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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

1.1 This document provides details of the actions taken by the Secretariat in response to recommendations from selected evaluations conducted during the period 2016-2017. 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 2018. 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. Country office evaluation – Thailand

2.1.1 The first country office evaluation, undertaken by the Evaluation Office, took place in Thailand. These evaluations focus on the outcomes/results achieved by country offices, as well as contributions through global and regional inputs in the country. The purpose of the evaluation was also to identify and document best practices and innovations of WHO in Thailand on the basis of its achievements over the period 2012-2016.

2.1.2 The country office evaluation addressed three main questions, namely: (i) were the strategic choices made in the country cooperation strategy the right ones to address Thailand's health needs and coherent with government and partners' priorities? (ii) what is the contribution/added value of WHO toward addressing the country's health needs and priorities? and (iii) how did who achieve the results?

2.1.3 The evaluation concluded that, overall, during the period 2012-2016, the country office in Thailand provided a valuable contribution in supporting the Thai Government's national health sector plans. It noted the approach taken in the design of the 2017-2021 WHO country cooperation strategy, which highlighted partnerships with national actors beyond the health sector and instituted a transparent and consultative priority-setting process. Recommendations included: (i) the active contribution of the country office team to country cooperation strategy governance activities and engagement with other national partners to support implementation of the strategy's priorities and activities, in particular with regard to programme management and monitoring; (ii) ensuring that the country office has the capacity to implement its workplans beyond the country cooperation strategy's priorities and activities; (iii) the elaboration of a theory of change for the period 2017-2021 in order to better link the country cooperation strategy 2017-2021 with the entire planned country-level results and deliverables and biennial programme budgets; (iv) strengthening the inclusion of gender and other social determinants of health dimensions, as relevant, in the implementation of the strategy and other country office activities; and (v) a review the evolution of the country office's contribution to, and relationship with, the Thai Government over the recent country cooperation strategy cycles.

2.1.4 In its management response, the country office accepted all the recommendations of the evaluation, stating that the evaluation had provided important insights for the WHO-Thailand country cooperation strategy 2017-2021. With regard to the recommendations, all are either completed already or in progress. In particular, the country office highlighted that a monitoring and evaluation framework for the country cooperation strategy 2017-2021 priority programmes has been developed through consultation with relevant stakeholders, and includes specific indicators for each priority programme. The WHO Representative to Thailand will co-chair the coordinating subcommittee which oversees the monitoring and evaluation of the strategy and senior level participation from the country office in all programme subcommittees is assured. A theory of change has been embedded in this framework and it also contains a specific section on mainstreaming of gender, equity and human rights indicators in each priority programme's indicator table. In addition, a handbook on gender mainstreaming has been prepared by the country office.

Management Response – Country Office Evaluation, Thailand

Evaluation Title	**Country Office Evaluation - Thailand**
Commissioning Unit	**WHO Evaluation Office**
Link to the evaluation	**http://www.who.int/about/evaluation/thailand_country_office_evaluation_report.pdf?ua=1**
Evaluation Plan	**Organization-wide evaluation workplan 2016-2017**
Unit Responsible for response	**WHO Country Office, Thailand**
Overall Management Response: The Country Office evaluation has provided important insights for the WHO-Thailand CCS 2017-2021. The WHO Country Office (WCO) has accepted all of the recommendations from the evaluation; some have been completely implemented already, all are in progress. Broad stakeholder engagement, especially by the Royal Thai Government in the planning and conduct of the evaluation makes it a powerful tool for improving the WCO performance over the next five years. We sincerely hope that all levels of the Secretariat read the evaluation carefully and support the WCO in the implementation of these recommendations.	
Management Response Status	In progress
Date	18 January 2018

Recommendations and Action Plan

Recommendation A	**The Head of the WHO Country Office and the WHO Country Office team to contribute actively to Country Cooperation Strategy governance activities and to engage with other national partners to support implementation of Country Cooperation Strategy priorities and activities, in particular in the area of programme management and monitoring.**
Management response	Accepted - WR will co-chair the Coordinating Subcommittee (CS) which oversees the monitoring and evaluation of the CCS – CS to meet in early 2018; - WCO will provide technical support to the CS and leverage expertise on M&E as appropriate from all levels of the Organization; - WCO has completed a structured M&E framework to guide implementation of the CCS (see below); - All CCS program sub-committees have representation by senior level WHO technical staff to monitor implementation of CCS workplans.

Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
M&E framework development for CCS 2017-2021 Priority Programmes	Liviu Vedrasco Sara López (intern)	September 2017 – January 2018	Completed	The framework has to be agreed on by all the Priority Programmes (PP) stakeholders, especially by the Programme Managers. It includes specific indicators for each PP as well as report templates and a timeline regarding evaluation processes and meetings of the Executive Committee and Sub-committees.
WCO will provide technical support to the CS and leverage expertise on M&E	Liviu Vedrasco	throughout the CCS period	In progress	WCO will assist the CS with the implementation of the M&E framework.
Assign senior level WHO technical staff to each of the CCS program sub-committees	WR	August 2017	Completed	P5 level technical staff participate in all Program Subcommittees, except Migrant Health which is represented by a NPO experienced in this area.
Recommendation B	**The WHO Secretariat to ensure that the WHO Country Office has the capacity to implement its workplans beyond the Country Cooperation Strategy priorities and activities, including through appropriate funding mechanisms and staffing of the Office**			
Management response	Accepted - Currently sufficient HR at WCO to cover some CCS priorities: NCD, GHD - AMR: NPO to be recruited in 2018 to support work on this priority, using voluntary contributions - Road Safety: NPO for Road Safety has resigned as of 31 December, recruitment is underway to staff this post - Migrant Health: currently the responsibility of a senior NPO with experience in this area - International Trade and Health: No WCO expertise exists in this area, though we expect to leverage support from HQ and SEARO as needed. Senior WCO staff plan to increase their understanding of this are through SDL activities - In its 18-19 biennial workplan, WCO has proposed the recruitment of a translator/interpreter at the NPO level to be funded with voluntary contributions; until this recruitment can occur, a full time interpreter has been recruited under a consultancy contract and is currently working for us - Agreement was reached by senior management in WHO (DGO/RDO) on a pooled funding mechanism for the CCS 2017-2021; the principles of this mechanism were outlined in a Letter of Understanding signed by the WR in April, 2017. Since funding for CCS can only be “un-earmarked”, WCO can only use flexible funding for to support its CCS programs. This will require collaboration between and flexibility from Regional and Country offices as we ensure that sufficient flexible funding is available in a timely manner to support CCS activities			

	- Achievement indicators have been incorporated into the M&E framework developed by the WCO for the CCS.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Recruit interpreter and NPOs to support programs	WR/HR/ Senior Officers	November 2017 – March 2018	In progress	Recruitments are ongoing but delayed due to the large number of recruitments at the start if the biennium
Senior staff to develop competencies in ITH	WR/ Liviu Vedrasco	2018-2019	In progress	A variety of methods will be uses including on-line courses and potentially training by an outside consultant
Ensure flexible funding is available to the CCS in a timely way, according to budget limitations	WR/ Liviu Vedrasco	2018-2019	In progress	There is ongoing collaboration between WCO and SEARO on ensuring sufficient flexible funding to support CCS activities. Senior SEARO planning staff and DPM, who are new, will need to fully understand our unique funding mechanism

Recommendation C	**The WHO Country Office to build on a Theory of Change for the period 2017-2021 to better link the Country Cooperation Strategy 2017-2021 with the entire planned country-level results and deliverables and with the Country Office staff and activity workplans during operational planning for Programme budgets 2018-2019 and 2020-2021**			
Management response	Accepted - Theory of change has been developed and embedded in the M&E framework of the CCS - A comprehensive M&E framework has been developed which WHO will use to measure such progress.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Development of a Theory of Change for the CCS 2017-2021	Liviu Vedrasco Sara López (intern)	September 2017 - January 2018	Completed	The Theory of Change has been embedded in the M&E framework that is currently being developed and is attached to this document.
Agreement on the M&E framework by all CCS stakeholders and its approval by the CCS Executive Committee	WR Liviu Vedrasco	November 2017 - February 2018	In progress	WHO consulted CCS stakeholders on the M&E framework and is planning to present the same for approval at the next Executive Committee planned for February 2018

Recommendation D	**The WHO Country Office and the Royal Thai Government to strengthen inclusion of the gender and other social determinants of health dimension(s), as relevant, in the implementation of the Country Cooperation Strategy and other Country Office activities.**			
Management response	Accepted - M&E framework has been developed with a specific section highlighting the need to focus on gender issues. This has been discussed at meetings with RTG - WCO developed specific guidance on gender integration for each of the priority programmes and is working with Programme Managers to develop specific indicators - Country office sensitized on the need for considering gender and SDH in implementation of CCS priorities			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Mainstreaming of Gender, Equity and Human Rights (GER) indicators in the M&E framework	Liviu Vedrasco Sara López (intern)	Implementation starts January 2018	In progress	The M&E framework contains a specific section on mainstreaming of GER indicators in each Priority Programme's indicator table.
Handbook on gender mainstreaming	Liviu Vedrasco Sara López (intern)	October - December 2017	Completed	The handbook includes both general guidelines on gender mainstreaming and a contextualized overlook of the gender situation in Thailand
Develop specific guidance on gender integration for each of the priority programmes	Liviu Vedrasco Sara López (intern)	January 2018	Completed	

2.2 European Union/Luxembourg-WHO Universal Health Coverage Partnership 2011-2016

2.2.1 In 2011, WHO entered into a collaborative agreement with the European Union and Luxembourg to support policy dialogue on national health policies, strategies and plans with a view to promoting universal health coverage, people-centred primary care and health-in-all policies in a number of targeted countries. The Universal Health Coverage Partnership provides support for the development and implementation of national health plans, health financing strategies and effective development cooperation.

2.2.2 An external evaluation of this Partnership, covering the period 2011-2016, was conducted to assess its results and achievements and its contribution in strengthening WHO's capacity to support ministries of health in the 20 countries covered by the Partnership. Specifically, the evaluation assessed how the Partnership succeeded in: (i) supporting the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity; (ii) improving technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue, mainly at the country level; and (iii) ensuring that international and national stakeholders are increasingly aligned around national health policies, strategies and plans, and adhere to other aid-effectiveness principles.

2.2.3 As a formative evaluation, the focus was on lessons learned. The evaluation concluded that the Partnership made a significant contribution to strengthening the role of the WHO country office as a leading adviser to the ministry of health for the health sector reforms and transformation at the country level. Areas for continued focus included: maintaining the flexibility of country roadmaps; the strengthening of health financing and health systems expertise in-country; greater devolution of decision-making and resources to the country level and, for the next phase, extension of the activities of the partnership from policy dialogue to support in the implementation of the policies.

2.2.4 In its management response, the Secretariat reiterated its commitment to providing additional technical backstopping to countries on health financing and health systems strengthening and to recruiting more advisers with health financing expertise in the next phase of the Partnership. In addition, a technical guide to support implementation at the country level is being prepared.

