implementation of the QSP. WHO is one of a number of organizations that have been executing agencies for QSP projects. Some of the recommendations are applicable to WHO where they concern project implementation and this is reflected in the remarks given below. The QSP was a time-limited programme and is coming to an end. PHE/IHE has one project that is about to start and this will be the last involvement of PHE in the QSP.									
140	The Quick Start Programme (or a similar chemicals and waste financing mechanism) should be further developed beyond enabling activities, to support national efforts for SAICM implementation by filling specific gaps and kick-starting government own programmes on chemicals and wastes. Externally provided finance should be clearly linked to national frameworks and initiatives, with proposals making clear commitments for government inputs (co-finance) and/or expected actions during and after the project. The proposals should also provide for stronger industry participation in cost sharing (e.g. as co-finance or through longer term approaches such as economic instruments). Closer integration with national contexts may make projects less amenable to closely following international, generic guidance (such as National Profile development or UNEP/UNDP mainstreaming) but will require more active support in adapting these to existing government planning and budgeting processes.	Accepted	Alignment of WHO supported QSP activities with Country Cooperation Strategy (CCS) agreed with Ministry of Health.	Ongoing	EPE	In progress	The CCS is a framework for WHO technical support to a given country that is agreed with the Ministry of Health. It ensures alignment of technical work with national health development priorities and objectives. In this way, WHO supported QSP activities are alignment with national efforts.	Implemented	The one project now currently being implemented is in cooperation with the ministry of health
141	Given the impact of the CSO projects financed through the QSP, stakeholders should ensure that funding for this sector is available in future financing mechanisms. Two of the pillars of the integrated approach (government mainstreaming and industry participation) may be difficult for national CSOs to access, suggesting that the third pillar (external financing for chemicals and wastes) will remain important to ensure that civil society can continue to effectively contribute to chemical and waste governance and implementation at the national level. This may be particularly relevant for LDCs and SIDS countries where chemicals and wastes are not immediate government priorities and it may be difficult to demonstrate that external finance will be effective in integrating chemical management priorities into government work plans and budgets. All recipients of funds (executing agencies, government ministries and CSOs) should be paid in tranches that are aligned to project deliverables.	Other	Not relevant				WHO-supported QSP activities are implemented directly with Ministries of Health and related health agencies. CSOs can be involved in projects, for example in stakeholder engagement activities or in workshops subject to the approval of the Ministry of Health of the Government requesting the QSP initiative.		

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
142	Projects should be results-focused, with clear articulation of beneficiaries and intended changes toward the 2020 goal, and more objective, gender-sensitive indicators to measure progress against. Project proposals should clearly articulate specific beneficiaries of projects, along with clear expectations of changes that they will experience – including objectively verifiable indicators to measure these changes. Careful attention should be paid to quantifying and providing evidence for improvements in coordination and exchange between different departments; and for improvements in awareness by policy makers and end users. Gender-related indicators and sex-disaggregated data should also be explicitly required in project proposals and M&E. Evaluators and reviewers need to be independent of project implementers in all cases.	Accepted	WHO's existing policies on gender and equity mainstreaming are adhered to in the context of all projects as applicable.	Ongoing		In progress	Examples of applications of such policies to WHO's work can be found in the Roadmap for action, 2014-2019 Integrating equity, gender, human rights and social determinants into the work of WHO (http://www.who.int/gender-equity-rights/knowledge/roadmap/en/)	In progress	One remaining project underway where this recommendation is being implemented
143	Management of the portfolio of projects should be more adaptive, with increased capacity for both administration and knowledge management by the secretariat, TFIC and EB. More resources are needed to ensure that the very large number of projects can be efficiently administered, including better use of technology and adequate resources for financial reporting and management, as well as oversight and control of project reporting and M&E (see also Recommendation on results based indicators above). Effort should be also be made to facilitate sharing and proactive dissemination of knowledge from all projects, including using knowledge management technology to establish document repositories (project deliverables) and facilitate exchanges between project implementers (see Recommendation on south-south cooperation below). Options could include development of a QSP-specific resource, or integration of QSP knowledge into existing initiatives and clearing houses for chemicals information.	Other	As an executing agency PHE disseminates the results of projects through its own publications.	Ongoing	EPE/IHE	In progress	e.g. http://www.who.int/ipcs/poisons/centre/study_afro/en/ WHO does not maintain a specific knowledge platform for QSP activities and disseminates lessons learned from such activities through its existing information dissemination architecture. WHO would welcome the opportunity to conduct more knowledge management activities in support of these wider QSP objectives. This would be greatly facilitated if knowledge management activities were permissible as an expenditure type in QSP projects.	In progress	One remaining project underway where this recommendation will be implemented

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
144	External financing should more strongly support south-south cooperation including regional experience sharing and joint activities between neighbouring countries. Stakeholders should consider how to best encourage countries to learn from others in their region (and beyond) who have had successes in implementing SAICM, both through access to examples of outputs (national strategies, training materials, legislation, enforcement programmes, etc.) including through improved knowledge management and through development of networks of experts, regulators, and chemical users. In addition to facilitating experience sharing, projects can also include joint activities with explicit outcomes; a particularly relevant case may be on increasing attention to OPS Objective E on illegal international trade through joint training, strategy development and enforcement actions by customs authorities from neighbouring countries with shared borders.	Accepted	PHE has developed a Chemical Risk Assessment Network, with a sub-network for developing countries. The aim of the network is to share information and support capacity development e.g. through training and joint projects. While this is not a QSP activity it supports the achievement of the QSP recommendation	Ongoing	EPE	In progress	e.g. http://www.who.int/ipcs/network/meeting_update/en/	In progress	One remaining project underway where this recommendation will be implemented
145	Projects should clearly articulate strategies to ensure that expertise developed during projects remains available afterwards and contributes to SMC at the national level. The use of national experts should be preferred to international consultants, except where the expertise does not exist nationally. As well as technical capacity, proposals that seek to engage with vulnerable and marginalized groups need to demonstrate that staff have expertise in approaches to engaging with such groups. For either national or international consultants, if consultants are to be contracted to deliver on project outputs, this needs to be made explicit in the proposal and credible plans for mentoring/ capacity building of counterparts in ministries fully articulated.	Accepted	Institutional strengthening is an integral component of all national QSP project activities supported by WHO. Where national capacity is limited, international specialist consultants are partnered with national consultants so as to facilitate such capacity development. To the extent feasible and as relevant, WHO supported QSP projects also involve national health institutions (e.g. institutes for public health) so as to also build capacity at the organizational level.	Ongoing	EPE/IHE	In progress		In progress	One remaining project underway where this recommendation is being implemented

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
146	Project follow-up should be enhanced, with a focus on project closure to ensure that the momentum developed in an 'enabling' phase is not lost. In addition to a closer link at project inception to government programmes, projects could include a final step of developing realistic and clearly mandated follow-up plans, with (a very limited number of) commitments. Recognizing the very real constraints faced by government and other stakeholders, these commitments could be as simple as providing a six monthly or annual update; and could be linked to existing obligations such as convention reporting. Commitments should be clearly phrased, be assigned and accepted by particular partners; and include some mechanism for monitoring or reporting on their completion.	Accepted	As an executing agency of projects, efforts are made to ensure some continuation beyond the end of the project. WHO-supported QSP activities are aligned with other ongoing national or regional processes as applicable so as to ensure wider political support and ownership of the results.	ongoing	EPE/IHE	In progress	e.g. following the E Africa poisons centre project a training visit was organised for personnel developing a new poisons centre in Tanzania and a multisectoral workshop was organised in Zambia to develop an action plan for establishing a poisons centre (EPE provided technical input and funded an expert from Kenya).	In progress	Efforts will continue to follow up completed projects. WHO also proposes to promote the success of projects by developing case study materials suitable for web publishing.
147	More focus on generating country-specific evidence on health and environmental impacts of chemicals, in order to provide justification for improving SMC, and substitution of less hazardous alternatives to both agricultural and industrial chemicals. The issues of costs and benefits need to be better articulated, including full internalization of the health and environmental costs by both industry and policy makers. Low levels of adoption of alternatives or substitution of hazardous chemicals cannot be addressed as a stand-alone project, or by projects that only target end users, but need to be integrated into high level policy and legislation.	Accepted	As an executing agency of projects this will be incorporated into future projects to the extent possible. As WHO projects involve the health sector this is the sector where we would have influence, rather than in industry or agriculture. Examples of existing (non QSP) activities include evaluation of alternatives to DDT for vector control and phasing out the use of mercury in health care. In addition, PHE is working to increase health sector input into SAICM so that, amongst other things, this sector can use evidence of health impacts of chemicals to influence chemicals policy.	Ongoing	EPE/IHE	In progress	Draft resolution for WHA 69 is under development: The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	In progress	Resolution WHA69.4 was adopted. A draft road map for WHA70 is under development: Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

3.2 “Piloting Climate Change Adaptation to Protect Human Health”, a joint UNDP/WHO project funded by the Global Environment Facility

3.2.1 The Pilot Programme on Climate Change Adaptation to Protect Human Health that was implemented in Barbados, Bhutan, China, Fiji, Jordan, Kenya and Uzbekistan, was designed to increase the adaptive capacity of national health system institutions, including field practitioners, to prepare for, respond to and recover from the health risks of climate variability and change. The objective of the terminal evaluation was to assess project performance against expectations set out in the project logical framework, namely the criteria of relevance, effectiveness, efficiency, sustainability and impact.

3.2.2 In the past year, two new projects on building resilience of health systems have been approved by the Global Environment Facility for a total budget of US$ 26 million.

3.2.3 Building on the successful collaboration between WHO and UNDP, the new Global Environment Facility projects will be implemented by WHO (as executing agency and main provider of technical support to ministries of health) in collaboration with UNDP. Since UNDP has already a strong collaboration with ministries of environment, the project will include national activities in order to strengthen collaboration between the ministries of health and the environment. WHO regional offices, with support from headquarters, will provide the technical and management support role to countries.

3.2.4 The implementation of this and other projects of its kind allowed WHO to develop a more systematic approach to policy development, capacity development and country support. The WHO Operational Framework for building climate resilient health systems was developed and is being used as a key tool to support regional processes and countries

3.2.5 Furthermore, climate and health country profiles have become a key process to monitor national progress on health and climate change. More than 40 countries are covered through these profiles. More than 85% of funds received for projects on climate change and health goes to national projects.

3.2.6 Lastly, as included in one of the recommendations of the evaluation report and requested by countries, WHO is preparing its application to become accredited to the Green Climate Fund (GCF) so as to support countries in accessing funds for building climate resilient health systems.