Management Response

Evaluation Title	**Formative Evaluation of the EU-Luxembourg-WHO Universal Health Coverage Partnership (UHC-P) 2011 - 2016**
Commissioning Unit	HGF/HGS and HGF/HEF
Link to the evaluation	http://uhcpartnership.net/wp-content/uploads/2017/12/FinalReportFormativeEvaluationUHC-w-Annexes-1.pdf
Evaluation Plan	Organization-wide biennial evaluation workplan 2016-2017
Unit Responsible for providing the management response	HGS

Overall Management Response:

1. The report was well received.
2. Most of the recommendations are relevant.
3. We have to notice that given the complexity (number of areas of work, number of countries and number of activities) the task of the evaluation team was difficult.

Management Response Status	In progress
Date	16 March 2018

Recommendations and Action Plan

Recommendation 1				
In most WCOs, HF and HSS expertise is scarce, therefore the provision of full-mode technical assistance on these two areas from the UHC-P could be beneficial.				
Management response	Partially accepted WHO ensures that the technical advisors deployed in countries have the minimal skills on HF.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Provide additional support with HQ and RO backstopping on HF matters.	HEF	2018	In progress	
More advisors with a HF profile might be recruited in the following phase of the UHC-P.	HEF	2019 onwards	In progress	
Recommendation 2				
WCO could be the natural lead in Development Partners alignment.				
Management response	Accepted Since 2017, the transformation of IHP+ into UHC 2030 positions WHO in the wake of recent orientations for SDGs and UHC. This is supported by the agenda of the new DG. There is an increasingly robust perception of, and commitment to, health coordination at			

	country level. Aid coordination has been put at the centre of the roadmap in each country that needs it.			
Status	Implemented			
Recommendation 3				
EU and Luxembourg delegations at country level should be involved more to be more efficient – but also to give legitimacy to the programme and create more visibility.				
Management response	Partially accepted WCO actors at country level are recommended to be proactive with the EU delegations and Luxembourg's representations at country level.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Organize meetings with EU delegations and Luxembourg representation at country level.	All countries	2018	In progress	
Recommendation 4				
At country office level, strengthening of health systems (and then health financing) expertise is needed – probably best as "full-mode".				
Management response	Accepted This corroborates what has been recommended by other evaluations or actors who have looked at the UHC-P. Nevertheless, it should remain a choice made at country level according to needs. In the last year, most of the countries newly integrated in the UHC-P have or will benefit from a long- term technical advisor. Three countries (Mozambique, Sierra Leone and Sudan) have evolved from light to full mode.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Consider the long term technical assistance in new countries.	HGF	2018 and onwards	In progress	
Recommendation 5				
Regional Offices are a key intermediary between the global programming and day to day activities.				
Management response	Accepted All relevant ROs are involved systematically in the design, implementation, monitoring and evaluation of the UHC-P.			
Status	Implemented			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
The annual technical meeting of the UHC-P gives more room to the ROs in designing and facilitating		2017 and onwards	In progress	
The creation of the coordination committee of the UHC-P in May 2018 will involve all relevant regions	HGF	May 2018	In progress	

Recommendation 6				
The program is administratively burdensome.				
Management response	Partially accepted This has been perceived by the UHC-P managers for a long time. The burden of the administrative tasks have been seriously reduced for countries with the recruitment of a professional administrative officer (2015), with better utilization of the GSM and the acceptance by the EU to simplify the budget (Phase III 2016-2018).			
Status	Implemented			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Simplification of the budget for Phase III (2016-2018).	HGF	Jan 2016	Implemented	
Recommendation 7				
What is often needed at country office level is increasing expertise for health system strengthening, making WHO-CO less disease-control specific expertise.				
Management response	Accepted This is the whole purpose of the programme. In some countries, one person is not enough.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Ensure adequate technical expertise for HSS in WCO.	UHC HS Cluster	Phase IV 2019-2021	In progress	
Recommendation 8				
The collaboration at headquarters level between the three units in charge of the UHC-P implementation is less visible than at country level.				
Management response	Partially accepted There is good collaboration between the 3 units at country level. The arrival of the new HGF Director pushed the team in the right direction, especially with the creation of theams. The transformation that led to the creation of UHC 2030 brought the UHC-P and UHC 2030 closer to each other.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Recognize UHC-P as an operational arm of UHC 2030.	UHC 2030/HGF	2017 onwards	In progress	
Recommendation 9				
The countries' roadmaps were often too ambitious for the limited timeframe of the programme and the complexity that policy dialogue entails.				
Management response	Partially accepted The roadmaps are key in the process of implementation of the UHC-P activities at country level. All newly integrated countries should have one. Flexibility is key in implementation.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Inception missions in newly	HGF/ ROs	Continuous	In progress	

implemented countries.				
Recommendation 10				
At country level, it was recommended to make a clearer link between UHC being one of the SDGs, so different stakeholders may be more convinced on the importance of NHPSP.				
Management response	Accepted This is in line with the new GPW and the strategic direction of the new Director-General.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Emphasis has been recommended in all countries to strengthen the linkages between, UHC, health security and SDGs.	HGF	Continuous effort in countries	In progress	
Development of recent technical document to support and guide implementation at country level.	HGF	2017	In progress	
Recommendation 11				
(…) some countries need more support than others.				
Management response	Accepted Support to countries must be tailored			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Develop a plan for support to countries.	HGF ROs	2018/2019	Not initiated	

2.3 Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme

2.3.1 The overall objective of this evaluation was to determine the contribution of WHO, in coordination with other agencies, to the success of the NIP/EPI in Bangladesh, and to evaluate the necessity of and options for the continuation of current WHO support. Specific objectives were as follows:

1. To map out WHO's contributions to the NIP/EPI over the last five years.
2. To assess the cost-effectiveness of WHO's contributions to the NIP/EPI.
3. To conduct a comprehensive performance assessment of the surveillance medical officer (SMO) program and identify the best practices as well as the major problems and the challenges.
4. To assess other policy level, managerial, financial and contextual factors that have influenced the performance and the effectiveness of the SMOs
5. To assess the successes and the failures of the attempts by the national government and the other stakeholders to institutionalize the functions of the SMOs within the Government of Bangladesh structure and/or to make the SMO program sustainable.
6. To make recommendations to WHO with regard to future directions for continuation and or modifications of current funding.

2.3.2 Following the evaluation, the WHO country office and the Regional Office for South-East Asia continuously followed up on the nine recommendations. WHO continued to provide leadership to EPI and the health sector. WHO maintained the SMO programme and SMOs were provided with additional training and required logistical support. The findings of the evaluation report were extensively used when the Gavi/HSS2 proposal was developed. The approved Gavi/HSS2 proposal included: supporting the SMO network, improving effective vaccine management and integrating vaccine preventable disease surveillance into the health Management Information System. The Gavi/HSS3 proposal that is being developed addresses EPI-related issues in urban areas. The information in the evaluation report was utilized when the polio transition plan was developed. Current discussions and plans are targeting to hand over major EPI activities and surveillance medical officer functions to the Government of Bangladesh in 2021. These achievements were made through strong coordination between the Government of Bangladesh, WHO, UNICEF, Gavi and other in-country partners for immunization. WHO has supported the Government to develop a five-year operational plan for health force strategy.

2.3.3 However, the implementation of the recommendations of the evaluation report, the finalization of the Gavi/HSS3 proposal and the WHO transitioning functions have been constrained due to extensive involvement of national EPI and WHO in immunization responses for migrants from Myanmar to Bangladesh. The SMO network has immensely contributed to immunization activities, disease surveillance and outbreak control and other public health interventions.

Management Response

Evaluation Title	**Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme**
Commissioning Unit	**SEAR-Planning**
Link to the evaluation	http://www.searo.who.int/entity/immunization/documents/ban_smo_evaluation_2016.pdf?ua=1
Evaluation Plan	
Unit Responsible for providing the management response	**WCO Bangladesh (in coordination with IVD/SEARO and Planning/SEARO)**
Overall Management Response:	
Management Response Status	In progress
Date	March 2018

Recommendations	Current Progress
Continue to provide or enhance the current level of leadership to the EPI and the health sector of the Government of Bangladesh (GoB)	WHO has continuously provided leadership to EPI and the health sector
Maintain the Surveillance Medical Officer (SMO) program for at least the next 4-5 years	The GoB has well appreciated the role of the SMO programme. In the Gavi/HSS2 proposal, the GoB recommended to transfer the areas covered by Gavi-supported district maternal and child health officers to SMOs. The SMO position has been renamed as Surveillance and Immunization Medical Officers (SIMO) with wider ToRs. Funds were secured to run the network through Gavi/HSS and GPEI until 2019. The GoB, Gavi and WHO are discussing the inclusion of support for SIMOs through Gavi/HSS3.
Develop and implement a transitional plan to hand over the major EPI activities and SMOs health sector functions to the two ministries (MOHFW and MOLGRDC);	A draft polio transitional plan has been developed. The focus was on plans for transferring major EPI activities in the development of the Gavi/HSS3 proposal. The plan is to transfer the SIMO function to the GoB by 2021. Finalization of the HSS3 proposal and transitioning WHO functions has been constrained due to extensive involvement of national EPI and WHO in the immunization responses for migrants from Myanmar to Bangladesh.
Provide SMOs with additional training and logistical support wherever needed	SIMO have been receiving training on surveillance and immunization, including online courses. International exposure visits were planned in 2017 but had to be cancelled due to the urgent response required for migrants from Myanmar. All SMOs are continuously provided with computer, iPhone, printer, multimedia, scanner, office space and vehicles.
The WHO should assist the GoB with the development of a comprehensive human resource plan and system of continuous recruitment for all frontline health workers;	WHO provided technical support to formulate the Bangladesh Health Workforce Strategy - 2015, which was followed by the development of a five-year operational plan 2017-2022. This action plan contains provisions for a service level (primary, secondary and tertiary) health workforce plan with projections. Planning the primary level health workforce has been given special attention due to the need for preventive and promotive care and also to meet the commitment towards Universal Health Coverage. In 2018, WHO will provide technical support to conduct a health labour market analysis, which will help to understand the role of both the public and private sector providers, including frontline health workers.
Work with the City Corporations and larger	WHO is providing support to develop an urban health strategy. Continuous support is provided for developing and updating the

municipalities in developing separate, but well-integrated plans of action for EPI	micro plans and conducting regular performance review meetings.
Emphasize the coordination and integration of EPI and family planning services to avoid duplication of activities among field staff and between data systems	SIMOs are coordinating with both departments at district and subdistrict level.
Improve upon the current efforts of Effective Vaccine management	UNICEF is taking a lead in providing technical support at national level, and for procurement and logistics. WHO is providing the technical support for review of SoPs and cold chain monitoring at district and subdistrict level. SIMO are supporting cold chain assessment in major municipalities.
Work with the GoB and the other development partners to dedicate resources, plan, implement, and provide training on a national and integrated MIS to track EPI activities	WHO is working with the GoB and UNICEF to support monitoring of EPI data in MIS. WHO SIMOs are supporting the monitoring of the completeness at district and subdistrict level. Training of SIMOs on MIS is in process with support from the GoB and UNICEF. WHO is supporting, through Gavi, the HSS2 proposal for integrating vaccine preventable disease surveillance data into MIS. To be completed by 2018.

2.4 Evaluation of WHO's contribution to maternal health in the South-East Asia Region

2.4.1 The purpose of this decentralized evaluation was to evaluate the contribution of WHO to the improvement of maternal health in the South-East Asia Region from 2010 to 2015. It reviewed progress in five countries at different stages of development, namely Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka.