Piloting Climate Change Adaptation to Protect Human Health

	Recommendation*	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
1	Future projects would benefit from investing sufficient time into project formulation, to ensure that country ownership, an enabling environment, stakeholder engagement, and other conditions that facilitate project success are maximized. Strengthening cooperation between the health sector and meteorological services in the access and use of climate and health data should be part of the process of project formulation.	Recommendation accepted but only partially under the control of WHO. This project was funded by the Global Environment Facility (GEF) and due to lack of funds, four years passed between it being technically approved and the full development of the project proposal. This made it difficult for countries to align the needs identified during the project identification phase to those when the full project came to be developed. Also, most of the persons involved in the initial identification were no longer working for the Ministries of Health or no longer holding responsibility for this area of work in the six countries selected for implementation (i.e. Barbados, Bhutan, China, Fiji, Jordan, Kenya and Uzbekistan).	The recommendation related to further strengthening cooperation between the health sector and meteorological services in the access and use of climate and health data has been accepted by WHO and, building on lessons learned from this and other projects, WMO and WHO established a joint WHO-WMO climate and health project office in 2014. The collaboration with WMO is mobilizing and building capacity between national meteorological and health services and all projects being implemented or identified now include strengthening institutional capacity and cooperation between the health sector and meteorological services.	Ongoing	PHE/EPE	Implemented and ongoing	This recommendation was already identified and implemented by WHO before the evaluation of this project took place. The joint WHO/WMO office was established in 2014. Furthermore, all projects being implemented at national level with WHO support make sure that the relationship between national met services and WHO are properly strengthened.	Implemented and ongoing	Two new projects on building resilience of health systems have been approved by the Global Environment Facility. Once for six countries in SEAR (Bangladesh, Nepal, Myanmar, and Timor Leste) and WPR (Cambodia and Lao) and another one for four countries in the Pacific (Kiribati, Solomon Islands, Tuvalu and Vanuatu) with a total budget of USD 19 million. The project in Asia is now in the process of finalizing the development of the full proposal and the one in the Pacific is expected to start the development soon. For the development of both projects, the involvement of Met Services has been prioritized at country level. Similarly, other projects on climate change and health funded by other donors (e.g. DFID, Government of Norway, and of Flanders), also promote strengthening the relationship between meteorological services and health sector during project identification and formulation.
2	UNDP and WHO headquarters were extremely effective partners; continuing that partnership would be beneficial for future projects. Engaging UNDP and WHO headquarters and the regional and country offices in national projects would be effective in supporting implementation, capacity building, sharing lessons learned, and project management.	Recommendation accepted. One of the weaknesses in the implementation of the project identified at national level was the lack of involvement from UNDP country offices. WHO country offices were fully involved as in each of the six pilot countries WCOs were responsible for managing the project and providing all technical support required by the Ministry of Health for the effective implementation of	The collaboration with UNDP has successfully continued over time. Two new multi-country projects on building health systems resilience to climate change, with a total budget of USD 19 million, were technically approved by the Global Environment Facility (GEF) by the end of 2015 and full proposals are in the process of finalization during 2016-2017. The implementation modality will be similar in that WHO will serve as the executing agency,	Ongoing	PHE/EPE and WHO ROs and Cos	In progress		Implemented and ongoing	Building on the successful collaboration between WHO and UNDP, the new GEF-funded project, will also be implemented in collaboration with UNDP. In order to ensure the involvement of the UNDP Country Offices, relevant activities have been included under each of the national projects, mainly in relation to strengthen the collaboration between the Ministry of Health and the Ministry of Environment. The main technical support and management support role will be

	Recommendation*	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
		the project. Since this was a pilot project, most of the management and technical support to country offices came from HQ. Now that the approach to building climate resilience health systems has been systematized and the field becomes more mature, this role will be mainly played by WHO Regional Offices.	providing direct support to Ministries of Health in the 10 countries to implement the newly approved projects. In order to ensure further involvement of UNDP at national level, the two new projects on building climate resilient health systems include some activities on climate change policy and planning to be managed by UNDP country offices. Similarly, it is expected that the WHO Regional Offices will play a much more prominent role in the management and provision of technical support to country offices.						played by the WHO Regional Offices, with support from HQ as required.
3	It would be helpful to develop guidance on monitoring and evaluation systems for health adaptation projects that could be customized to country needs, while having a consistency that would facilitate comparisons across countries.	Recommendation accepted.	Guidance on monitoring health systems resilience to climate change was developed and included in the WHO Operational Framework for building climate resilient health systems (http://apps.who.int/iris/bitstream/10665/189951/1/9789241565073_eng.pdf?ua=1), published in 2015. Moreover, WHO together with the United Nations Framework Convention on Climate Change (UNFCCC) developed a set of country profiles on Climate and Health (http://www.who.int/globalchange/resources/countries/en/) and launched them during the past Conference of the Parties (COP) to the UNFCCC, which took place in December 2015 in Paris. The country profiles provide relevant and reliable country-specific information about the current	2015 and ongoing	PHE/EPE	Implemented and ongoing		Implemented and ongoing	The WHO Operational Framework for building climate resilient health systems continues to be used as a key tool to support countries in their efforts to plan, implement and monitor concrete actions to build health resilience. Furthermore, the WHO/UNFCCC climate and health country profiles have become a key process to monitor national progress on health and climate change. the first round of country profiles, launched at the Paris climate conference, now covers over 40 countries. The revised country questionnaire to be sent to countries as a basis to develop/ update a new round of country profiles is being finalized now. WHO continues to prioritize strengthening capacity at national level so as for countries to effectively tackle the health impacts posed by climate change. A more systematic approach to capacity development is being

	Recommendation*	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
			and future impacts of climate change on human health, the opportunities for health co-benefits from climate mitigation actions, and current policy responses at country level. In addition they form the basis for longer-term research, monitoring and prioritization of health and climate activities. Strengthening the evidence base, and monitoring progress has become a strategic priority for WHO and aims to further develop its support to Member States in these areas, and to provide country specific evidence through increasing coverage of the WHO/UNFCCC climate and health country profiles.						designed for the implementation of new projects on climate change and health and, subject to availability of enough funds, will start being implemented in 2018. More than 85% of funds received for projects on climate change and health goes to national projects. This means that WHO doesn't have much budget available for this area of work. Kindly refer to response provided under the "Key action" column.
4	The mix of capacity building used in the project was highly successful, including training workshops, annual meetings, participation in scientific conferences, conference calls, electronic information, and selected visits by WHO headquarters and regional staff. It would be helpful for future projects to have sufficient funding for (1) targeted training courses, such as training on analyzing weather and climate data, or on developing and deploying early warning systems; and (2) more frequent meetings of project teams, particularly early in the project.	Recommendation accepted but not under the control of WHO. GEF rules determined that funds made available under the project were not enough to cover the management and provision of technical support from WHO, which had to be covered from funds made available from other projects. Training on different topics such as sensitivity analysis and design of early warning systems were organized but always back to back with other meetings, so as to use resources in an efficient way. More funds should be made available under future projects to ensure further capacity strengthening at all levels.	Building synergies with other projects on climate change and health has become a priority for WHO. This approach ensures the efficient use of resources as well as sharing of experiences among regions and countries. Moreover, WHO has systematized its approach to capacity building and developed a toolkit for project managers that includes information, resources and tools on all relevant topics related to the implementation of projects on building health systems resilience to climate change http://www.who.int/globalchange/resources/toolkit/en/. Lastly, WHO aims to scale up the public health response to climate	2015 and ongoing	PHE/EPE	Implemented and ongoing		Implemented and ongoing	

	Recommendation*	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
			change through, among other actions, mobilizing increased support to the health sector in Member States, including international climate finance, by becoming an accredited agency for the Green Climate Fund.						
5	Learning curves on health adaptation are fairly steep at the beginning of a project; holding meetings about every six months for the first two years could support more rapid capacity building on project implementation. Capacity development across the full range of actors from health systems to decision-makers to the general public would be beneficial.	Recommendation accepted. As above, it depends on funds made available for this area of work.	Same as above.	2015 and ongoing	PHE/EPE	Implemented and ongoing		Implemented and ongoing	
6	Future projects should explicitly incorporate consideration of longer-term climate change, building iterative management approaches into policies and plans to ensure resilience as the climate continues to change. It also would be helpful for future project to include a specific output to develop a plan for scaling up.	Recommendation accepted.	As included in the WHO Operational Framework for building climate resilient health systems, and the WHO guidance on health vulnerability and adaptation assessment, an iterative management approach is proposed to ensure effective strengthening of resilience to climate change. This approach has been incorporated to all, past and new projects but depending on priorities from countries was more or less developed in practice	2010 – ongoing	PHE/EPE	Implemented and ongoing		Implemented and ongoing	

	Recommendation*	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
7	Adaptation is a long-term process. To the extent possible, it would be beneficial to support longer-term projects, to ensure sufficient time for implementation and monitoring and evaluation of results.	Recommendation accepted but not under the control of WHO. This project was approved for a 4 year-period, as per the rules defined by the GEF. Projects depend on the requirements determined by donors.	As stated above, WHO aims to scale-up the public health response to climate change. This includes the identification of potential entry points to increase support to health sector in Member States. Wherever possible, WHO identifies other funding sources to continue work in countries that have made good progress in individual climate change ancd health projects.	2015 and ongoing	PHE/EPE	Implemented and ongoing		Implemented and ongoing	Kindly refer to response provided under the "Key action" column

*Please note that the recommendations are not numbered in the evaluation report. The recommendations are in pages 59-60.

3.3 WHO global strategy for the surveillance and monitoring of HIV drug resistance

3.3.1 The objective of the WHO global strategy for the surveillance and monitoring of HIV drug resistance was to monitor the emergence and transmission of HIV drug resistance in resource-limited settings where antiretroviral therapy was being scaled up. The end-of-grant evaluation report was submitted in 2014.

3.3.2 Further progress made in the past year includes the completion of a Global Action Plan on HIV drug resistance and a communication and advocacy strategy, planned to be launched in July 2017, along with the 2017 WHO HIV drug resistance report and the WHO Guidelines on the public health response to pre-treatment HIV drug resistance. It is expected that the newly developed Global Action Plan will lead to more focused work on priority interventions, greater impact in countries as well as better alignment and buy in across development partners.

3.3.3 WHO has worked closely with the Global Fund to Fight AIDS, TB and Malaria and with other stakeholders to give greater focus to HIV drug resistance in its funding cycles and the Global Fund has listed HIV drug resistance as a priority activity.

WHO global strategy for the surveillance and monitoring of HIV drug resistance

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
1	Further develop WHO HIVDR strategic plan in line with main partners and donors: -Define clear recommendations for countries, aligning partners and allowing countries to prioritize elements of the strategy -Set targets for the scale up plan (timing, target countries for each element), in line with key donors/ partners - Build robust M&E plan in line with donors' expectations.	Accepted	Recommendations for countries to prioritize elements of the HIVDR Strategy were developed and shared (document available on the WHO website)	2015	TAC	Implemented		Implemented	See below
	Same as above	Accepted	WHO is currently developing a Global Action Plan for HIVDR, which aims to improve partners alignment and coordination and includes M&E framework and targets.	2017	TAC	In progress		Implemented	A Global Action Plan (GAP) on HIVDR (with a framework for action on HIVDR, survey implementation scale up plan, and M&E section with indicators and a timeline) is completed and will be launched in July 2017
2	Reinforce advocacy for HIVDR and links with programmatic aspects: -Define communication /advocacy strategy and identify relays in a communication plan (part of the strategic plan described above) -Develop a stakeholder alignment and engagement plan (part of the strategic plan described above) to serve as advocacy tool -Include Advocacy as a standing agenda point for the Steering Group, and invite advocacy experts.	Accepted	The Global Action Plan that WHO is developing includes a communication and advocacy strategy	2017	TAC	In progress		In progress	The GAP is fundamentally a stakeholder alignment and advocacy tool. Its development has been considered regularly by the HIVResNet Steering Group. A separate internal communication and advocacy strategy has been drafted, and will be finalized by July 2017

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
3	Reinforce relations with key stakeholders: -Further formalize governance (advisory bodies ToRs meeting frequency and agenda, feedback process) -Reinforce the role of the Core group to get input on data quality issues, survey methodology revision	Accepted	An HIVDR Steering Group for HIVDR is already in place, and includes main stakeholders. Based on the recommendations, governance of the Steering Group was further formalized and membership to the HIVResNet Steering Group expanded to include programmatic partners as well and clinicians. Inputs from technical WG are requested as needed to develop guidance documents.	2014	TAC	Implemented	Governance was already in place. This recommendation may reflect a desire to have broader partner inputs to the steering group.	Implemented	The HIVResNet Steering Group is due to have a renewal later in 2017, which will provide an occasion to further refine its governance in the light of the GAP and other major HIVDR publications (e.g. Guidelines on the public health response to pre-treatment HIV drug resistance and WHO 2017 HIVDR report).
4	-Secure sustainable funding and advocate for awareness of HIVDR strategy and integration of HIVDR in HIV: - Reinforce donor relations (organize regular donor meetings and ensure donor reporting) -Work with major donors on direct funding to countries and modalities to support the scale up plan through WHO	Accepted	The HIVDR programme has moved in 2015 into the HIV Treatment and Care unit (TAC), creating greater opportunities to integrate the programme with the treatment and care programmes at country level. -The Global Action Plan that WHO is developing includes a resource mobilization strategy. Meetings with GF and BMGF, and regular calls and meeting with PEPFAR were done.	2017	TAC	In progress	Regular donor reporting was already done at the time of the evaluation. WHO has limited capacity to influence mechanisms for funding country activities directly from main donors (PEPFAR, GF); however WHO has worked closely with the Global Fund to ensure that countries can reprogramme funds to cover the PDR and ADR surveys.	Implemented and in progress	WHO has worked closely with the Global Fund that has now agreed to give greater focus to HIVDR in its funding cycles. HIVDR is now listed as a priority activity in the Global Fund technical brief sent to countries. This is expected to result in a greater implementation and uptake of HVDR surveys in countries. WHO is also in contact with donors for global coordination support and has organized several briefing sessions in 2017.
5	Continue to support implementation of the strategy in priority countries and link with programmatic aspects: -Support countries in finding funding (see above) -Ensure country feedback on survey implementation is well integrated, including the development of a formal process and feedback form -Develop guidance for prioritization of the strategy and for response with clear, high-	Accepted	HIV/TAC continues to support countries in survey implementation and provide remote and direct TA, including laboratory capacity for HIVDR. HIV/TAC dialogues with GF and advocates for the inclusion of HIVDR surveillance in GF concept notes for funding. HIV/TAC continues to expand	NA	TAC	In progress		Implemented and in progress	HIV/TAC continues to support countries in survey implementation and provide remote and direct technical assistance, including HIVDR survey implementation, HIVDR data interpretation, national response to high level of pre-treatment HIVDR and laboratory capacity for HIVDR. A new WHO report on levels of HIVDR is planned to be released in July 2017.

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
	level guidance outlining how to prevent HIVDR based on results of the surveillance -Continue to support laboratory expansion, focusing on HIVDR priorities and continue to be active in encouraging expansion of capacity to perform genotyping genotyping in DBS. -Coordinate and/or provide TA to build capacity for surveys and for laboratories.		the global HIVDR lab network and support use of DBS for genotyping; in addition it plans to develop guidance of public health actions in response to survey findings						The development of guidelines on the public response to pre-treatment HIVDR is also ongoing and planned to be launched in July 2017, along with the GAP on HIVDR.

3.4 Immunization Practices Advisory Committee

3.4.1 WHO established the Immunization Practices Advisory Committee (IPAC) in 2010 under the auspices of its Expanded Programme on Immunization in order to provide independent evidence- and experience-based advice and recommendations to strengthen and improve the delivery of immunization programmes at the country level. In 2014, the IPAC shifted to a new operating modality and was thus evaluated to ensure its continued relevance and utility.

3.4.2 Since the last annual evaluation report, IPAC's operational strategy was produced and disseminated in August 2016. An additional initiative is under way to revise the Committee's Terms of Reference to ensure it is well positioned to best respond to the Department's needs and remains well-aligned with other advisory committees serving the department. IPAC's quarterly bulletins – nine issues of which have been produced to date – are now publicly available on the Department's website.

Immunization Practices Advisory Committee

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
1	Maximize IPAC's value and outcomes: WHO should take steps to strengthen documentation and communication on outcomes of IPAC work/ recommendations, especially successes, and establish future planning for documentation and communication. This should be done internally with WHO leadership, amongst IPAC members, external partners and the broader immunization community. WHO may consider developing a "History of IPAC" report.	Partially accepted	1) Meeting in February 2016 of IVB senior technical staff to discuss IPAC's function, relationship with other Committees (e.g. PD-VAC) and forward agenda 2) Agenda prioritization exercise under way 3) Revisions of IPAC website under way 4) Communications plan to be developed and incorporated into Strategic Plan under development.	Feb-Apr 2016	IPAC Secretariat (EPI)	In progress	It was agreed that the "History of IPAC" report would not bring added valued and that a forward looking response would be more constructive.	Implemented	All the key actions have been fully executed with successful outcomes.
2	Strategic plan: With the collaboration of the IPAC Chair and members, WHO should lead development of a 2-year IPAC strategic plan that details, for example, the Committee's objectives, meeting plan, provisional agendas and workplan. The plan should provide for mechanisms to allow flexibility and responsiveness to changing WHO needs.	Accepted	1) Document development plan already agreed on 2) Outline of content under discussion.	Feb-May 2016	IPAC Secretariat (EPI)	In progress	An initial document outline was shared with the Chair of the Committee for comments and is now being revised to be shared with Committee members. Their input will be incorporated into a version to be approved by the IVB Director	Implemented	The document- now titled "IPAC Operational Strategy" was finalized and disseminated in August 2016.
3	Clarify and better communicate IPAC's purpose, role, organizational relationships and achievements:WHO should better communicate, clarify, document, and make senior-level statements on IPAC's purpose, organizational relationships, lines of communication, with for example, SAGE, VPPAG, PSPQ, and IVIR-AC.	Accepted	1) Meeting in February 2016 of IVB senior technical staff to discuss IPAC's function, relationship with other Committees (e.g. PD-VAC) and forward agenda 2) The strategic plan will address the organizational relationships and lines of communication 3) Senior IVB staff will be invited to join the IPAC discussion forum on TechNet.	Feb-May 2016	IPAC Secretariat (EPI)	In progress	This recommendation is very linked to the first and so the responses are combined.	Implemented	All the key actions have been fully executed with successful outcomes. An additional initiative is under way to revise the Committee's Terms of Reference to ensure continued relevance with respect to the IVB department's needs.

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
4	Improve and support tasking of IPAC members to external workgroups: WHO should take steps to improve support to IPAC members tasked to SAGE workgroups, VPPAG, PSPQ, IVIR-AC, or others	Accepted	Meetings with Secretariats and Chairs of these various committees have been held to discuss relationship with IPAC, including representation.	Nov 2015 -Feb 2016	IPAC Secretariat (EPI)	Implemented		Implemented	Regular dialogue with the other Secretariats has been maintained and there has been mutual inclusion in respective Committee meetings.
5	Better orient and recruit new IPAC members: A support system should be developed for new IPAC members. For example: develop a more formal orientation package and process; formally or informally assign mentors to new members; and for those new members whom WHO may find it appropriate, engage immunization staff from the new member's associated with WHO Regional Office or WHO Country Office to provide orientation and other support during the member's tenure or provide liaison between WHO and the IPAC member. IPAC should broaden and regionalize its membership to include more country-level field and implementation expertise.	Partially accepted	1) The member profile on the IPAC Call for Nominations has been revised to reflect more precise requirements, including regional representation, both in terms of skill sets and geographic representation 2) New members have been paired with "veteran members" to serve as mentors	Oct 2015 -May 2016	IPAC Secretariat (EPI)	In progress	Four new members will be selected following an April 2016 Call for Nominations, after which extra efforts will be made to ensure a smooth and well-supported integration into the Committee. It was not considered useful to engage the regional or country offices in member orientation, as this could prove an unnecessary burden on those offices, but should a pronounced need arise, this option will be considered.	Implemented	Additional initiatives under way include the development of an orientation pack to facilitate further the "on-boarding" process for new members.
6	Bolster IPAC internal communication: There should be strengthened training and promotion of the TechNet Forum for IPAC communications and perhaps more intensive training for less technologically proficient members.	Accepted	1) The TechNet platform and discussion forum features have improved, rendering the IPAC discussion forum easier to use and navigate. 2) Two webinar sessions have been scheduled (following a doodle poll to ensure maximum member availability). The training will provide an orientation to IPAC members on the new features and how best to utilize this essential communication tool for the committee.	Feb-March 2016	IPAC Secretariat (EPI)	In progress		Implemented	Efforts to improve the TechNet platform are continuous. There have also been renewed offers of training for IPAC members and "TechNet Clinics" scheduled at each Committee meeting (with the most recent occurring in February 2017.)

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
7	Identify performance benchmarks and evaluate IPAC in two years: IPAC outcomes and performance should be assessed. Benchmarks should be identified and based on both WHO's needs for expert advice on immunization practices and established measures for the performance of IPAC.	Accepted	The identification of benchmarks is a key step in the preparation of IPAC's strategic plan.	Mar 2016	IPAC Secretariat (EPI)	In progress		Implemented	A final evaluation is scheduled for Q2 of 2018.

3.5 Independent Monitoring Board of the Global Polio Eradication initiative

3.5.1 The Independent Monitoring Board (IMB) of the Global Polio Eradication Initiative (GPEI) meets every six months with representatives of Member States in which poliomyelitis is endemic. Since its twelfth report, a number of developments have occurred.

3.5.2 In Afghanistan, a memorandum of understanding has been signed between Polio National Emergency Operations Centres (EOC) and nongovernmental organisations that implement the basic package of health services. These NGOs are engaged in polio eradication activities and are represented in regional polio national emergency operations, particularly in access-compromised areas. In Nigeria, the National EOC is using a dashboard to monitor implementation of programme activities, tracking key resilience indicators.

3.5.3 The Regional Office for Europe has conducted joint public health and health-system assessment missions to analyse and upgrade the response of countries due to large-scale migration in Albania, Bulgaria, Cyprus, the former Yugoslav Republic of Macedonia, Greece, Hungary, Italy, Malta, Portugal, Serbia and Spain. In Turkey, WHO continues to assess the needs of Syrian refugees, and provide support through capacity-building of Syrian medical staff and financial assistance for outbreak response, early warning systems and immunization campaigns.

3.5.4 In the Eastern Mediterranean Region, appropriate interventions have been conducted to prevent outbreak of wild polioviruses or to prevent the development of circulating derived polioviruses in highly vulnerable populations. These include intensified technical surge support, adjustment of micro-plans and surveillance infra-structure, immunization activities targeting refugees and displaced peoples and contingent plans for conducting vaccination activities for any new displacement and/or accessible area/populations. As a result of these efforts, despite the complex security situation, there have been no polio cases in the Middle East since April 2014 and neither in countries receiving refugees from Syria.