2.4.2 The evaluation had the following objectives: (i) understand the scope and diversity in maternal health responses by WHO; (ii) study the contribution of WHO to the policies, projects and practices in maternal health; (iii) ascertain strategies that yield good uptake by governments and local partners; and (iv) identify learning that can be applied to strengthen WHO's programme in the Region.

2.4.3 The evaluation concluded that WHO has contributed substantively to improvements in maternal health in the South-East Asia Region, through assistance executed jointly by the three levels of the Organization on maternal health policies, programmes and practices.

2.4.4 The evaluation made four overall recommendations that WHO should become: (i) more selective and pick the issues that will be the focus of efforts in selected countries based on an analysis of the situation and opportunities that pertain; (ii) the voice of countries to support the articulation of an appropriate direction for domestic and international financing of health care; (iii) the voice of country implementers to highlight constraints in country health systems and help to address them through collaboration between reproductive, maternal, newborn, child and adolescent health and health systems departments in WHO; and (iv) a source of feedback and become more deliberate in providing feedback from country to the global level. Further recommendations were elaborated with regard to WHO's performance in maternal health in the Region relative to the six core functions of the Organization. In addition, specific recommendations were also formulated for each of the countries reviewed.

2.4.5 In its management response, the Regional Office stated that maternal, newborn and child mortality reduction is a regional flagship programme and country offices prioritize WHO support to Member States on the basis of the flagship focus and the local country needs expressed in the country cooperation strategy. WHO continues to work on broader issues of health financing, such as the development of national health insurance accounts in Myanmar and Sri Lanka and the introduction of an insurance scheme addressing maternal and newborn care in Indonesia. Furthermore, the units of reproductive, maternal, newborn, child and adolescent health and health systems collaborate on broader health system issues such as streamlining service delivery models, policies and strategies of human resources, with good examples of such cooperation in Bangladesh and Myanmar.

Management Response

Evaluation Title	**Evaluation of WHO's Contribution to Maternal Health in the South-East Asia Region**
Commissioning Unit	**SEAR-Planning**
Link to the evaluation	http://apps.who.int/iris/bitstream/handle/10665/249595/B5257_evaluation.pdf;jsessionid=B4D101EED41A7DF8844A8BDF0670B651?sequence=1
Evaluation Plan	
Unit Responsible for providing the management response	**Maternal and Reproductive Health (MRH), SEARO**

Overall Management Response:

As a part of the ongoing WHO reform processes, WHO has taken steps to introduce a 'culture of evaluation' in the Organization. This evaluation had the following objectives:

- Understand the scope and diversity of maternal health responses by WHO.
- Study the contribution of WHO to the policies, projects and practices in maternal health.
- Ascertain strategies that yield good uptake by governments and local partners.
- Identify learning that can be applied to strengthen WHO's programme in the Region.

The recommendations of the evaluation study were disseminated to regional and WCO staff at a meeting held at the Regional Office.

The evaluation report identified four overall recommendations and specific recommendations with regard to each core function and applies to both the regional and country levels. In addition, several country-specific recommendations were addressed to each country.

The Regional Office and country offices started implementation of the recommendations since 2016. Some actions are already implemented and others are still in process. The current status of implementation of the recommendations is included in the following table.

Management Response Status	In progress
Date	March 2018

General Recommendations	**Comments**
Become more selective and pick the issues that will be the focus of efforts in select countries based on an analysis of the situation and opportunities that pertain.	Regional priorities are based on flagship areas; maternal and newborn mortality reduction is a one of the high priorities in the Region. WCOs prioritize the support of WHO to Member States based on broad flagship focus, and the local country needs through country Cooperation Strategies (CCS).
Become the voice of the countries to support the articulation of an appropriate direction for domestic and international financing of health care.	WHO continuously works on broader issues of health financing such as the development of national health accounts (Sri Lanka and Myanmar) and the introduction of an insurance scheme in Indonesia which addresses maternal and newborn care.
Become the voice of country implementers to highlight	Both Health Systems and RMNCAH units are jointly working on broader health system issues, such as streamlining

General Recommendations	Comments
constraints in country health systems and help to address them through collaboration between RMNCAH and Health Systems Departments in the WHO.	service delivery models, policies and strategies of human resources. WCO Bangladesh continues to support the training of midwives and development of a border strategy for human resources for health in the country. RMNCAH, Health Systems and WCO Myanmar jointly supported the development of a human resources for health strategy for Myanmar which includes RH workforce.
Become a source of feedback and become more deliberate in providing feedback from country to the global level.	
Setting Norms and Standards	
To put a system in place a system to track efficiency of adaptation, dissemination and pace and extent of adoption of norms and standards; and pursue opportunities to feed country experience into development of regional and global norms and guidance	All three levels of the Organization are providing support for timely dissemination and adaptation of maternal care guidelines at country level through various methods and channels, such as sharing soft and hard copies, facilitating webinars and regional dissemination meetings, national dissemination meetings and country adaptations. The Regional Office regularly shares the updated guidelines and literature with the WCO RMNCAH focal points. WCOs communicate with the MOHs and initiate discussions on adaptation and incorporation of recommendations into national guidelines. The following are country examples: WCOs Myanmar and Nepal played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system. WCO Sri Lanka incorporated the WHO recommendations on ANC, INC and family planning into national guidelines. Sri Lanka, Myanmar and Indonesia experts contributed to the development of home-based maternal and child health records at the global level.
Providing Technical Support and Building Institutional Capacity	
To maintain the integrity and rigor of technical advice; pay the greatest attention to hiring and allocating its staff; and make expectations from WCO staff in the area of providing technical advice and building institutional capacity more explicit.	The Regional Office and country offices periodically assessed the human resource situation at all level and streamlined the hiring process under the leadership of senior management. As an example: the Regional Office position of Medical Officer, Maternal and Reproductive Health was filled through the lateral transfer process. A P5 technical officer and a national professional officer (temporary NOB) for RMNCAH were recruited for WCO Myanmar to provide technical support to the MOH. In Nepal, a temporary NOB position was converted to a fixed-term NOC position. Sri Lanka hired an external consultant for the development of second MNH strategic plan. Also, a Technical Advisory Group for women's and children's health, constituted by the Regional Director, provided additional strategic guidance through its deliberations and recommendations to countries and partner agencies to undertake prioritized actions for ending preventable maternal, newborn and child mortality in the Region.
Shaping the Research Agenda	
To make expectations of what the WCOs are supposed to do on research more explicit; empower and animate WCO staff to inform global guidance through country specific research; and ensure generation of country knowledge to concentrate global focus on overcoming implementation constraints.	The Regional Office facilitates the participation of WCOs in global evidence generation process through research. The following are country examples: Nepal and Myanmar were included in the strategic review of global IMNCI program in 2016. Also, the pilot testing of the global guideline and tool on perinatal and neonatal death surveillance and response (Making Every Baby Count)" was undertaken in Myanmar in selected health facilities. All SEAR countries engaged in MIACSA project which is a health system capacity assessment for maternal

General Recommendations	Comments
	immunisation. Sri Lanka participated in the pilot testing of the assessment tools for the MIACSA survey. Most of the SEAR countries participated in the global maternal sepsis survey. Operational research was also carried out on "Exploring the approaches to reduce maternal mortality in Magwe Region, Myanmar" where maternal mortality is very high.
Articulating policy options	
To empower and encourage WCO staff to actively influence global guidance; and utilize the credibility and position of WHO to extend its support and reach to all actors in the health space.	The Regional Office and WHO headquarters facilitate the capacity building of WCO staff through participation in global and regional meetings such as guideline development groups and regional adviser meetings. Also, WCO staff take the advisory role in technical governance meetings at country level, such as national advisory committees and reproductive health steering groups, e.g. Sri Lanka and Myanmar.
Monitoring health situation and trends	
To ensure that the main messages of the Commission on Information and Accountability percolate to the country level with adequate attention to decreasing the load of data collection; utilize WHO's credibility and position to study the inputs of all actors in the health space; and to leverage their position to become an advisor on new ways of doing monitoring and new approaches to evaluate implementation.	RMNCAH and health information units work in coordination at regional and country level to address the issue of streamlining a management information system focusing on MRH. For example, Nepal, Bangladesh , Sri Lanka and Myanmar have adopted the DHIS II platform for the regularized health information management system of ministries of health.
Providing Leadership on Health	
To leverage country knowledge and UN mandate to exert leadership of the health community; build common purpose with DPs and ensure a coordinated approach; invest in country level relationships with a wide range of stakeholders; and ensure that country relationships are supported, to the extent possible, by global and regional dialogue.	The Regional Director, in consultation with the Member States, identified seven Regional Flagship Priority areas to address the strategic support to Member States. Flagship area 3 is focusing on the unfinished MDG agenda: ending preventable maternal, newborn and child deaths with focus on neonatal deaths. SEAR is the first Region to initiate the H6 platform, through the regional directors of UNICEF, UNFPA, UN Women, UNAIDS and the World Bank, with the leadership of WHO, to support the operationalization of the Global Strategy for Women's, Children's and Adolescent's Health in Member States. A joint H6 statement was issued by regional heads of all six agencies. A H6 Regional Working Group also has been established to jointly review the progress in the Global Strategy and identify joint activities to assist Member States in the South-East Asia Region. The Regional Working Group of H6 agencies has been instrumental in coordinated and harmonized support for RMNCAH in the countries of the Region. In line with the regional H6 forum, WCOs Myanmar and Indonesia facilitated the process of the establishment of H6 forum at the country level. H6 partners serve as the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.
Country level recommendations	**Progress**
Bangladesh	
Continue with both Midwifery and CSBA training until community and facility demands are met	Since 2016, the MOH has deployed more than 2000 additional midwives to provide services across the country. WHO supported the training of CSBA via the MNI project. The support ended in 2016 with completion of the project. In addition, capacity building of service providers in the area of maternal health remains a core component of WHO biannual work plan.
Strengthen advocacy programmes at the community level to	The Government is implementing the advocacy/awareness building program at community level via the community