Independent Monitoring Board of the Global Polio Eradication Initiative

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	PAKISTAN AND AFGHANISTAN								
1	All partners in the GPEI, and the Afghanistan government, should work with the greatest possible urgency to establish an Emergency Operations Centre in Afghanistan that has a level of functionality equivalent to the comparable Centre that has been transformational in Nigeria.	Accepted	National and 3 regional EOCs (Kandahar, Jalalabad, Herat) now established. MOH and Partners are supporting full implementation of the NEAP and enhancing data management support for national and provincial EOCs. Full functionality of EOCs still evolving, including assuring availability of dashboards showing real-time data for improving SIAs in LPDs. Data management in Regional EOCs lags behind national EOCs; national EOCs now beginning to visit and monitor Regional EOCs. Accountability monitoring is in the process of being implemented. There has been incremental improvement in quality of SIADs, but 7-10% children still being missed in 5 key provinces.	Dec-15	POL/SSC	Implemented			
2	Non-Governmental Organisations that contribute to polio eradication in Afghanistan should be full members of the new Emergency Operations Centre.	Partially accepted	Proposal being considered to have Grants and Commissions Management Unit (MoH GCMU, manages the PBHS partners) represented in the EOC also. Partners are engaging IFRC to assist with negotiating and working in inaccessible districts and other high risk LPDs.		POL/SSC	In progress		Implemented	Grants and Commissions Management Unit (GCMU) manages the BPHS (Basic Package of Health Services) partners. GCMU is represented in the National Emergency Operations Centre (N-EOC). MoU has been signed between Polio EOCs and BPHS implementing NGOs outlining accountability. BPHS NGOs are engaged in polio eradication activities and are represented in Regional EOCs. Partners have engaged IFRC/ARCS to conduct health camps and polio plus initiatives in access-compromised areas.
3	The GPEI partners and the government of Afghanistan should rapidly review and redesign leadership, accountability and coordination arrangements for the polio programme in the country to establish a new sense of direction.	Accepted		Dec-15	POL/SSC	Implemented			
4	GPEI partners should help the governments of Pakistan and Afghanistan to establish a joint executive and planning body to instigate cross-border polio	Accepted	Improved Coordination: WHO EMRO, in consultation with GPEI, assigned two Medical Officers as advisors to Pakistan and Afghanistan respectively to assist Pakistan and Afghanistan on common WPV reservoirs coordination. Coordination has significantly improved between the FATA and eastern Afghanistan teams with monthly in person meetings and video conferences since November	Dec-15	POL/SSC	Implemented			

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	prevention and control; this should not only address the border crossings but take account of the need to cover communities at some distance from the border itself. One option would be to set up a joint governmental Emergency Operations Centre but leaders of the programme must ensure that the organizational model is much superior to the ineffectual arangements of the past.		2015. A video conference was convened between the national teams on 6th January. National in-person meeting planned for 9th March in Kabul. Improving cross border operations: - Mapping of bordering villages at Khyber – Nangarhar border completed. - The transit vaccination strategy revamped by Pakistan on Torkham border between Khyber & Nangarhar. - Reassessment of the vaccination posts and supervisory mechanisms followed by substantial rise in the number of teams & supervisors (almost four fold). As a result, the monthly coverage at Torkham border increased from an average of 40,000 to almost 100,000 in December 2015 & January 2016. In addition, the age group for transit vaccination at the border crossings increased up to 10 years.						
5	The GPEI and the government of Pakistan should give top priority to stopping polio transmission in Peshawar and surrounding regions. This should include urgently addressing the mismatch between the "epidemiological" geography of polio and the "planning and coordination" geography in this part of the country. Serious consideration should be given to reconfiguring the regional Emergency Operations Centre arrangements to address this. Support to these regions should include expert technical assistance in managing and using data at the local level; the GPEI senior leadership should help to design the essential data flow.	Accepted	With support of GPEI, a committee chaired by Commissioner Peshawar has been established with the objective to treat the whole area as one region for operational and security purposes. This committee meets before each round (4 times to date) and includes representative of HQs 11 Corps; Deputy Commissioner Peshawar (for Peshawar districts and FR Peshawar); Political Agent (for Khyber Agency); DIG Peshawar; Assistant Political Agent (for FR Kohat); District Health Officer Peshawar; Agency Surgeon Khyber; Agency Surgeons FR Peshawar and FR Kohat; representatives of Mohmand Agency, districts of Charsadda and Nowshera and partners' staff in Peshawar district, Khyber Agency, FR Peshawar and FR Koha. To date all the UCs of Peshawar and the villages on FATA side on the borders have been clearly mapped. Micro-plans of the bordering UCs / areas have been field validated and all the ambiguities have been removed. Joint trainings for the Area In-Charges and polio teams were organized. The activities on both sides have been synchronized (starting on the same day). Data use in KP/FATA is quite comprehensive, with the NEOCs supporting analysis of data on a daily basis of LQAS, PCM, ICM, and Market Surveys. ICM, PCM and LQAS is now possible in every UC of Town 4 in Peshawar, and the LQAS pass percentage in the Peshawar corridor has risen to 84% pass (86% in Town 4). The Prime Minister's Focus Group discussed the importance of this region during its meeting in December 2015. The Prime Minister Office has assured the KP and FATA teams of any additional support from the Federal Government and law enforcement agencies to effectively tackle the risk in Khyber – Peshawar Conveyer Belt. WHO has appointed one Short Term Consultant (STC) for this region; and two High Risk	Dec-15	POL/SSC	Implemented			

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			Coordinators, one each in KP EOC and FATA EOC. WHO has appointed two senior staff members as Common Reservoir Coordinators. A one-day Afghanistan-Pakistan Coordination meeting on common WPV reservoirs will be held on 9 March in Kabul.						
6	The CDC should conduct an urgent special review of the pattern and genetic features of the positive environmental samples in different geographical areas of Pakistan. The primary aim of the review should be to identify possible pockets of populationthat may have been missed in previous microplanning. It is essential that this work is completed in time to be able to inform the current low season vaccination rounds.	N/A - recom to CDC							
7	The most senior members of the GPEI should work with the leaders of the polio programmes in Pakistan and Afghanistan to plan a precisely targeted series of campaigns of IPV alongside OPV. The IMB has repeatedly stressed the immunity benefits of this but it is essential, given limited vaccine supply, that it is used to prioritise, through microplanning and microcensuses, hard-to-reach and persistently missed children.	Accepted	The Strategy Committee of GPEI, chaired by WHO, endorsed updated guidelines for use of IPV in campaigns in Pakistan and Afghanistan in the context of a very limited global IPV supply, agreed on additional IPV allocations for use in SIAs in Afghanistan (496,960 doses) and Pakistan (740,220 doses), and allocated 400,000 doses as global emergency stock, to be shipped out based on emerging needs and in strict adherence with the global guidelines on IPV use in SIAs. This decision was communicated to countries on 6 December 2015. There was an emphasis on the need for country teams to ensure IPV SIAs are implemented to achieve at least 80% coverage or pass rate from independent monitoring/LQAS or a clear trend of consistent coverage improvements. Operational plans are being finalized for the IPV+OPV SIAs in high-risk areas during March to May 2016 and both country teams are expected to review their current stocks and utilization and submit any request for additional IPV supply needs by mid-March for the Strategy Committee to consider.	Nov 15 - Jan 16	POL/ODI	Implemented			

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	NIGERIA								
8	The GPEI leadership should work with the Emergency Operations Centre in Nigeria to strategically review the range and adequacy of data streams to monitor the country's resilience to polio transmission becoming reintroduced. From this, a Polio Resilience Dashboard should be constructed that would become the main vehicle for directing vaccination strategy.	Partially accepted	A polio dashboard is 'live' and tracks a set of indicators used to assess program and management performance; the national emergency plan includes a set of activities designed to close loopholes in surveillance and implementation that would increase 'resilience'.		POL/SSC	In progress		Implemented	The National EOC is using a dashboard to monitor implementation of program activities. Key resilience indicators are being tracked which include: 1) Trend of population immunity at LGAs using vaccination data of the non-polio AFP cases, LQAS data and modelling; 2) SIA data quality – field verification of LQAS & IM data and also triangulation of LQAs, independent monitoring and vaccinator tracking information; 3) Missed children are being monitored and close follow up in between rounds by VCMs; 4) Accessibility – mapping of inaccessible populations is being done using information from special interventions (like reaching every settlement strategy) and areas reached during SIAs. Currently the program is using different tools including satellite imagery and GIS to estimate the population trapped in insecure areas; 5) Tracking of IDPs and use of different vaccination strategies to address the need; 6) Intensification of surveillance in high risk populations and areas: all IDP camps are ranked as highest priority for active surveillance and are visited at least twice in a week; expansion of environmental surveillance sites continues (currently 56 sites in 15 states in the country); initiation of innovations to increase case detection in Borno state (implementation of Auto Visual AFP Detection And reporting (AVADAR), a mobile assisted case notification and investigation in 8 LGAs). Environmental sweeps and stool sampling of healthy children from inaccessible areas will be initiated in March in Borno
9	A new Director of Polio Legacy should be appointed to lead legacy planning in Nigeria and to ensure that programme staff and leaders are not distracted from the task of building resilience to keep the country and the rest of Africa free of polio until official certification.	N/A - recom to government							

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10	The GPEI should conduct a new social mobilization and communication campaign to raise awareness amongst parents and health professionals that polio vaccination is still necessary to protect children from the disease.	N/A - recom to UNICEF							
	UKRAINE								
11	The government of Ukraine should ask the GPEI to assist it by establishing an independent international panel to advise on dealing with its polio situation and also to assist with investigating cases of alleged adverse reactions to polio vaccine, an issue that has damaged past public confidence in vaccination. The panel would also be a credible source of public information untainted by vested interests.	N/A - recom to government							
12	The International Health Regulations Review Committee should be asked to declare the situation in Ukraine a public health emergency. It is strongly recommended that the rules be changed to allow vaccine-derived polio viruses, to fall within the scope of the regulations.	Accepted	On 10th November 2015 and 12th February 2016, the IHR review committee included Ukraine on the list of polio infected countries in its new recommendations. The Ukraine team participated in deliberations of the committee in November. The IHR RC included cVDP Viruses in scope for committee review going forward. The recent February assessment of the EC is that the current epidemiology continues to constitute a Public Health Emergency of International Concern (PHEIC), both for countries affected by wild poliovirus and countries affected by circulating vaccine-derived polioviruses (cVDPVs).	Nov-15	POL/SMI	Implemented			