Country level recommendations	Progress
demand skilled attendance at birth, reduce child marriage and adolescent pregnancies, and violence against women.	clinic groups and the satellite clinics with the support of WHO and other stakeholders.
Promote the image of nursing services at the policy (within Government of Bangladesh and DGHS), planning, and implementation levels reaching the communities: this is a serious gender issue too.	Not implemented
Address inequities in Maternal Health services across social-cultural class, economic and geographies	Addressing inequities is not at the centre of all heath interventions in Bangladesh. The MOH has committed to ensure universal health coverage by 2030 with the support of WHO and other partners. A new health sector development plan has been developed with an increase budget by 126%. MNCH is at the centrepiece of the plan. A new essential heath package (ESP) has been developed. Special attention is given to underserved areas of the country such as Sylhet and Chittagong.
Indonesia	
The health governance challenges in Indonesia give renewed emphasis to the need for WHO to engage with a range of other stakeholders since many of the areas in which change can have a positive impact on Maternal Health are those in which existing efforts are supported by various international institutions.	In response to the global commitments, the Director General of Community Health, MOH, Indonesia, established an intersectoral coordination meeting for all partners working in the area of RMNCAH+ Nutrition, with support from WHO, UNFPA, and GKIA (MCH Coalition). National and international partners and stakeholders were invited to participate in this coordination meeting. The nature of the discussion has been developed based on the WHA recommendations, RPJMN target, as well as SDGs. Intersectoral coordination meetings of RMNCAH+ Nutrition are led by the Director General of Community Health and the Family Health Directorate of the MOH and WHO is the coordinator of these intersectoral coordination meetings with help from the MCH coalition. WCO Indonesia and MOH have established a regular GOI/WHO Joint Coordination Meeting (six monthly meeting), in which progress of joint work is presented and discussed as per the current activity workplan. UN H6+ regular meeting to discuss support from each organization for the RMNCAH and joint actions.
There is need to adjust WHO personnel's skills sets according to the challenges faced by the country. WHO must leverage its convening power which, combined with the scientific credibility of the staff, can enable it to exercise a more visible leadership and better communicate the WHO brand and impact.	Regular technical update from the Regional Office/headquarters on RMNCAH to Team Leader and related staff and country visit by Regional and headquarters staff. Regular communication/meeting between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, to discuss progress of work as per agreed workplan. Ad-hoc communication between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, for any emerging issues and new recommendations made by the Regional Office/headquarters in the area of RMNCAH.
Myanmar	
Devote sufficient organizational priority, commitment and human and financial resources to support effective promotion and implementation of Maternal Health within the broader framework of RMNCAH. This will entail setting policies and high-level strategic work rather than managing projects and contracts. WHO will need to prioritize, among the core functions, those in which it has a comparative advantage, and focus on these areas.	A Technical Officer for RMNCAH (P5) was recruited in WCO Myanmar to provide technical support in all aspects of RMNCAH. These include the development and review of RMNCAH-related strategies and plans, adaptation of technical guidelines and training tools and technical inputs to Technical Working Group meetings. One national professional officer (temporary NOB) was also recruited to further complement the technical work. In terms of high-level strategic work, WCO Myanmar played a key role in developing the Ending Preventable Maternal Mortality (EPMM) Strategy for Myanmar (2017-2021), as a road map for the SDG and the Global Strategy as well as the SEA Regional Flagship Initiative.
Build upon its comparative advantage, neutral status and	WCO Myanmar facilitated the process of the establishment of a H6 forum and RMNCAH Partners forum in Myanmar.

Country level recommendations	Progress
impartiality, and its strong convening power for the UN system to work together. More importantly, partnerships with government and other actors will need to be built or strengthened in order to advocate for and implement cost-effective interventions.	H6 partners serve as the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.
Capitalize on WHO's strengths in developing norms and standards, WHO should use the strategic power of evidence to influence policies and encourage partners implementing programmes to align their activities with best technical guidelines and practices with the priorities established by countries.	In the process of developing the EPMM Strategy, the evidence-based intervention package for RMNCAH was defined and finalized, based on a number of global guidelines, strategies and reviews with the technical assistance of WHO. Jointly with UNFPA, WHO played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system in Myanmar, particularly in the formulation of technical guidelines and an advocacy package for MDSR. In addition, a significant contribution was made to the development of Family Planning Guideline, Advocacy Factsheet for the Family Planning and Antenatal Guideline. WHO also provided strategic support in the formulation of the Myanmar Sexual and Reproductive Health and Rights (SRHR) Policy, in joint collaboration with UNICEF, UNFPA and PATH. A key contribution to the SRHR Policy was the translation of global guidance and incorporating the evidence-based policy options into the Myanmar context.
Nepal	
Maternal Health continues to be a high priority domain for Nepal. There is great need for an organization to take a leadership role in coordinating a technical response to the needs of the Government and other stakeholders in the country. A national level health forum for the country counterparts would be very helpful.	WCO Nepal is included in National Safe Motherhood Committee along with other major partners. WCO Nepal is actively involved in national committees and technical working groups to provide support in this area. The capacity of the country office in RMNCAH has been improved by creating and recruiting a national professional officer (NOC fixed-term).
WHO is involved in a very large number of initiatives in Maternal Health. With the result the technical accountability is spread thin. There is a dire need to prioritize its expertise and ensure focus to a few critical areas.	Though Nepal expects support from the Organization in many areas in MCH, among the maternal health area, WCO Nepal has prioritized support in establishing Maternal and Perinatal Death Surveillance and Response (MPDSR) in the country as it is directly linked to health system strengthening and improving quality of care. The response component of the program is closely linked with quality improvement. Even though hospital-based MPDSR was initiated early, the Ministry realized the need to redesign and strengthen the system to capture community maternal deaths too. After the technical guidance on Maternal Death Surveillance and Response from WHO headquarters in 2013, the Government of Nepal adopted the guidance with a National Guideline on MPDSR in 2015 with support from WCO Nepal. A prioritized area of support also includes adolescent health. A National Adolescent Health and Development Strategy was developed after review of the adolescent health program in Nepal. The review and strategy development was supported by WCO Nepal. An area of support also includes development of family planning-related guidelines to support the country to prioritize programs to reach the unreached. WCO Nepal supported the MOH to develop a Program Managers' Guide on Post-partum Family Planning and a Facilitators' Guideline for Decision Making Tool and Medical Eligibility Criteria Wheel trainings.
The primary role of the WHO is to provide technical guidance and support to country institutions working in the area of	WCO Nepal has appointed a senior Obstetrician Gynaecologist with wide experience as a national professional officer, Family Health, Gender and Life Course. WCO Nepal has also hired a national professional officer (NOB in SSA

Country level recommendations	Progress
Maternal Health. Counter-intuitively, human resources are sparse at the WCO and there is a great need for people with greater expertise. In a similar vein, it is important to maintain budget allocations for this domain despite organizational shifts to other issues of concern such as non-communicable diseases.	position) to specifically support the MOH MPDSR Program. In this political transitioning phase, a national professional officer (NOB temporary) post has been created to support MPDSR, birth defect & stillbirth surveillance and family planning programs for the 2018-2019 biennium. Budget allocation in the last and current bienniums has prioritized maternal health compared to other programmes. Additional resources are mobilized from headquarters and the Regional Office. Technical expertise is mobilized from the Regional Office and headquarters when necessary.
A stronger mechanism to facilitate relationships between HQ, SEARO and WCO needs to be put in place. There is an urgent requirement of an expert who can monitor and present key findings from the data to the public health community. This role must be shared between the 3 levels of the organization.	Information from implementing MPDSR including the issues and challenges are shared with the Regional Office regularly. There has also been a visit from the Regional Office to the country during review of the program to provide technical guidance. The support of Dr Anoma, Medical Officer, Family Health, Gender and Life Course, in the Regional Office was very valuable during the review of community based maternal deaths in 2017. Technical support from the Regional Office was provided by sending an appropriate expert in birth defects and stillbirth surveillance. Strong support was also received on the development of facility-based IMNCI. Regular Webinars enabled the sharing of experiences with headquarters, the Regional Office and some of the program-related partners.
Sri Lanka	
Address the plateauing of MMR in Sri Lanka using experience from countries in stage 5 of obstetric transition	The 2018/2019 WCO programme budget has funds allocated for international consultation to discuss the experience from the countries that achieved stage 5 of the obstetric transition during MDG era. Discussions are ongoing with the Regional Office and headquarters. This will be an experience sharing exercise for advocacy. A second MNH strategic plan was developed to achieve SDGs by 2030 A MNH quality assurance system was introduced to improve the quality of institutional-based MNH services.
The disparities in MMR due to demographic or socio-cultural factors must be addressed	Being implemented by different sectors.
The implications of rise in TFR should be studied and publicized, along with other agencies. It should also be discussed in open forums so that public opinion can be voiced which will impact policies and programmes. WHO, along with other agencies, should examine through research, gaps in FP services to suggest approaches	Family planning guidelines were updated based on WHO's new guidelines and resource package. Planned to send Muslim religious leaders for a training in Indonesia on "strategic partnership with Muslim religious leaders in family planning" FHB published a family planning programme review report and all the agencies are working based on the recommendations on the report.
WHO could work with the Government to address the difficult pregnancies early	Advocated to expedite the establishment of highly specialized centres Several capacity building workshops were conducted with the participation of national and international experts on management of heart disease complicating pregnancies and management of diabetes complicating pregnancies. Screening protocol of diabetes during pregnancy was updated using new evidence
WHO could strengthen some partnerships further and seek support of Civil Society and NGOs in their mandate	Regarding the provision of MNCH services, the government plays the major role. The place for NGOs and civil society for provision of care is questionable. However, mother support groups have been established at the village level to empower women and families to solve issues in health and nutrition.
WHO could advocate best alternate utilization of these to maximize resources.	Advocate maintaining the focus on MCH in the primary health care reforms which is taking place now.

2.5 Pandemic Influenza Preparedness Partnership Contribution – high-level implementation plan 2013-2016

2.5.1 The Pandemic Influenza Preparedness Partnership Contribution is one of two benefit-sharing mechanisms in the Pandemic Influenza Preparedness Framework. The Partnership Contribution started in 2012 as a new and innovative approach to partnerships to strengthen pandemic preparedness. Through this approach, influenza vaccine, diagnostic and pharmaceutical manufacturers using the WHO Global Influenza Surveillance and Response System provide an annual partnership contribution to WHO and these funds are used to strengthen pandemic preparedness and response capacities in developing countries where they are weak. The purpose of the external evaluation was to take stock of progress made towards achieving the outputs and outcomes set out in the high-level implementation plan 2013-2016, measure the impact of such funds in preparing the global community for pandemic influenza and identify lessons learned.

2.5.2 The evaluation concluded that all areas of work had made progress towards targets and, on the whole, stakeholders reported that Member States were better prepared than they had been prior to support from the Partnership Contribution. Areas for improvement, in order to strengthen implementation in the next phase, included: improved logframe design, in order to articulate linkages between activities and achievement of outputs, outcomes and impact and provide a clearer definition of impact at the global, regional and country levels; improved reporting granularity and greater clarity on country prioritization criteria.

2.5.3 In its management response, the Secretariat highlighted that progress indicators across all areas of work and clear outputs, outcomes and associated indicators had been developed and were part of the new high-level implementation plan for 2018-2023. The Secretariat is guided by WHO financial rules in its reporting and work is under way to include Partnership Contribution implementation details on the WHO programme budget web portal. In addition, conditional upon Member State agreement, laboratory and surveillance capacity indicator data are now shared with WHO collaborating centres for influenza in the Global Influenza Surveillance and Response System as needed. Also, under the new high-level implementation plan for 2018-2023, country prioritization criteria were revised and country profiles prepared in order to facilitate selection of countries for capacity-building activities.