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
	REFUGEE AND MIGRANT COMMUNITIES								
13	The GPEI, working through the WHO EMRO and EURO offices, should conduct a more detailed risk assessment around polio immunity in migrant and refugee communities from conflict in the Middle East – including those not housed within formal structures. Further supplementary immunization activities should be considered in Jordan, Lebanon, and Turkey and on migratory routes into Europe, depending on their findings.	Accepted	High level meeting of ministers of health of European States held on 23rd to 24th November 2015 to discuss issues related to refugee / migrant health, including Polio. EMRO representatives and countries affected by the migration attended the meeting.		POL/SSC	In progress		EURO – implemented EMRO - implemented	**EURO:** High-level meeting on refugee and migrant health was held in Rome, Italy from 23 -24 November 2015. Ministers and senior representatives of Member States in the European Region met to discuss the numerous public health challenges posed by large-scale movements of refugees and migrants to transit and destination countries • WHO-UNHCR-UNICEF published joint technical guidance on the general principles of vaccination of refugees, asylum-seekers and migrant in the WHO European Region on 23 November 2015• WHO/Europe has conducted joint public health and health-system assessment missions to analyse and upgrade the response of countries due to large-scale migration in Albania, Bulgaria, Cyprus, the former Yugoslav Republic of Macedonia, Greece, Hungary, Italy, Malta, Portugal, Serbia and Spain.• WHO established a field presence in Gaziantep (Turkey) in October 2013 to increase its capacity and to respond to the public health needs of Syrian refugees. Through this office, WHO continues to assess the needs of Syrian refugees, and provide support through capacity-building of Syrian medical staff. WHO also provides technical and financial assistance for outbreak response, early warning systems, immunization campaigns, supplying medical equipment and drugs, and the dissemination of information material to refugees.**EMRO:**Presence of refugee population and/or population displacement particularly from conflict affected areas is considered as one of the variables in the 3-monthly risk assessment conducted in the Eastern Mediterranean Region (EMR). Appropriate interventions have been conducted to prevent outbreak of wild polioviruses and/or development of circulating derived polioviruses (cVDPVs) in these highly vulnerable populations. These include intensified technical surge support, adjustment of micro-plans and surveillance infra-structure, immunization activities targeting refugees and displaced peoples and contingent plans for conducting vaccination activities for any new displacement and/or accessible area/populations.Lebanon: A total of 1,011,366 registered refugees from Syria (SR) reside in Lebanon (Source: UNHCR-December 2016) and they make about 17% of total population in the country. Evaluated EPI coverage shows

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									90% OPV coverage among refugees and the mop up campaigns conducted in specific localities in different districts to reach Syrian population integrated with Lebanese community showed above 90% coverage per administrative data.Jordan: A total of 1.3 million SR reside in Lebanon (Source Population and Housing Census report - February 2016) and they make about 14% of total population in the country. There were two rounds of Emergency Vaccination campaign for Syrian asylum seekers in December 2015 and February 2016. and the coverage estimates were above of 90%. Iraq: A total of 233,224 refugees from Syria reside in Iraq; however, there are about 1.5 million internally displaced persons in the country due to decade long conflict. Post campaign independent monitoring data for each of three NIDs in 2016 in Iraq reflect 90- 100% vaccination rates among refugees. Consequent to above efforts in the complex security situation, there has been no polio cases in the Middle East since April 2014 and no development of cVDPVs in countries having refugees from Syria. Countries have functioning AFP surveillance system which is meeting the certification standards.
14	Middle Eastern countries with refugees from Syria should advertise free vaccination for children without the need for official registration or identity checks.	N/A - recom to government							
	PROGRAMME-WIDE POLICY AND ACTION								
15	The GPEI should introduce, as a matter of policy, a "Golden Rule" that in all security compromised areas a single integrated plan (incorporating both programatic and security elements) should be produced before every	Partially accepted	The proposed "Golden Rule" of integrating security and programmatic elements into one single plan cannot be implemented uniformly in all countries, and has to be modified according to the local political and security context. In Pakistan, LEAs and the Military are fully engaged in the EOCs, and the micro-plans now include the numbers of optimal security personnel needed in high-risk areas. However, there are still gaps in the numbers of security personnel requested by the programme, and the actual numbers available during the campaigns. Advocacy with local administrative officials, senior officials of the local LEA, and	Mar-16	POL/SSC	Implemented			

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	vaccine round or other polio-related activity in an area. This would have the purpose of tightly coordinating security arrangements with planned polio technical activity. It would be agreed by all parties and communicated to all teams.		provincial political leaders have been conducted to ensure the optimal numbers of security personnel are made available for each polio activity. The review and updating of the micro-plans after every SIA will further ensure better security coverage. In countries such as Afghanistan, the programme has to maintain strict "neutrality" in its actions and hence cannot engage closely with LEAs and the Military. However, the SRAs help in establishing the dates and scope of the campaigns, in developing alternate vaccination modalities, and provide information that can be utilised in local and high-level negotiations with all parties. Third-party interlocutors, and other channels within the UN are also used to gain advance information of potential security incidents, and help the polio campaign take appropriate risk mitigation measures.						
16	The GPEI should deploy its most skilled leadership to organize the response to outbreaks of vaccine derived polio virus in countries other than the Ukraine (where a special initiative is recommended). Currently, these countries are: Madagascar, Lao PDR, Guinea, and South Sudan.	Accepted	Ongoing. The Outbreak Preparedness and Response Task Team (OPRTT) reports regularly to the EOMG and SC, highlighting risks, bottlenecks and improvements to the outbreak response mechanism. All the countries mentioned in the recommendation have an experienced outbreak coordinator. All the outbreak coordinators and communication officers are well trained and experienced health professionals. Some of the challenges encountered with implementing effective outbreak response based on recent experience included inconsistent government ownership and accountability, delays in deployment of capacity and sub-optimal SIA quality. The GPEI will be holding an outbreak response meeting 23-24 March, giving partners the opportunity to discuss openly the challenges over the past year in outbreak preparedness and response. The meeting will also be a chance to address the post switch outbreak response protocols. Any polio outbreak/event will represent a major threat for the initiative and will need to be responded to in an effective and timely fashion. The VDPV outbreaks and events will follow a new protocol including use of IPV in response. It is critical that all preparations for the pre-switch phase are well-aligned and agencies and partners are well briefed and prepared to carry out post-switch outbreak response.	Mar-16	POL/SSC	Implemented	Initial action completed but this item is ongoing as further outbreaks arise.		

3.6. Accelerating Nutritional Improvements in sub-Saharan Africa

3.6.1 The purpose of this evaluation was to assess the relevance and performance of the Accelerating Nutritional Improvements in Sub-Saharan Africa (ANI) project, in support of efforts to improve the nutrition status of women and children in 11 countries. The project had a particular focus on helping countries build sustainable national health information systems. The project was implemented by the WHO Department of Nutrition for Health and Development jointly with the WHO Regional Office for Africa and respective WHO country offices.

3.6.2 Since the completion of the evaluation, the programme has been closed. A final report which includes data on the Performance Monitoring Framework has been completed in 2017. A meeting on lessons learned was held 23-24 March 2017.

3.6.3 In the past year, a WHO nutrition strategy, which strongly emphasises strengthening regional and country offices to deliver on priorities, has been developed and discussed with GPG. The strategy is being presented to donors. Other developments include the incorporation of gender equity considerations in policy briefs to guide the implementation of global nutrition targets applications for new grants. There is also a capacity building programme focussed on WHO staff.

Accelerating Nutrition Improvements in sub-Saharan Africa

Section No	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
1	**No-cost extension of the ANI program** That WHO pursue its activities with a no-cost extension given by DFATD between six months and one year. - That the ANI Country offices analyze their remaining financial needs and plan their activities according to their priorities, supported by dedicated staff in HQ and the Regional Office. - It is highly recommended to complete ANI, making it possible to measure concrete outcomes at the level of targeted communities and to promote the approach with partners and other donors. The remaining funds primarily concern the scale-up component, and although the scale-up activities aren't part of the usual WHO-programme, they are considered key to fostering sustainable changes in the practices of the target groups. WHO should be enabled to complete properly this pilot initiative. That extension would also facilitate the establishment of monitoring and supervision of districts health centers and community health facilities, which are supported to ensure improved quality data control.	Accepted	Discussion with the regional and country teams and assessment of the country workplans and available resources (HQ/NHD; AFR/FRH); Discussion with donor and request for a no cost extension (HQ/NHD)	Oct 2015	HQ/NHD; AFR/FRH	Implemented	DFATD has granted a nine month no-cost extension		

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2	**Sustainability strategy** That WHO develops a sustainability (end-of-project) strategy to ensure that the Project's results will sustain. - That the ANI Country Offices prepare an end-of-project strategy, and incorporate key nutrition-related support to the Health ministry in their core workplan, supported by dedicated staff in HQ and the Regional office. - For the remaining period of the ANI-project WHO should mainstream the key project activities in the regular planning and management of the country offices involved. WHO should also utilize its procurement experts and financial controllers in the countries and/or region to apply principles of financial orthodoxy and bridge observed capacity gaps (e.g. procurement). - ANI is a project that has successfully fostered attention for nutrition within WHO at all levels, and has increased the operational capacity of the organization to deal with nutrition issues. WHO's Nutrition Department should therefore develop a plan to sustain the nutrition expertise the WHO has been able to attract thanks to the ANI-project. A reactivation of the Project Steering Group could be helpful in this respect.	WHO agrees with recommendations 1 and 3. Recommendation 2 is a lower priority, as most procurements have been implemented	Discussion with the regional and country teams and agreement on sustainability criteria (HQ/NHD; AFR/FRH); Development of country sustainability plans (WHO/NHD); Preparation of managerial options for sustainability to WHO senior management (HQ/NHD); Convening of a Project Steering Group meeting (HQ/NHD)	July 2016	HQ/NHD; AFR/FRH	In progress	HQ/NHD is leading on an organization-wide effort to develop a nutrition strategy and a business model to deliver it. This will be complemented by an assessment of the capacities of WHO staff and the development of recommendations to WHO senior management.	In progress - countries have developed sustainability plans and haver included project follow up in country plans. Contracts of ANI staff in IST have been extended.	A WHO nutrition strategy has been developed and discussed with GPG. A key element is strengthening regional and country offices to deliver in priorities. We are now presenting the strategy to donors. We are also working on a capacity building programme for WHO staff.

Section No	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
3	**Standard Operational Framework for Project management** That WHO develops a Standard Operational Framework for Project management, particularly for projects such as ANI, cross-cutting all the layers of the organization. - A Standard Operational Framework for Project management provides guidance and rules to project teams on roles, responsibilities and the way of doing, with regard to project preparation; financing agreement; contract management; procurement and financial management; technical and financial reporting; monitoring and supervision; auditing, and project closing. - Anticipating such a framework, the ANI Award Manager should further develop and finalize the Standard Operation Procedure for the ANI-project, and discuss this with WHO Management. This SOP should also include guidance on the interplay between Geneva and the Region (ROs and Cos) for projects with both global and regional elements. The finalized SOP for ANI could form the basis for a general Standard Operational Framework for Project Management. - That ANI Country Offices evaluate their current practices with respect to the management of externally financed projects and provide input to the development of a Standard Operational framework.	Accepted	Review the application of the SOP developed for ANI (HQ/NHD; AF/FRH); Submit the SOP to HQ/PRP for discussion (HQ/NHD)	Oct 2016	HQ/NHD; AFR/FRH	Not started.		Not started	Not started. We shall develop it in preparation of new grant applications
4	**Audit** That WHO uses its own auditing rules to organize the mandatory end-of-project audit. - Both an internal or external audit is possible, but we recommend organizing an independent external financial and management audit at the end of the project, because of the magnitude of the project, but also because such an exercise will produce useful guidelines for an operational framework for project management.	Accepted	Request IOS to perform a financial audit	Oct 2016	HQ/NHD;	Not started-	The modalities of the audit will have to be discussed with CRE and IOS	Not started -	IOS has indicated that the end-of-project audit is not warranted.