Management Response

Evaluation Title	External Evaluation of the Pandemic Influenza Preparedness Framework Partnership Contribution – High-level implementation plan 2013-2016
Commissioning Unit	Department of Infectious Hazard Management (IHM) & PIP Framework Secretariat
Link to the evaluation	http://who.int/about/evaluation/pip_evaluation_report.pdf
Evaluation Plan	
Unit Responsible for providing the management response	Department of Infectious Hazard Management (IHM) & PIP Framework Secretariat

Overall Management Response:

WHO welcomes the comprehensive report on the *External Evaluation of the Pandemic Influenza preparedness Partnership Contribution – high-level implementation plan 2013-2016*. WHO is pleased with the overall finding that all Areas of Work (AOW) *"have made progress towards targets and, on-the-whole, stakeholders report that WHO member states are better prepared than they were prior to support from the PIP partnership Contribution*." Other key positive findings include, by area of work:

1) ***Laboratory & Surveillance***: "*Laboratory and surveillance capacity improved across detection, monitoring and sharing. The number of priority countries considered well-prepared for detection increased from seven to 26; the number able to monitor epidemiological data increased from seven to 17 and the number able to monitor virological data increased from 27 to 33. A total of 30 countries shared influenza viruses with WHO at least once a year in the previous two years.*"
2) ***Burden of Disease:*** "*The burden of disease team provided training for regional office staff and supported the development of burden studies in around 67 countries.*"
3) ***Regulatory Capacity:*** "*Progress was made towards each of the outputs for regulatory capacity building. The regulatory capacity building AOW achieved its target of developing guidelines and is now rolling them out in target countries. The AOW assessed capacity and developed institutional development plans in 14 out of 16 priority countries.*"
4) ***Planning for deployment:*** "*Stakeholders noted that countries are increasingly running self-assessments and round-table simulations for emergency situations. Countries are also beginning to diversify deployment plans that were previously focussed on resource mobilisation, to include aspects such as development of staff rosters for use in health emergencies, and engagement of relevant private sector partners.*"
5) ***Risk Communications:*** "*The risk communications AOW has made considerable progress in developing training material, with a total of five modules accessible on the WHO website. The number of registered users of online material at the end of 2016 was 598, exceeding the initial target of 500. Additionally, web-based risk communications training material is now accessible to all Member States in 18 languages.*"

WHO acknowledges that the evaluation also provided a number of areas for improvement to strengthen implementation in the next phase, as more specifically detailed in the recommendations provided in the report. Specific comments on each recommendation are found in the remainder of this Management Response. Finally, WHO acknowledges the time limitations that constrained the evaluator in collecting meaningful data for analysis. Note has been made that while interviews were conducted with a broad range of stakeholders, the evidentiary bases for the conclusions were mostly founded on opinion, at times from just one or two individuals.

The PIP Framework is not a traditional WHO project – it is a bold new approach to build a broad-based partnership with non-traditional partners, notably industry, to address pandemic influenza preparedness – a critical concern for global health security – one that requires cooperation and collaboration across all sectors and stakeholder groups. Expectations for equitable sharing of benefits are predicated on the rapid and timely sharing of viruses with pandemic potential. Future external evaluations will ensure:

- adequate time is allotted to carry out the evaluation and collect meaningful data;
- a summary of overarching strengths and "what went well" is paired with opportunities for improvement.
- Opinion or comments are placed in the context of who is providing the opinion or comments and how widely they are shared.
- Greater emphasis on evidence-based findings and conclusions will be sought.

Management Response Status	In progress
Date	March 2018

Recommendations and Action Plan

<table>
<tr><td colspan="5">Recommendation 1: Improve logframe design</td></tr>
<tr><td>Observations</td><td>Issue summary</td><td colspan="3">Specific action</td></tr>
<tr><td>• Interviewee observations:
– Weak links between activities and indicators
– Difficulty in defining impact
– Difficulty in measuring progress
• Desk research:
– Logframe includes several binary indicators, and few progress indicators</td><td>Challenging to define overall progress and impact, progress, and links between activities, outputs, and outcomes</td><td colspan="3">The PIP Secretariat should consider redesigning the logframe with the following aims:
• Define impact at the global, regional and country level
• Design and articulate robust linkages between activities, and achievement of outputs, outcomes, and impact
• Provide sufficient modulation in indicators to highlight progress on an annual basis
• Account for the starting point for various priority countries (i.e. more might be expected from some countries than others)</td></tr>
<tr><td colspan="5">Impact: Work planning is more straightforward and more likely to lead to measurable impact</td></tr>
<tr><td>Management response</td><td colspan="4">The Management accepts this recommendation. Based on lessons learnt from implementation to date, the definitions of the outcomes, and outputs, along with indicators of progress and results, can be improved. Revisions will be made to take effect from 1 January 2018 or as soon as implementation begins under the new high-level implementation plan. In the WHO results hierarchy, the “outcome” – which is the expected change that the project aims to achieve - is the equivalent of what Dalberg refers to as “impact”. Outcomes and associated indicators are defined at country level and global level, but will be reviewed and improved as necessary. Currently, outcomes and associated indicators are not defined at regional level, but they will be in the future implementation plan. Management accepts the need for more progress indicators (milestones) and will introduce these in the next implementation plan, or sooner if possible. Management will ensure that annual reporting will account for different stages of development within a given country, and progress achieved will be measured from country-specific baselines.</td></tr>
<tr><td>Status</td><td colspan="4">In progress</td></tr>
<tr><td>Key actions</td><td>Responsible</td><td>Timeline</td><td>Status</td><td>Comments</td></tr>
<tr><td>Develop progress indicators across all AOW</td><td>WHO</td><td>January 2018</td><td>Completed</td><td>The indicators were developed in close collaboration with regional offices, AOW and IHM DO and are part of the new six-year High-level Implementation Plan II for 2018-2023</td></tr>
<tr><td>Develop clear outcomes, outputs and associated indicators with clear causal links between activities, outputs and outcomes</td><td>WHO</td><td>January 2018</td><td>Completed</td><td>The revised log frame components were developed in close collaboration with RO, AOW and IHM DO as well as relevant external stakeholders, and are now part of the new six-year High Level Implementation Plan II for 2018-2023</td></tr>
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<table>
<tr><td colspan="5">Recommendation 2: Improve reporting granularity</td></tr>
<tr><td>Observations</td><td>Issue summary</td><td colspan="3">Specific action</td></tr>
<tr><td>• All industry partners interviewed noted:
– Insufficient detail over activities provided in reporting
• Other interviewee observations:
– Current system does not ensure that funding recipients spend resources on activities as planned, reducing accountability
• Desk research:
– Secretariat ceased activity monitoring in 2015</td><td>Industry partners question program implementation success, in part, due to lack of visibility of detailed expenditure

Limited accountability at activity-level</td><td colspan="3">The PIP Secretariat should consider the following:
• Monitoring and reporting financial disbursements down to the activity level
– This would require more detailed, country-level financial reports and retrospective activity reports (including at country and regional office level)
– This should include all activities of funding recipients and at the Secretariat
• Assessing how best to collect laboratory and surveillance data from countries themselves, to ensure an accurate understanding of existing capacities (as well as financial data mentioned above).
– One option is to consider external verification of activities and/or capacities – for example by engaging WHO CCs to monitor progress against specific outputs
• Reporting a description of country-specific activities and related challenges and impact</td></tr>
<tr><td colspan="5">Impact: Relevant stakeholders are held accountable for expenditure and outputs, and this is shared with contributors</td></tr>
<tr><td>Management response</td><td colspan="4">In accordance with WHO financial rules, disbursements are recorded at the activity level using the WHO financial tracking system (GSM). WHO has clear and strict rules regarding expenditure of funds against detailed activity plans in GSM. Management questions the usefulness of reporting on financial disbursements at the activity level in external stakeholder reports. Activity level expenditures are not included in external reports due to the impact that such reporting would have on the size of reports and the increased workload this would entail. WHO's Internal Control Framework drives compliance with WHO financial rules. Management agrees that expenditure rates (% of funds spent as compared to fund allocation) for activities at all three levels of the Organization, including the PIP Secretariat, may be provided through the PIP portal on a regular basis. The suggestion that capacity indicator data collected semi-annually for laboratory and surveillance could be shared, confidentially, with WHO collaborating centres for verification, once such sharing has been agreed to by each individual Member State concerned, merits further review and could be pursued. Finally, Management agrees to consider introducing country level reporting through development of PIP country profiles which would be updated annually. These profiles would include a report on activities completed, results achieved and challenges.</td></tr>
<tr><td>Status</td><td colspan="4">Not started</td></tr>
<tr><td>Key actions</td><td>Responsible</td><td>Timeline</td><td>Status</td><td>Comments</td></tr>
<tr><td>Update PIP portal</td><td>PIP Secretariat</td><td>30 June 2018</td><td>In process</td><td>Following this evaluation and the more recent PIP Partnership Contribution Audit (December 2017), Partnership Contribution implementation will be reported in WHO's corporate portal (open.who.int also known as the PB Portal). The PIP Secretariat is working with PRP/ITM on the user requirements and information to be displayed on the portal will include expenditure rates at all three levels of WHO (in line with the WHO corporate approach).</td></tr>
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Secure approval from specific Member States to share Laboratory & Surveillance capacity indicator data with WHO collaborating centres	PIP Secretariat and regional offices	30 September 2017	Completed	Regional offices to share information with WHO collaborating centres on confidential basis as part of the ongoing capacity building collaboration between WHO and WHO collaborating centres, subject to Member State agreement on sharing data with collaborating centres. WHO country and regional offices are sharing indicator data with collaborating centres as needed and in line with Member States' wishes.
Develop PIP country profiles	PIP Secretariat & regional offices	30 September 2017	Completed	Country profiles were developed to facilitate selection of countries for capacity-building activities under the new High-Level Implementation Plan II for 2018-2023. Also, in future, the annual/progress reports will provide country-specific implementation updates.

Recommendation 3: Provide clarity on country prioritisation

Observations	Issue summary	Specific action
• Many interviewees noted: – Process did not sufficiently involve countries – Criteria were not clearly communicated • Some interviewees noted: – Prioritization outcomes did not yield most appropriate countries • Desk research: – Prioritization process (for Laboratory & Surveillance) applied criteria objectively to all eligible countries[1] although secondary factors often outweighed the outcome of primary scoring criteria.	Country prioritization process is opaque, leading to some misgivings over suitability of prioritization criteria	The PIP Secretariat should consider the following: • Communication of the country prioritization process itself will be critical to ensure support for the process among all member states: – The PIP Secretariat should consider whether responsibility for such communication sits most efficiently within the Secretariat itself, or at regional office level – All eligible countries should be made aware of the opportunity for PIP Partnership Contribution support and of the assessment criteria – Results of the prioritization should be communicated in the same manner • Prioritization criteria should be clear to all relevant stakeholders, including how and when expert opinion will be used as criteria
Impact: All eligible countries and other stakeholders understand decisions around future support		
Management response	Management accepts that enhanced communications on the country prioritization and selection process will be beneficial, and has already taken steps, in close collaboration with all regional office and headquarters-based areas of work, to achieve this. WHO collaborating centres will be involved in the process to select countries in the Laboratory & Surveillance and Burden of Disease areas of work. The revised approach will be implemented as part of the second high-level implementation plan.	

[1] *Dalberg did not assess the suitability of prioritization outcomes*

	Management observes that the country prioritization and selection criteria and process were described in great detail in the 2013-2016 Implementation Plan (pages 9-11) and that the Regional Offices worked closely with countries to identify and select target countries.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Complete country profiles according to agreed criteria	PIP Secretariat & regional offices	15 July 2017	Completed	Criteria were revised for the new High-Level Implementation Plan II for 2018-2023. Country profiles were prepared based on the criteria and this process was led by WHO regional offices.
Review country profiles and select priority countries	PIP Secretariat, Global Influenza Programme, regional offices and WHO collaborating centres	30 July 2017	Completed	Partnership Contribution recipient countries were selected based on the new criteria and country profiles. There are 72 Partnership Contribution recipient countries across the six outputs for 2018-2019 biennium.

Recommendation 4: Speed up work plan approvals

Observations	Issue summary	Specific action
• Many interviewees noted: – Work plan approval process takes longer-than-expected – Work plan reviewers often request several detailed iterations before approval – Work plan templates do not require sufficient description of rationale for choice of activities • Industry partners noted: – Variable contributions (by year) create business planning challenges – No visibility over work plans before contributions are made, creates internal approval challenges • Some interviewees noted: – Submitted work plans are often low quality and do not provide sufficient information for approval • Desk research:	Implementation progress was restricted by work plan approval delays	The PIP Secretariat should consider the following: • Adjusting the work plan templates to enable: – Inclusion of relevant detail and articulation of linkages between activities, outputs, outcomes, and impact – Harmonization with WHO Global Systems Management (GSM) system • Where countries and regions do not complete work plans to an adequate level, the Secretariat should consider investigating the root causes of this and what solutions exist to address them (i.e. additional capacity/support, retraining, etc.) • Moving to a biennial funding cycle: – This could reduce funding disbursement delays (in year 2) – This would enable and require longer-term planning by all actors, including funders and funding recipients – This could also have advantages in aligning the PIP Partnership Contribution with the WHO PB – (This could also at least partially address industry partners' desire to approve work plans before making contributions)

– Work plans do not contain sufficiently explicit and detailed rationale for proposed expenditure to warrant immediate approval (without further discussion)		
Impact: Implementation can proceed with fewer delays.		

Management response	Management accepts that the template should be revised to help strengthen the linkages between activities, outputs and outcomes, and is already working to improve the work plan template. Management acknowledges that aligning the PIP planning and approval cycle to the WHO biennial cycle would be beneficial and will work toward this objective; however, it must be borne in mind that funds are received annually and thus, funds can only be released annually. Management does not agree with the suggestion that industry partners approve work plans in advance of their making annual payments, for several reasons: a) the PIP Framework is an access and benefit sharing arrangement wherein industry has access to the Global Influenza Surveillance and Response System materials and information without any prerequisites and the counterpart expectations are conclusion of Standard Material Transfer Agreement (SMTA2) and annual payment of Partnership Contribution; b) there could be a potential perception of conflict of interest if industry were known to make payments subject to approval of work plans; c) the PIP Framework is quite specific about the decision-making process for use of PC resources: "The Director-General, based on advice from the "Advisory Group", will decide on the use of resources. The Director-General and the "Advisory Group" will interact with manufacturers and other stakeholders." Management observes that at its core, implementation of the PIP Framework is predicated on good faith and trust among its many stakeholders and assumes that all partners implement on such basis.			
Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Update PIP planning template	PIP Secretariat	31 August 2017	Completed	The PRP (corporate) operational planning tool was used by budget centres to develop their biennial work plans. This brought the PIP Partnership Contribution work plan planning process in line with other WHO programme work plan development.
Move toward biennial work planning	PIP Secretariat	Implement first biennial work plans as of 1 January 2018	Completed	Biennial work plans were developed by all headquarters, regional office and country office implementing units in 2017 (Q2-3). Final work plans were submitted for approval in November 2017 and funds were disbursed to all budget centres on 15 December 2017. This enabled work plan implementation (for the 2018-2019 biennium) to commence on 1 January 2018.

<table>
<tr><td colspan="5">Recommendation 5: Review approach and timeline for industry partner contributions</td></tr>
<tr><td>Observations</td><td>Issue summary</td><td colspan="3">Specific action</td></tr>
<tr><td>• Industry partners noted:
– Contribution calculation algorithm is too reliant on 2009 outbreak
– Basing calculations on cost of running the Global Influenza Surveillance and Response System is not the most relevant approach
• Desk research:
– Some industry partners' contributions vary significantly each year</td><td>Industry partners question rationale of contribution algorithm - which increases the difficulty of obtaining internal approval to continue PIP Partnership Contribution support</td><td colspan="3">The PIP Secretariat should consider the following:
• Discussing the contribution algorithm with industry partners to identify if a more relevant formula exists:
– This applies to the way in which individual contributes are calculated, as well as the total funding envelope</td></tr>
<tr><td colspan="5">*Impact:* Funders are comfortable with overall expenditure volume and individual contributions</td></tr>
<tr><td>Management response</td><td colspan="4">Management does not accept this recommendation for the following reasons: the current formula was developed by industry and any revision to the formula is entirely within the control of industry. The Secretariat has participated in a process, initiated by IFPMA through a consulting firm, to revise the formula and has shared several options for consideration by the associations. The Secretariat has unequivocally indicated that that any revised formula that has consensus of the four principal associations (AdvaMedDx, BIO, DCVMN and IFPMA) will be accepted by the Director-General. The Secretariat has indicated on several occasions that it remains available to provide support and assistance as necessary.</td></tr>
<tr><td>Status</td><td colspan="4">In progress within industry</td></tr>
<tr><td>Key actions</td><td>Responsible</td><td>Timeline</td><td>Status</td><td>Comments</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>

2.6 International Coordinating Group on Vaccine Provision

2.6.1 The mandate of the International Coordinating Group on Vaccine Provision is the management of global emergency vaccine stockpiles to assure equitable access to, as well as rapid and timely allocation of, vaccines using evidence-based criteria during outbreaks and humanitarian crises. Covering the period 2006–2017, the purpose of the external evaluation was to inform decisions aimed at improving the Group's governance, its mechanism related to the management and accessibility of disease-specific emergency vaccine stockpiles and their composition, the transparency of decision-making processes, as well as the Group's internal and external communication.

2.6.2 The evaluation made a number of recommendations in priority areas for the evaluation, which were well received by the Secretariat. The evaluation concluded, inter alia, that the Group would benefit from a clearer division of labour and responsibilities of all stakeholders involved and a stronger governance structure. While the evaluation acknowledged that the Group had functioned well over the past 20 years and the majority of international and country-based stakeholders were appreciative of its performance, areas for improvement in the scope and role definition within the Group were identified. With regard to communication and transparency, the evaluation considered that an assessment of the different information needs of the stakeholders of the International Coordinating Group mechanism should be carried out and, based on the outcome, a communication plan developed.

2.6.3 In its management response, the Secretariat stated that it organized in October 2017 a high-level meeting of the Group to discuss the recommendations of the evaluation and agree on the necessary actions to be taken, including the drafting of terms of reference for the establishment of a governance oversight committee of the Group and commissioning the development of an accountability and performance framework for the mechanism. In addition, the Secretariat recognized the need to strengthen its communication activities and progress has already been made in this regard.

Management Response

Evaluation Title	**External evaluation of the International Coordinating Group on Vaccine Provision (ICG) mechanism**
Commissioning Unit	**WHO/WHE/IHM Support for Response (SFR)**
Link to the evaluation	**http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1**
Evaluation Plan	**2016/17; 2018/19**
Unit Responsible for providing the management response	**WHO/WHE/IHM Support for Response (SFR)**

Overall Management Response:

WHO acknowledges the high quality of the evaluation, its strong and transparent process. Following the inception of the external evaluation report, WHO took the following actions:

1. Organized a high level meeting on the evaluation of the International Coordinating Group on Vaccine Provision (ICG) on 17 October 2017 (http://www.who.int/mediacentre/events/2017/icg-vaccine/en/). The aim of the meeting was to reach agreement with stakeholders on the necessary actions on the recommendations, incl.:
    - drafting terms of references for the establishment of a governance oversight committee of the ICG
    - commissioning the development of an accountability and performance framework for the ICG mechanism
2. Managed 9 ICG requests for yellow fever, meningitis and cholera vaccines since October 2017, and communicated them http://www.who.int/csr/disease/icg/news-stories/en/
3. Timely communicated on deployment of vaccines request to countries
    - http://www.who.int/csr/disease/icg/meningitis-dashboard/en/
    - http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/
    - http://www.who.int/csr/disease/icg/cholera-dashboard/en/
4. Published three annual meeting reports of the ICG stockpiles and made transparent relevant decisions
    - http://www.who.int/csr/disease/icg/epidemic-meningitis-control-July-2017/en/
    - http://www.who.int/csr/disease/icg/yellow-fever-may-2017/en/
    - http://www.who.int/csr/disease/icg/cholera-July-2017/en/
5. Published an article on the performance of the ICG in 2016-2017 and country impact, http://www.who.int/wer/2018/wer9310/en/

WHO continues to implement the recommendations of the external evaluation report as detailed on the following pages.

Management Response Status	In progress
Date	15 March 2018

Recommendations and Action Plan

<table>
<tr><td colspan="5">Recommendation 1</td></tr>
<tr><td colspan="5">Governance:
1. More clarity is needed on which actors and stakeholders are responsible for what part of the ICG mechanism, in particular on who is responsible for the decision-making, forecasting, procurement and deployment of the vaccines and which organisations are key contributors to these parts.
2. Key performance indicators should be developed or existing ones adapted for each specific portion of the flow chart for which the ICG Secretariat, the GAVI Secretariat and UNICEF Supply Division are responsible.
3. The decision-making role of the ICG has to function independently and no additional level of endorsement is needed as this would negatively impact on timeliness and independence. However, options could be explored to make the decision-making bodies more formally accountable to the respective global disease control initiatives through the establishment of an oversight body (see below), to review the composition of each of the three ICGs, and to adopt a stronger communication plan to clearly communicate the decisions made.
4. Review the composition of each of the three decision-making bodies to make sure that the participating organisations can provide the most relevant technical and field expertise for the respective diseases.</td></tr>
<tr><td>Management response</td><td colspan="4">WHO welcomes the recommendation and fully accepts them
a. Establish an oversight committee for the whole ICG mechanism for emergency vaccination including procurement, market shaping, review of request, allocation, deployment and implementation, and provide strategic orientations for the global use of scarce or limited vaccines. GAVI will continue to be observer of the ICG emergency operational decision making process until the Oversight Committee is fully functional. The procedures recently developed to increase transparency of the emergency decision making process (dashboard, real time information on countries' requests and decision sheets) are useful and should continue.
b. Develop a clear description of the roles and responsibilities of each stakeholder contributing to the process (e.g. market shaping, request submission, decision-making, financing, forecasting, procurement, deployment and campaign implementation) including the role of GAVI and UNICEF Supply Division and other stakeholders.
c. Develop an accountability framework with Key Performance Indicators (KPIs) of each stakeholder involved in the ICG mechanism.
d. WHO Secretariat to take the lead in making proposals for the above, and involve key stakeholders.</td></tr>
<tr><td>Status</td><td colspan="4">In progress</td></tr>
<tr><td>Key actions</td><td>Responsible</td><td>Timeline</td><td>Status</td><td>Comments</td></tr>
<tr><td>Draft terms of reference for the governance oversight committee</td><td>HQ/WHO/WHE/IHM</td><td>January 2018</td><td>Implemented</td><td>Stakeholders provided comments on the draft</td></tr>
<tr><td>Inaugural meeting of the GOC</td><td>HQ/WHO/WHE/IHM</td><td>April 2018</td><td>In progress</td><td></td></tr>
<tr><td>ICG accountability framework including development of roles and responsibilities, as well as key</td><td>HQ/WHO/WHE/IHM</td><td>June 2018</td><td>In progress</td><td>Development of accountability framework commissioned in Dec 2017</td></tr>
</table>