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5	**Gender considerations** That WHO continues integrating gender considerations into nutrition programming. - Considering the high impact of cultural norms on nutrition issues, ANI programming that addressed gender issues, for instance by crafting specific training for men, gave positive results and should be promoted.	Accepted	Request GER to review ANI reports (HQ/NHD)	May 2016	HQ/NHD	Not started .		Not started	Gender considerations have been included in policy briefs to guide the implementation of global nutrition targets. The considerations will inform the submission of new grant applications

3.7 FAO/WHO Project and Fund for Enhanced Participation in the Codex Alimentarius Commission (Codex Trust Fund)

3.7.1 This external final project evaluation was stipulated as a requirement in the founding Codex Trust Fund project document in 2003 and commissioned by the FAO/WHO Consultative Group for the Trust Fund. Its purpose was to evaluate the functioning and results of the Codex Trust Fund after ten and a half years of its twelve-year lifespan.

3.7.2 Since the last annual evaluation report to the Executive Board in May 2016 and the replacement of the Codex Trust Fund by a successor initiative, Codex Trust Fund 2 (CTF2), which came into being on 1 January 2016, collaborative work with the Codex Secretariat continues. WHO has developed advocacy and fundraising materials for the Codex Trust Fund linked to the promotional and engagement strategy of the Codex Alimentarius Commission Secretariat. A number of Codex Trust Fund communication products were produced in the past year with inputs from the Codex Secretariat.

FAO/WHO Project and Fund for Enhanced Participation in the Codex Alimentarius Commission (Codex Trust Fund)

Section No.	Recommendation	Management Response	Key Actions	Time Frame	Responsible Unit(s)	Status March 2016	Comments March 2016	Status March 2017	Comments March 2017
1	Develop a Codex promotional and engagement strategy with the Codex Secretariat to advocate for national support for Codex programs. This aligns with the Codex Strategic Plan Objective 3 and will help to address the root cause of the factors that impact on the sustainability of developing country participation in Codex. An engagement strategy can consist of various methods. As an example, some respondents indicated that the 50th Anniversary Celebrations of Codex attracted Ministerial level participation from many countries that went a long way to promoting the relevance of Codex and the importance of country participation in Codex processes. There is also a need to raise the priority and profile of food safety within WHO and FAO itself. Conditions at national level are often a reflection of the international landscape and if food safety is not a priority item on WHO and FAO governance bodies it is hard to make a case for it at national level.	Accepted	In light of the Codex Communications Strategy tabled at the 38th session of the Codex Alimentarius Commission (CAC), rather than developing a separate promotional and engagement strategy, messaging that goes out under the implementation of the Codex Communications strategy will be "fine-tuned" with input from FAO/WHO to achieve the aim of securing policy and economic support for Codex activities among policy and decision-makers from key sectors and stakeholder groups.	2015-2019	FOS (for WHO) with FAO and Codex Alimentarius Commission Secretariat	In progress	Messaging on CTF2 in Codex Communications Strategy being worked on for 39th CAC. In addition to working through Codex communications strategy, separate discrete communications and advocacy pieces to be drawn up for CTF2. CTF2 informational flyer finalized in November 2015. CTF fundraising flyer to be developed March 2016.	In progress	Ongoing. Collaborative work with the Codex Secretariat continues to develop advocacy and fundraising materials for Codex Trust Fund linked to promotional and engagement strategy of Codex Alimentarius Commission Secretariat. A number of CTF communication products were produced in the past year with inputs from the Codex Secretariat
2	Redefine program objectives in light of evolving needs of eligible countries. A recurring theme throughout the findings of the evaluation is that the CTF was a 12-year program and that adjustments were made through-out the period based on ongoing assessments and monitoring. The changes however were limited by the original scope (project document) and were in some cases slow to be implemented. There is an opportunity at this time, when WHO and FAO are developing a successor program, to ensure that there is a built-in iterative planning process that will allow for timely adjustments to project scope and objectives to accommodate changes in the operating environment, as well as eligible country needs and priorities as they evolve over in the future.	Accepted	Successor initiative (CTF2) has an iterative planning process that allows for timely adjustments through its 12 year lifespan, and the founding document itself can be revisited to ensure that it retains full relevance for the needs of countries throughout the entire period of the successor initiative (2016-2027)	2016-2027	CTF2 Steering Committee consisting of FOS (for WHO) with FAO and Codex Alimentarius Commission Secretariat	In progress	Iterative planning process written into founding Project Document of CTF2. First periodic review will take place in 3-4 years after start of CTF2 in January 2016.	In progress	No change. CTF2 launched in 2016 and first periodic review will take place in 3-4 years

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3	Improve financial reporting. Year-by-year comparisons should be presented in order to permit comparisons. The costs of any Program Support Costs (overhead), in addition to Project Management and Administration costs, should be clearly indicated. WHO and FAO should make efforts to accurately collect and report on the level of in-kind contribution that is being expended on the CTF.	Accepted	Reporting on Codex Trust Fund is made to all Codex member countries (including CTF donor countries) through annual reports and progress reports tabled at the Executive Committee of the Codex Alimentarius Commission (CCEXEC) and the Commission (CAC). As of 2015, the Codex Trust Fund Annual Report now includes a financial reporting table that details out expenditures for each calendar year broken down into: staff and administrative costs; expenditure by project objectives; monitoring and evaluation costs. Programme support costs for each calendar year are clearly indicated. In-kind contributions from CTF donor countries have also been noted in the 2014 Annual Report. These practices will continue in the future.	2016-2027	Codex Trust Fund Secretariat (located in FOS)	Started in 2015 with new financial reporting in 2014 Annual Report		In progress	Ongoing. New style of financing reporting continued in CTF2 with Annual Report 2016
4	Improve the cost analysis of the CTF. There can be better definitions of costs (e.g., what costs are included in training workshops before a Codex meeting, what allowance is made for in-kind contributions) in order to be able to provide cost analysis of project activities. As an example, is a one-day training before a Regional Coordinating meeting cost effective, or is there greater value in a 2 or 3 day workshop? Does pooling DSA for workshops result in cost savings?	Accepted	Discussions currently underway with budget and finance officers in both WHO and FAO to see how the WHO and FAO budget and finance systems can be used to provide cost analysis that can be used to monitor cost-effectiveness of different approaches to	2016-2027	Codex Trust Fund Secretariat, FNM/ACT, & correspondin g deps/ units in FAO	In progress		In progress	

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			implementing activities without creating additional administrative work and/or having to create parallel systems outside the normally used budget and finance systems of the two organizations.						
5	For effective participation, an approach that assesses both the individual delegate and country conditions needs to be in place. For individuals this may include: • First time, newer delegates have to be fully justified in application; • First time, newer delegates must complete online training course (tested); • First time, newer delegates be twinned with/mentored by with more experienced members, subject matter experts, or third parties; and • First time, newer delegates should be assessed by mentor/partner at end of meeting and report submitted to country. For countries this may include: • Change the application process: multi-year application available, based on engagement strategies demonstrating consistency and outlining proposed role of CTF support and flexible package of assistance; • For other countries unable to comply with requirements of multi-year funding, their support can be funded based on current application processes; and • Respect your own guidelines. Applications can be too late and not accepted. Applications can be refused for being incomplete or unsatisfactory.	Partially accepted	As 2015 was the final year of CTF1, little could be done to implement this recommendation in the remaining implementation period of CTF1. Suggestions included in this recommendation that were taken on board in the development of the successor initiative include: moving to multi-year applications; flexible packages of assistance to mee the needs of a country or group of countries; engagement strategies with demonstrable outcomes; provision of information on how the proposed role of CTF2 may complement national support and/or other sources of support.	2015-2016	Codex Trust Fund Secretariat with the Consultative Group for the Codex Trust Fund (CTF1)	Implemented	All relevant suggestions from this recommendation have been included in the design of the successor initiative and figure in the founding Project Document for CTF2.	Implemented	Completed by March 2016
6	Undertake an analysis in regards to country needs regarding increasing availability of scientific evidence and develop a clear range of project activities that can be supported by an	Partially accepted	FAO and WHO still see clear needs among member countries in terms of improving their	2016-2027	FOS (for WHO) with FAO and Codex	In progress (for provisions built into	With regard to the second part of the recommendation to "develop a clear range of project activities that can be	In progress (for provisions built into	Ongoing. Developments over the past year include: 1) Development and dissemination of the FAO/WHO

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	initiative such as CTF. There is consensus across the project's stakeholders that the provision of scientific data to the Codex process is critically important. There is however, a wide range of opinions on possible areas of intervention for CTF to support this objective. This wide range of opinions indicates that further needs assessment and identification should be conducted in order to better target project activities that are appropriate to CTF. The activities should be realistic given that historically the CTF has over 130 eligible countries and has expended $640,000 over 10 years (from 2004 to 2013) on the overall objective.		scientific and technical input to Codex standards development - which can include provision of data, but is by no means limited to this. Some of these needs of countries for improving their capacity in this area may be addressed in countries/groups of countries through the CTF2 application process. FAO/WHO may decide that there is a need for further analysis at some point in the future.		Alimentarius Commission Secretariat	CTF2)	supported by an initiative such as CTF", in the context of CTF2 a decision was taken by FAO/WHO to put the emphasis on increasing knowledge of science and risk assessment in standard-setting, and ensuring that countries and delegates are skilled in understanding the scientific advice provided by FAO/WHO and bringing scientific knowledge and data to the negotiation process. Any data collection activities supported will be part of a comprehensive and integrated process emanating from the national level through a country or group application, and will be tied to a specific data gap for standard-setting work in Codex.	CTF2)	Codex Diagnostic Tool which countries use as the basis for their applications to the Codex Trust Fund. The Diagnostic Tool includes a section aimed at analyzing the scientific/ technical capacity of the country to engage in Codex. 2) 3 of the country projects successful in the first application round of CTF2 include a component to strengthen the country's scientific/technical input to Codex.
7	Better align staffing to project scope. The structure and staffing of a CTF Secretariat will need to take into consideration project goals, objectives and activities to ensure the right balance of capacity and technical competency to meet project objectives, without an unsustainable, over-reliance on in-kind contributions of WHO and FAO staff.	Accepted	Support required to reinforce FAO and WHO technical contribution to CTF2 work through the CTF Secretariat written into the founding Project Document and budget. Staffing needs will be revisited as needed throughout the timespan of CTF2 to ensure that staffing continues to align with project scope.	2016-2027	FOS (for WHO) with FAO and Codex Alimentarius Commission Secretariat	In progress with budgeting for additional professiona l staff in 2016, 2017 and 2018	Further progress on this recommendation dependent on receipt of increased and multi-year contributions from donors.	In progress with budgeting for additional professiona l staff in 2016, 2017 and 2018	Critical situation. Despite intensive fundraising in 2016, CTF2 has started 2017 with a critical funding situation for both staff and activities. Under the funding constraints it has not been possible to expand the technical staffing of the CTF Secretariat as planned.

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8	Develop strategies and plans to increase predictability of funding. In the future, if there are shifts of focus to effective participation, and a shift to more tailor-made capacity building approaches that intend to impact on institutional capacities, long-term activities and strategies need to be utilized which cannot be supported with current funding patterns. There is a need for longer-term, more predictable funding. The project has made some progress in this regard but more diverse sources of long-term funding are needed.	Accepted	WHO and FAO implementing actions to increase level of contributions to meet increased needs, obtain multi-year contributions to increase visibility of funding and widen the donor base. Priority actions include: reaching out to development and trade sectors; identifying and working with CTF2 "ambassador" countries; tailored approaches to individual donors; organization of fundraising events including "Call for Action" event (completed in Nov 2015), CTF2 1st Financing Dialogue (April 2016), CTF2 pledging meeting (June 2016).	Began in 2014 and will continue throughout lifespan of CTF2	FOS (for WHO) with internal resource mobilization units and departments (e.g. within cluster and with CRM) and with FAO and Codex Alimentarius Commission Secretariat	In progress - Discussions with donors began in 2014. Roll out of first actions to advocate with donors and increase funding and visibility began in Nov 2015.	"Call for Action" event in Nov 2015 to be followed up by a "Financing Dialogue" in April 2016 and a pledging meeting during the 39th CAC in June 2016.	In progress	Ongoing intensive fundraising in 2017. New approaches to delivery and/or funding mechanisms being explored.

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9	Continue development of Monitoring and Evaluation frameworks. The CTF has made commendable progress in developing and utilizing an M+E framework. The framework should continue to evolve and any new results frameworks should also include baselines and targets, with objectives that are SMART (i.e., Specific, Measurable, Achievable, Relevant, and Time-bound).	Accepted	Based on the results framework appearing in the founding Project Document, a log-frame was developed that also appears in the Project Document and an M&E framework will be drafted in 2016.	Began in 2015. Will continue in 2016 with development of M&E framework and establishment of baselines. M&E will continue throughout the lifespan of CTF2 with periodic reviews planned every 3-4 years, an external mid-term review halfway through the implementation period, and a final external project evaluation in 2026.	CTF Secretariat (located in FOS) with the CTF2 Steering Committee and external expertise in M&E	In progress	Results framework and draft logframe developed and appear in founding Project Document. M&E framework currently being developed for internal discussion between Mar-June 2016 and for possible presentation to 39th CAC in June 2016.	In progress	Ongoing. A lessons learned approach was taken to monitoring and evaluation in the first year of CTF2 and an internal report drawn up for the Steering Committee on a set of key questions. Work on development of the M&E framework is ongoing with inputs from the first round of applications.
10	Lessons learned and new best practices should be integrated more quickly and with more consistency into the regular project supported activities of the CTF, within the operational realities of the UN and Codex system.	Partially accepted	In CTF1 regular feedback was received from beneficiary countries and donor countries and this feedback was used to identify and implement	2016-2027	FOS (for WHO) with FAO and Codex Alimentarius Commission	Not started		In progress	Started in 2016 with the "lessons learned" approach to monitoring (see above).

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			action for improved management and/or implementation. For example, the CTF Secretariat was strengthened as a management response to feedback and a new Group 4 was created to further ensure the sustainability of participation in Codex of least developed countries and small island developing states as an operational response to the risk of these countries not being able to sustain their participation after graduation from the Codex Trust Fund. With CTF2, FAO and WHO are formalizing the mechanism for continuous dialogue with major stakeholders through the establishment of the CTF2 Advisory Group. Along with the continuous monitoring that will be undertaken using the M&E framework, the Advisory Group will constitute key mechanisms for integration of and action on learning and application of good practices.		Secretariat				

3.8 Global Fund Concept Note Development

3.8.1 In May 2014, the Global Fund to Fight AIDS, Tuberculosis and Malaria signed a cooperation agreement with WHO to cover the funding gap in technical support to countries preparing concept notes for the Global Fund's new funding model. In the context of this agreement, an independent evaluation was conducted by an external evaluation team between January and April 2015 to determine the quality of WHO's technical support to countries to improve this support during the implementation of the agreement.

3.8.2 Further developments since the last annual evaluation report include a Global Fund commissioned Technical Evaluation Reference Group evaluation of WHO's technical support. This took place in 2016 and concluded that the grant managed by WHO was "within scope, relevant, appropriate to countries and worked well". The report showed that 108 countries received technical support, leading to the successful submission of 165 concept notes for a total amount of close to US$4.7 billion. It was also reported that countries and other stakeholders were satisfied with the support received to navigate a complex development process. An advocacy document "*WHO and the Global Fund: achieving impact together*"[2] summarizing the impact of the WHO-Global Fund Cooperation agreement has been produced, documenting the key outcomes of the agreement and the critical role WHO played in the Global Fund 2014-2016 grant cycle. Many bilateral meetings with donors have taken place to inform donors of the positive results of the agreement and collaboration between WHO and the Global Fund and the Core Group of Bilaterals (US Government, France 5% Initiative, German BACKUP GIZ) have been significantly strengthened.

[2] http://apps.who.int/iris/bitstream/10665/255299/1/WHO-HTM-HMA-2017.01-eng.pdf

Global Fund Concept Note Development

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1	Strengthen approaches to execute technical support within the context of the NFM compressed timeline. It was widely noted by national and WHO respondents that one of the most important areas to address is the impact of the compressed timeline of the NFM on the provision of technical assistance. The compressed timeline has had a ripple effect on technical support, creating a supply and demand issue in the Regions and resulting in a Concept Note development driven need to recruit external consultants. Some time delays in fulfilling that demand, and the need for more direct face-to-face and longer engagement with consultants were noted.	The recommendation has been accepted. Some measures already taken are: -Maintaining updated rosters of pre-qualified consultants -Making available senior consultants and/or WHO staff to backstop work of junior international and national consultants. -Backstopping of WHO Country Office support by Regional and Headquarters staff. -Providing training of consultants and WHO staff to bring them up to speed on aspects of NFM -Regional workshops and peer reviews for national staff and stakeholders. -Joint program reviews and JANS . -Longer consultancies to provide more continuous support to countries - such as in the Ebola-affected countries	Additional measures being explored and in process: -Undertake early proactive involvement in updating the NSPs, doing gap analysis, identifying lead consultants -WHO is preparing regional workshops to help support the implementation of the new Global TB, Malaria Strategies and the new ARV guidelines, which will be the basis for the next wave of concept note submissions. -Better leverage WHO collaborating centres . -Better leverage country and regional expertise across regions. -South-south collaboration (country-to-country capacity building and support).	Prepare to support countries to access their next Global Fund allocation starting in 2017	HIV, TB, Malaria departments, as well as HIS and relevant FWC depts.	In progress	There could be a funding gap for the technical support which countries may request, as there is no clarity yet as to what type of cooperation agreement will be done with the Global Fund. This may have an impact of the support capacity of WHO.	Implemented	-A Global Fund commissioned TERG-Technical Evaluation Reference Group-evaluation took place in 2016 and concluded that the grant was "within scope, relevant, appropriate to countries and worked well". 108 countries received TA, leading to the successful submission of 165 concept notes for a total amount of close to US$4.7 billion. -The evaluation identified best practices: continuum of support, South-South collaboration and the use of peer review and mock TRPs (Technical Review Panel).
2	Improve coordination, collaboration and communication between ALL technical partners. This recommendation involves WHO, the Global Fund and the other technical partners. While coordination, collaboration and communication are good in many respects, improving these between ALL Global Fund technical partners would help to align efforts, and reduce duplication or gaps in the support provided to countries	The recommendation has been accepted. Some measures already taken are: -Discussions in the “situation rooms” - WHO/GTB and WHO/HIV actively participate in these, with HSS focal points. -Technical briefings to Technical Review Panel (TRP) - Technical documentations and PPTs are prepared for each review session. -Discussions at the Grant Approvals Committee (GAC) with HQ focal points from HIV,	Additional measures being explored and in process: -Have consultations between technical partners, WHO, Global Fund on key technical issues followed by coordinated briefing to the TRP on critical technical issues - Four of these meetings took place -Better tell the WHO story of value-added to Global Fund and partners - see section 4 with advocacy paper -Stronger consultation during country dialogue and planning in the next wave of application -More interaction between Regional	Completed	HIV, TB, Malaria departments, as well as HIS and FWC relevant departments	In progress		Implemented	-The TERG evaluation acknowledged the agreement enhanced the partnership between WHO and the Global Fund. -A monthly newsletter, "Flash Info", was developed, with a focus on the Global Fund and other Partnership. So far 13 issues have been released, sent to all HTM staff, regional HIV-TB-malaria staff and key

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	for Concept Note development. This would also greatly enhance interactions between national stakeholders and partners at country level.	TB, Malaria, HSS and/or ADGO/HTM -Expanded Core Group calls, Joint Working Group (JWG), Steering Committee -.Joint missions in countries (e.g. Kenya in Dec 2015, Malawi March 2016) Participation in regional workshops and peer/expert reviews	Offices and Global Fund Regional Managers and country teams - meetings with GF regional managers and WHO regional focal points were organized in the end of June 2015 - and on 8 November 2015 with a WR's working dinner organized with GF senior management. -Establish a centralized communication tool to improve coordination among all technical partners (Calendar of technical support missions) - This is being piloted with the action dashboard of the Implementation Through Partnership project that Global Fund is doing with WHO and other partners.						partners enhancing information sharing. -To further collaboration across the Global Health Agencies a new unit has been established, Strategic Partnership and Cross-cutting Collaboration (SPC), to advance cooperation between WHO and partners, and internally between WHO Clusters and Departments at HQ and Regional levels and with Country Offices.
3	Focus on capacity building of national programmes and WHO Country Offices. This recommendation refers to both improving technical capacity of national programmes, as well as that of WHO Country Offices, particularly the Offices in smaller countries. With respect to national programme staff, the requests for greater focus on capacity building were directly linked to the expressed need for long-term technical support from WHO to do so. With respect to building capacity internal to WHO, the recommendations were focused on ensuring adequate orientation to staff on emerging issues and processes that impact the development of Concept Notes at country	The recommendation has been accepted. Some measures already taken are: -Deploying senior consultants and/or WHO staff at HQ and ROs to backstop work of junior international/ national consultants and WHO COs where required. -South-south collaboration (country-to-country capacity building and support). -Building capacity through training of national programme staff and national consultants - several workshops are organized during Q1-2 2016 like in EMRO on 28-30 March 2016.	Additional measures being explored and in process: -Develop a central repository of regionally-based lessons learned to demonstrate the progression of country efforts - The workshop on lessons learned from the Joint TB/HIV concept notes in November 2015 drew a set of lessons learned and recommendations on going forward. -Better leverage expertise from centres of excellence and collaborating centres with national institutes	Completed	HIV, TB, Malaria departments, as well as HIS and FWC relevant departments	In progress		Implemented	-In 2016 additional capacity building activities have taken place, funded through the grant. -Over 1200 participants attended capacity building workshops, 50% of which were national program staff and 25% WHO CO/RO staff.