performance indicators for each step of the mechanism				
GAVI continued to be observer of ICG decision-making process	HQ/WHO/WHE/IHM	Continues	In progress, until the Oversight Committee is fully functional	
Recommendation 2				
Mechanisms and processes 5. There is a need for a clear definition of roles and responsibilities among key actors in the ICG network, primarily the ICG Secretariat, UNICEF Supply Division and the GAVI Secretariat. 6. Once the roles and responsibilities of the ICG Secretariat are well defined, it requires a set of functional SOPs to cover the functions for which it can be held to account. 7. Similarly, once the roles and responsibilities of UNICEF Supply Division are well defined, functional SOPs should be developed to standardize the process for vaccine procurement for each stockpile. 8. The role and responsibilities of the country governments should also be formalised; promptness of the submission, resolving issues around licensing and customs, and ensuring an effective implementation of the campaign with adequate reporting. 9. In order to address the dissatisfaction by country stakeholders on the transparency of the decisions and in particular the criteria used, the evaluation team recommends to also share a more standard response with the countries on how the criteria were applied during the decision-making. 10. The evaluation team also recommends to more formally involve UNICEF Supply Division during the decision-making process in order to ensure the decisions take the context of the global stockpile situation and production capacity better into account. This involvement can remain separate from the actual decision-making discussion 11. WHO needs to step up to its mandate and develop a global strategy for meningitis control and a mechanism to implement it. 12. The GAVI Alliance is an ideal partnership to improve the present and future availability of different meningitis serotype vaccines. **13.** To increase the timely and reliable availability of the meningitis vaccines in the short term we recommend to transfer the risk of wastage from the manufacturers to the international health community.				
Management response	WHO welcomes the recommendations and mostly accepts them a. The operational decision-making by the ICG members, supported by the ICG Secretariat, on the allocation of vaccines has worked efficiently during the period of review and this mechanism should be continued. Independent decision-making is essential for (i) the equitable allocation of limited stockpiles of vaccines and (ii) assessing the merit of requests from a public health perspective. b. The vaccine emergency stockpile management should be aligned with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns. c. Countries are partners in the process, and implementations of campaigns are country responsibility. Need to define country role in an accountability framework. d. Securing a sustainable vaccine supply market requires long-term commitment and partners must review how we can support market shaping, especially in case of epidemiologic and technologic transition.			

Status	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Updating ICG online dashboards on country vaccine requests approval/rejection	HQ/WHO/WHE/IHM	Continues	In progress	
ICG secretariat attends biweekly meeting of the EYE secretariat and meeting of the GTFCC secretariat	HQ/WHO/WHE/IHM	Continues	In progress	Aligning with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns
ICG secretariat attends visits and discussion with manufacturers together with UNICEF Supply Division and GAVI secretariat	HQ/WHO/WHE/IHM	Continues	In progress	GAVI roadshow to Brazil, 4-6 March 2018

Recommendation 3

Funding

14. GAVI funding of the vaccine stockpiles has had a positive effect on stabilising the availability of vaccines for outbreak responses and is widely supported. It should therefore be maintained.
15. The need for a back-up mechanism to pre-finance urgent vaccine needs is also widely acknowledged. The recommendation is to create an ICG contingency fund:
    - By either using the balance of the current revolving funds with an annual call for replenishment, or through pre-financing any future contingency needs from the WHO Contingency Fund for Emergencies.
    - The conditions under which the contingency fund can be used should be clearly spelled out in SOPs in order to avoid confusion amongst stakeholders on its purpose and use. A decision should also be made whether these funds can be used to pre-finance operational costs for non-GAVI supported countries.
16. Standardised, robust and enforceable reporting requirements should be established, and implemented by the ICG Secretariat which should be held accountable by the proposed oversight body. This will require additional investments either for technical support to the countries or in terms of human resources for the ICG Secretariat.

Management response	WHO welcomes the recommendations and mostly accepts them a. ICG contingency funds have demonstrated their utility, in particular for non-GAVI eligible countries. SOPs will be developed to clarify the purpose and use of contingency funds and the relationship with other GAVI funding mechanisms, and the use of such contingency funds should be reviewed periodically.			
	In progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
ICG accountability framework	HQ/WHO/WHE/IHM	June 2018	In progress	Use of contingency funds reviewed as part of the accountability framework

Recommendation 4				
Communication and transparency 17. An assessment of the different information needs should be carried out, answering the question: who needs what kind of information at which stage of the process? 18. Based on the outcome of the assessment a communication plan should be developed, outlining the information needs of all stakeholders with specific channels and instruments to support their role in the process for outbreak controls, as well as allowing them to fully meet their own accountability requirements. 19. Recruit staff for the ICG Secretariat responsible for the implementation of this communication plan. While there is a need for a specialist to communicate technical information to a well-informed audience, the evaluation team also recommends considering a communications specialist capable of providing often sensitive messages to a broader audience that may be technically less informed. 20. The implementation of the communication plan should also involve the definition and development of an appropriate platform for internal information-sharing between the different involved stakeholders. In addition, a similar platform could be developed for public information about the rationing of scarce vaccines. 21. GAVI should also define more clearly how it communicates with the ICG members, with the ICG Secretariat and with the countries on its engagement with the ICG. There is an identified need to communicate clearly and consistently to countries the fact that GAVI is funding the three stockpiles and that all countries can access these but that non-GAVI supported countries should reimburse GAVI for the vaccines used and finance the operational costs themselves. **22.** The ICG Secretariat and UNICEF Supply Division should invest time and resources in increasing their collaboration and information-sharing, for example through quarterly progress and management meetings outside of the annual ICG meetings.				
Management response	WHO welcomes the recommendation and partially accepts them a. Progress on timely communication made recently by the ICG Secretariat and should be further strengthened to ensure regularity of communication, standardized outputs and trust of stakeholders b. GAVI and other donor highlighted that this should be done without further investment in activities or human resources of the ICG Secretariat, while the ICG Secretariat cautioned that the Secretariat was already stretched too thin.			
Status	Implemented and in progress			
Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Continue timely communication of ICG deployments through dashboards and webstories	HQ/WHO/WHE/IHM	Continues	In progress	http://www.who.int/csr/disease/icg/news-stories/en/ http://www.who.int/csr/disease/icg/meningitis-dashboard/en/ http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ http://www.who.int/csr/disease/icg/cholera-dashboard/en/
Regular call (at least quarterly) with UNICEF Supply Division on stockpile status and other issues	HQ/WHO/WHE/IHM	Implemented	Implemented	
Publish ICG performance in	HQ/WHO/WHE/IHM	March 2018	Implemented	*http://www.who.int/wer/2018/wer9310/en/*

2016 and 2016				
ICG annual meeting reports for 2017 published	HQ/WHO/WHE/IHM	December 2017	Implemented	http://www.who.int/csr/disease/icg/epidemic-meningitis-control-July-2017/en/ http://www.who.int/csr/disease/icg/yellow-fever-may-2017/en/ http://www.who.int/csr/disease/icg/cholera-July-2017/en/

Recommendation 5

Future role

23. The sharing of information and collaboration between the EYE and the YF ICG should be formalised.
24. At the next annual meeting of the YF ICG, the collaboration and information sharing between ICG and EYE should be a subject of a joint review.
25. More formal and regular sharing of information with the GTFCC on the deployment and use of OCV in both emergency and non-emergency settings could improve knowledge management and overcome current hurdles in terms of licensing and importation of the vaccine.
26. All vaccine requests for OCV and YF should be submitted to the respective global disease control mechanisms that will triage the requests and forward to the respective mechanism (ICG for emergency response, GAVI Secretariat for routine immunization and EYE or GTFCC secretariat for Special Immunization Activity (SIA). Given the lack of a global disease control initiative for meningitis, the requests for emergency vaccines will have to continue to be sent directly to the ICG Secretariat.

Management response	WHO welcomes the recommendations and accepts them a. Regular review of the ICG mechanism beyond the oversight. Partners committed to holding regular stakeholder meetings in the future.
Status	In progress

Key actions	**Responsible**	**Timeline**	**Status**	**Comments**
Organize annual ICG meeting and discuss with EYE and GTFCC secretariat	HQ/WHO/WHE/IHM	September 2018	In progress	
Biannual ICG partners meetings to review implementation of external evaluation report	HQ/WHO/WHE/IHM	October 2019	Not initiated	
Publish external evaluation report and recommendations	HQ/WHO/WHE/IHM	March 2018	In progress	

3. Update on progress in the implementation of recommendations from recent evaluations reported in the evaluation annual report to the 141st session of the Executive Board[2] in May 2017

3.1 Evaluation of WHO's Presence in Countries

3.1.1 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.

3.1.2 The scope of the evaluation, conducted by an independent external evaluation team, was determined by five high-level questions which, taken together, provided the evaluation's substantive content:

1. What does WHO presence in countries mean, and does it respond to Member States' and other relevant partners' expectations?
2. What is the contribution of WHO presence in countries towards addressing global, regional, and individual countries' health priorities and needs?
3. What is WHO's added value at country level in the light of its level of investment?
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?
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?

3.1.3 The draft 13th general programme of work 2019-2023 (GPW13) has been developed ahead of schedule, as a collective effort of the entire Secretariat and Member States, to strengthen public health impact in countries and put countries squarely at the centre. It articulates clearly WHO's strategic priorities and goals, including strategic shifts that are necessary to drive public health impact in every country. An impact framework for measuring and managing results and WHO's contribution to the goals has been formulated and the programme budget 2020-2021 process has integrated a global and country level results framework. Implementation of many of the recommendations from this evaluation is part of the current transformation efforts in WHO. The transformation agenda linked to the implementation of the GPW13 is developing core country presence based on nature and type of support required for different countries as part of the new country operating model.

[2] Document EB141/7.