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	level.								
4	Align with expectations of Global Fund and global partners. On whole, Global Fund and partners recommend WHO better communicate what the Organization does and the approach adopted to provide technical support to countries for the rollout of the GF New Funding Model.	The recommendation has been accepted: -The Office for Coordination of WHO-Global Fund Partnership, located in the office of ADG/HTM, has developed an advocacy paper "WHO's Commitment to making investments in HIV, TB and malaria work" for partners, Global Fund, bilaterals, nationals to better understand the wide scope of work and support provided by WHO to countries in the HIV, TB and Malaria areas.	Paper in final stages of production.	April-May 2016	ADGO/HTM	In progress		Implemented	-Outcomes were presented at the Steering Committee in July 2016. -An advocacy document summarizing the impact of the WHO-GF Cooperation agreement has been produced, documenting the key outcomes of the agreement and the key role WHO played in the Global Fund 2014-2016 grant cycle. -Meetings with many bilateral donors have taken place to inform the donors of the positive results of the agreement as well as on HTM specific disease strategies. -As earlier mentioned, the monthly newsletter Flash Info allowed for the dissemination of key info across a wide audience.

3.9 REACH initiative

3.9.1 The Renewed Efforts Against Child Hunger and Under-nutrition initiative (REACH) supports efforts to improve governance of country-level nutrition responses for children under five years of age and women. The report for its external evaluation covered the years 2011 to 2015. It focused on the role of the REACH Secretariat and the effectiveness of its work in eight of the initiative's 20 target countries.

3.9.2 Since the last annual evaluation report, the REACH secretariat is fully integrated in the UN Network for SUN secretariat with secured funding for supporting 13 countries in 2017. A five-year strategy 2016-2020 for the UN Network for SUN has been developed, approved and disseminated to WHO regions and Country offices. The UN Network grew out of the positive experience of REACH and the imperative to work better together to achieve results quickly. REACH remains a service with tools, human resources and experiences that can be drawn upon for support in response to assessed needs and where funding is available.

3.9.3 The UN Network has carried out recommended UN Network actions including interagency planning retreats and UN Network Inventory and the online UN Network dashboard. These tools are to help identify the gaps in technical assistance capacity. Financial support for the interagency coordination mechanisms (UN Network, UNSCN) remains a challenge.

REACH Initiative

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1	The core function of REACH should continue to be facilitation and coordination of country-level nutrition responses, with a strong focus on maintaining and developing its reputation for neutrality. This function should be based on two modes of intervention: one should involve multi-year facilitation services, building on the approach adopted to date; and the other should involve specialized short-term facilitation and related services for countries meeting specific criteria. Continued support at the country level to strengthen facilitation in the SUN countries should recognize that it may be possible to continue multi-annual "REACH-like" engagements in selected countries – subject to full appraisals – but that in other countries the REACH contribution will have to be on a smaller scale, with specific criteria developed to ensure feasibility. REACH's perceived neutrality has allowed it to be effective as a broker among different organizations and entities. To maintain this neutrality, clear limits should be placed on the time, type of engagement and resources that REACH dedicates to supporting the United Nations Network for SUN.	Accepted	REACH workplan to be developed accordingly	Mar-16	HQ/NHD	In progress	REACH is a partnership of UNICEF, WFP, WHO, FAO. All organizations have agreed to this approach	In progress	At the global level, the REACH secretariat is fully integrated in the UN Network for SUN secretariat. This UNN/REACH secretariat is hosted by WFP in Rome. For 2017 funding is secured to provide support to 13 countries.
2	REACH should develop a medium-term vision, strategies and an operating plan for its second phase, which has a five-year timeframe to align effectively with SUN's five-year timeframe and strategy. This will require: extending the timeframe in existing REACH countries by two more years to consolidate gains and move towards sustainability (Bangladesh, Ghana, Mali, Mozambique, Nepal, Rwanda, Uganda and the United Republic of Tanzania); and adopting a five-year timeframe in new countries from the outset.	Partially accepted	Recommendation to be developed in new REACH workplan	Mar-16	HQ/NHD	In progress	A longer term presence of REACH may disempower the UN member Agencies, that are natural providers of technical assistance	In progress	A five-year strategy 2016-2020 for the UN Network for SUN has been developed, approved and disseminated to WHO regions and Country offices. The strategy is aligned with the SUN five-year strategy. Of the 13 countries funded: 10 are donor funded (Burkina Faso, Chad, Haiti, Lesotho, Mali, Myanmar, Senegal, Sierra Leone, Tanzania, and Zimbabwe) and 3 are self-funded (Burundi, Guinea-Conakry, and Rwanda).

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3	As part of its key strategies for engagement, REACH should encourage the United Nations Network for SUN – which REACH now coordinates – to align its focus with REACH's core function of facilitation and coordination. The network – and REACH'S support to it – would thus have a central mission in mobilizing the technical strength of the United Nations for facilitating scaled-up and effective country-level nutrition responses. REACH's new and additional responsibility as Secretariat of the United Nations Network for SUN provides the possibility of greater alignment between SUN and REACH. There is opportunity and potential risk in the new arrangement. The opportunity lies in the fact that the valuable resources and leveraging power of the United Nations can be used effectively in the nutrition response. The risk is that of side-tracking what REACH has done well and of REACH losing its valuable neutrality. To address this risk, there is a need for clarity on what the United Nations Network for SUN can achieve and for this to align with the focus and mandate of REACH.	Not accepted			HQ/NHD	Not started	REACH has been presented as a special provider of policy support functions of the Un Network. It is REACH that should align its functions to that of the UN Network. REACH was established to provide coordination and to strengthen the synergies between partners, not to compete with them		Full alignment between REACH/UNN is achieved and REACH is entirely part of UNN with a joint secretariat established and hosted by WFP. At the country level, all SUN countries have a UNN focal point and 37 have confirmed UNN Chairs. Only 3% of the UNN is co-chaired by WHO. The UNN/REACH 2016-2020 strategy helps in providing clarity in the tasks, roles and responsibilities of UN partner agencies.
4	The next phase of REACH – and further decisions on funding multi-year, country-level interventions – should be based on a thorough reappraisal of the REACH theory of change, which should recognize that the role of REACH is facilitation and related services, rather than technical assistance or support. The new theory of change should form both the role of REACH as the implementer of SUN in the field and its support to the United Nations Network for SUN. It should be broadly disseminated to contribute to better understanding of REACH's role in the overall nutrition environment. The design of any future REACH multi-year intervention should explicitly state and test the assumptions on which it is based and identify the conditions for receiving REACH support. The evaluation identified five conditions for implementation of REACH multi-year programming: i) a senior REACH facilitator should be in-country for a minimum of five years; ii) thorough consultative preparation by and commitment from all parties; iii) plans for supporting immediate start up; iv) financial commitments from United Nations partners to supporting the REACH approach; and v) early work on approaches to sustainability.	Not accepted			HQ/NHD	Not started	We do not believe REACH should be the SUN implementer on the ground. This is a collective responsibilities of REACH partner Agencies.		The UN Network grew out of the positive experience of REACH and the imperative to work better together to achieve results quickly. The UNN is expected to extend its collective efforts to all SUN countries without necessarily relying on external, dedicated in-country REACH support. However, REACH remains a service with tools, human resources and experiences that can be drawn upon for support in response to assessed needs and where funding is available.

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5	To inform the new theory of change, REACH should commission a study of the architecture of technical assistance for scaling up nutrition. The study should include facilitation and identify priority areas for REACH, taking into account the work of other technical-support partners. The study should be used to inform REACH's medium-term plan of action and its strategies for engagement in the coming five years (see recommendations 1–4).	Partially accepted	Assessment of the technical needs of SUN countries; Development of business model for UN Network/REACH	Jun-16	HQ/NHD	Not started	We have suggested that a project of joint provision of technical assistance to SUN is developed, that builds on the Agencies technical assistance capacities	In progress	The UNN has carried out recommended UNN actions including interagency planning retreats (Burkina Faso, DRC and Rwanda) and UNN Inventory (Bangladesh, Burkina Faso, DRC, Haiti, Myanmar, the Philippines, Rwanda and Senegal) and the online UNN dashboard (piloted in Guatemala, Kyrgyzstan and Sudan). These tools help identifying the availability/gaps in technical assistance capacity.
6	Participating United Nations agencies should sign a new Memorandum of Understanding with stronger provisions that include strategic decision-making and accountability mechanisms at the most senior level of United Nations agencies; commitment to contributing funding to country-level REACH activities; and commitment to better coordinating their planning, resourcing, implementation and advocacy efforts in the nutrition sector at the country level. Future work to support country-level coordination of nutrition interventions through REACH should be contingent on serious and public commitment at all levels of United Nations agencies to better coordinate their planning, resourcing, implementation and advocacy efforts in this sector. To this end, high-level commitments from agencies need to be matched with commitments to collaboration at technical level, underscoring that this will entail a less agency-centred approach. In the absence of these commitments, there is the risk that REACH will lose focus, waste effort and ultimately fail.	Partially accepted	Signature of MoU by IFAD	Jun-16	HQ/NHD	Not started	The current REACH MoU has been negotiated in two years, with great efforts. We think it has prevented the Secretariat from acting independently from the Agencies. We believe the REACH MoU should be extended to other partners (e.g. IFAD).	Not started	No further changes have been made. A face-to-face meeting had taken place in November 2016 during which the UNN strategy has been approved. In the UNN 2017 workplan, it is planned to revise/extend the UNN/REACH MOU.
7	The REACH partnership should proactively explore and develop funding options and sources for its second phase. Recognizing its recently augmented role regarding the United Nations Network for SUN, it should particularly encourage appropriate financial allocations from member agencies (see recommendation 6), donors and host countries. Funding from host governments should be encouraged as a means of ensuring sustainability in countries where multi-year engagement is foreseen.	Partially accepted	Development of a resource mobilization plan	Jun-16	HQ/NHD	In progress	REACH/UN Network and UNSCN should be receiving support from partner Agencies without putting excessive pressure on the budgets of the nutrition teams and not at the detriment of the human resource capacities of the partner Agencies. Joint research mobilization should	In progress	Financial support for the interagency coordination mechanisms (UNN, UNSCN) is and remains a challenge. The UNN work plan for 2017 has a planned activity to ensure UNN/REACH resources are available. For that, a business case will be developed in collaboration with the UN partner agencies.

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							be promoted. NHD has made proposals.		
8	Country-level implementation of REACH should continue to be guided by CIPs and annual plans. However, CIP processes should be revised to ensure maximum leadership and buy-in from all stakeholders. CIPs should also adopt an approach to ensuring that equity and gender issues are part of the country-level work and global advocacy on nutrition. Ensuring that REACH has expertise in gender and equity, establishing incentives for national actions on gender and equity in nutrition, and monitoring progress against indicators are all essential.	Partially accepted	Analyzing gender and equity approaches promoted by partner Agencies	Jun-16	HQ/NHD	Not started		In progress	The UNN/REACH approach is to have maximum buy-in from stakeholders: this is entirely part of the REACH support model. The UNN is committed to addressing the social determinants of malnutrition and ensuring equality and non-discrimination throughout the implementation of the strategy, focusing on tackling gender, socio-economic, ethnic and geographic disparities. At the country-level, the TOR of the UNN country team includes "to develop a coherent, comprehensive country level United Nations nutrition agenda (strategy) based on an inventory of nutrition actions and gender-sensitive context analysis, aligned and responsive to national multisectoral nutrition plans and programmes". It is not very clear if gender capacities are in place.