WHO's presence in countries

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**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	Implemented	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	Implemented	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	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
2.1 WHO to develop a theory of change for WHO country level presence.	DGO and GMG	2018	In progress	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	Implemented	The new draft 13th Global Programme of Work 2019-2023 (GPW13) articulates clearly WHO's strategic priorities and goals including strategic shifts that are necessary to drive public health impact in every country. An impact framework for measuring and managing results and WHO's contribution to the goals have been formulated and the programme budget 2020-2021 process has integrated global and country level results framework.
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	CSU Network, PRP Network joint responsibility	2018	In progress	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).	Implemented	WHO has developed an end-to-end strategic and operational planning process 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 will be reflected in the Programme budget 2020-2021. The

country partners				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.		planning tool will show to what triple billion goal WHO country office priorities and budget will contribute. Revision of the strategic and operational planning guidance and tools has been initiated by PRP and CCU, building on the draft GPW13 and its impact and outcome framework with clear focus on results at country level, achieved using differentiated approaches based on country capacities and vulnerabilities.
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	In progress	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.	Implemented	
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 requirements at three levels and with the current CCS guidance.	PRP Network, CCU Network joint responsibility	2018-2019	In progress	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,	Implemented	

				recognizing that improving the quality of reporting may largely 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	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	In progress	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.	Implemented	WHO has developed a strategy and implementation plan for value for money in WHO, presented and supported by EB142 in January 2018. It identifies the key dimensions and applies the concept on three different levels: global strategic priority setting, programme design and implementation, and leadership and enabling functions.
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	GMG, DGO with technical inputs from PRP, CRE and CNs	Mid-2017	In progress	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	Implemented	All proposed actions have been addressed in GPW13 and a new WHO business model has been proposed for its implementation.

as One WHO.				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 to avoid overlaps in roles.	DGO	End 2017	In progress	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.		WHO is committed to the UN reform for which implementation details are still being discussed with Member States.
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	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	In progress	The methodologies for determining country level presence which has been discussed in the past will be revisited, and a revised methodology, will be developed by the Working Group.	Implemented	The draft 13th GPW has provided four different models of countries going from mature to fragile health systems. The transformation agenda linked to the implementation of the GPW13 is developing core country presence based on nature and type of WHO's support to different countries as part of the new country operating model.
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	Implemented – the new CCS Guide 2016 has been published	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.		
4.3 WHO to review internal recruitment and HR processes to ensure prompt appointments and	HRD	End-2016	In progress	The findings are well recognized in WHO and are being addressed through ongoing reform initiatives of		Harmonized selection procedures for longer-term positions for locally

effective processes for the development and performance management of staff.				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 was launched in January 2017. Forecast plans have been developed for the vast 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.		recruited staff were launched in February 2018
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	In progress	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	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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.		The Global Induction of HWOs in 2018 has been strengthened by a "policy academy", given the emphasis on upstream policy dialogue as one of the key functional areas for HWOs.
5.2 WHO to ensure that all three levels of WHO are well aligned and coordinated to support country level	RDs, CNs, GLC, CSUs	Continuing		This action is linked to reconfirming the differentiated roles and functions of the three levels of		For coherent organization-wide support for country priorities, video/WebEx

leadership so that Country Offices receive consistent and systematic support from the other two levels of WHO.				WHO. Efforts are also needed to improve the CCS and ensure that it is indeed the main framework for WHO cooperation in 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.		discussions on newly launched CCSs are practiced.
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.	In progress	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	In progress	A guide for staff has been finalized and a handbook for non-State actors is in the final stages.

				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.	Ongoing	The mutual accountabilities and responsibilities of the WHO Secretariat and Member State governments are also articulated in the draft GPW13.
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**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	In progress	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 unit.	In progress	
6.2 WHO Evaluation Office to carry 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	WHO Evaluation Office (EVL)	For future meetings of the GPG	In progress	EVL will submit to the forthcoming meeting of the GPG a synthesized list of outstanding recommendations made on other relevant reports on country strengthening.	In progress	

synthesised list of recommendations for agreement by the Global Policy Group (GPG).						
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	In progress	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.	In progress	

3.2 Evaluation of the Impact of WHO publications

3.2.1 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 was conducted between December 2015 and September 2016 and used multiple lines of evidence, including interviews, document review, case studies, surveys and bibliometrics. The evaluation posed four high-level questions and covered a sample drawn from approximately 15 000 publications over a period of 10 years:

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?

3.2.2 A draft publications strategy, addressing many of the issues raised in the recommendations of this evaluation, is under review by the newly appointed executive management team. Since the last annual evaluation report, reviews of policies on open access, copyright, translations, use of the WHO logo and clearance of official estimates were conducted and resulting changes incorporated into the WHO eManual. In addition, IT infrastructure funds have been allocated and efforts are under way to improve the system for planning, clearance, dissemination and title management of publications. Training on open access, copyright, data sharing and clearance procedures has been provided to staff in headquarters and some regional offices. Finally, a system is now in place to track the dissemination, uptake and reach of WHO publications.

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 March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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.	In progress	SPI delivered a draft publications strategy to then senior management in February 2017. This proposal is currently under consideration by the newly appointed executive management team.
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.	Not initiated	
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	Implemented	Intended outcome needs further clarification. Strategy development and IT investments are planned to improve visibility of products in the pipeline.	Implemented	In the context of the 13th general programme of work, each department is conducting a prioritization exercise that accounts for national-level requirements. The outcome of this exercise should inform publication planning.

		degree.				
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 the next five years.	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.	In progress	In its meetings in 2017, the PPCG conducted reviews of policies on open access, copyright, translations, use of the WHO logo and clearance of official estimates. All resulting changes were incorporated into the WHO eMmanual.
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.	Implemented	IT infrastructure funds were allocated and a bidding process undertaken for suppliers to replace the legacy systems used for planning, clearance, dissemination and title management.
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 March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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.	Not initiated	Contingent on the endorsement of the publication strategy proposed to senior management, formal needs assessment will be required for each application to the publications committee.
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	HQ/DGO/SPI	2019	Not initiated	As above	Not initiated	Contingent on the endorsement of the publication strategy proposed to senior management, specific audience identification and formal needs assessment will be required for each application to the publications committee.

translation framework.						
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.	In progress	Authorizations granted for translations have remained stable (184 in 2016, 227 in 2017) since the introduction of the open access policy as most of these requests are for material published prior to its implementation.
Recommendation 3	**WHO should develop a more proactive dissemination strategy**					
Management response	Accepted					
Status	*In progress*					
Key actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	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.	In progress	Resources used for printing and distribution have remained stable during the acquisition phase of a digital distribution platform. IT infrastructure funds were allocated and a bidding process undertaken for suppliers to replace the legacy systems used for planning, clearance, dissemination and title management.

distribution.						
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	In progress	Contingent on the endorsement of the publication strategy proposed to senior management, national level distribution, promotion and support for implementation will be provided for each successful application to the publications committee.
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.	In progress	Multiple mailing lists continue to be used pending implementation of the new distribution system.
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.	(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	In progress	A set of procedures for content inclusion/exclusion in IRIS have been reviewed or created for simplified collaboration with WHP. Still awaiting the implementation of the new WEB Content Management System to do likewise. New metadata quality and accuracy processes as well as collection management best practices have been discussed and shared within the WHO Global Library Group in charge of Global IRIS. New appropriate technologies have been identified and prepared for implementation to automate quality checking and correction.

				linked to WHO publications as well as Web policies and practices. Constant 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).		
Current WHO website to increase 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		(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 March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	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	In progress	Contingent on the endorsement of the publication strategy proposed to senior management, each major office and HQ cluster will establish a publishing management function.

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.				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.	In progress	Contingent on the endorsement of the publication strategy proposed to senior management, each major office and HQ cluster will establish a publishing management function.
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.	In progress	SPI has delivered training on open access, copyright, data sharing and clearance procedures to HQ and regional office staff in EURO, EMRO and SEARO.
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. Eliminate system duplications (i.e., use of paper-based and electronic systems at the same time).	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.	In progress	Contingent on the endorsement of the publication strategy proposed to senior management, each major office and HQ cluster will establish a publishing management function. Replacement of legacy systems used for clearance is underway.
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	Regional offices, HQ/DGO	2018	not initiated	Some departments consider that outsourcing is a more cost-effective and flexible option.		Contingent on the endorsement of the publication strategy proposed to senior management, each major office and HQ cluster will establish a publishing management function.

required.						
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 March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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.	In progress	Altmetrics has been implemented on content in IRIS and the Bulletin of WHO. Tracking and metric tools within IRIS system have been implemented. These tools are available to all IRIS users worldwide (basic functions) and to WHO staff (advanced functions). IRIS Team looking into automated/semi-automated reporting mechanisms as well as country/regional and global level reporting.
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 March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
i. Define translation needs and plan translation strategies in advance of publication production, irrespective of	All departments that publish; too many to	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	Not initiated	Contingent on the endorsement of the publication strategy proposed to senior management, each successful application for a priority title will be

apparent resource constraints at that stage. Resource requirements should be contemplated by programmes as part of their programme strategies and as part of their information needs assessment.	list.			translations at a corporate level with resources allocated accordingly.		allocated resources for the required translations.
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.	Implemented	Activity continues, aided by the implementation of the open access policy.

3.3. The External review of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases[3]

3.3.1 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) in order to analyse lessons learned towards continuous programme performance improvement and to take these into account when developing the next TDR strategy. 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.

3.3.2 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.

3.3.3 Since the last WHO annual evaluation report, the TDR Strategy 2018-2023 was published, addressing a number of issues raised in the recommendations of the external review. Explicit statements on research and development, partnerships and intervention and implementation research, were included in the new strategy. This strategy also includes the principles, partnerships, governance and management practices behind the strategy. Joint capacity building initiatives with the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction commenced with a joint supported scheme on Zika virus and other activities will be developed where there is mutual benefit.

3.3.4 Follow up has therefore been completed. Actions still ongoing have been included in TDR's Risk Management System, which is being monitored and reviewed by TDR's Joint Coordinating Board, and by WHO through the Risk Registry.

[3] For evaluation report, see: http://www.who.int/entity/tdr/publications/about-tdr/reviews/6-external-review/en/index.html

TDR For research on diseases of poverty
UNICEF • UNDP • World Bank • WHO

16 March 2018

Summary of external review recommendations[4]

Major Recommendations

Recommendation	Action
1. TDR should continue its focus on **implementation research** and should confirm its current direction of travel in withdrawing from supporting product research and development through its own funds.	This was made explicit in the 2018-23 strategy. Inputs into R&D, such as the pooled fund, were clearly distinguished as a facilitation role in keeping with broader TDR aims, and not playing the role of either an investigator or funder of R&D products.[5]
2. TDR should seek to clarify precisely **what it means by IIR**, focusing on what TDR will and will not do under this heading.	An explicit statement of the working definition for IIR and the scope that TDR will focus was included in the 2018-23 strategy, as the global definition of IR is still quite diverse. This built on TDR's role in developing the guidance on reporting implementation research.[1]
3. If TDR does take on the management of the **Health Product R&D Fund**, the risks of doing this need to be clearly identified and mitigated.	This risk is no longer relevant, as the WHA no longer plans to establish a Global R&D Fund. The JCB's oversight and advice on this helped to maintain the key role that TDR played in technical support to the process.
4. In its next Strategic Plan, TDR should clearly outline its approaches to **partnerships**, ensuring that costs of inputs, including opportunity costs, into such partnerships are covered and expectations clarified.	An explicit statement on partnership and the strategy of engagement is made in the 2018-23 strategy. This was based on a deeper analysis of current engagements. Clear criteria for partnerships were included in the strategy.[6]
5. While TDR should continue to support **capacity building** initiatives, it should explore the possibility of conducting such work in collaboration with other organizations, e.g. Research and Training in Human Reproduction (HRP) and the Alliance for Health Policy and Systems Research (AHPSR).	Discussions have already commenced with HRP and joint areas of activity. A joint supported scheme on Zika virus has already commenced and other activities will be developed where there is mutual benefit.
6. Consideration should be given to the further development of the **TDR Global** database to support a community of individuals who have an interest and expertise in implementation research.	The TDR Global Community Engagement Strategy, released end of 2016, took this into consideration. The TDR Global community goes beyond the TDR grantees, trainees, staff and expert advisors, and intends to mobilize the global research community on key topics of interest such as ethics, gender equity in research, social innovation, etc. and add value through fostering collaboration and grassroots initiatives in countries.[7]
7. TDR's **structure** should be appropriate for its strategic focus. There may be a need for greater senior management capacity over two or more technical work-streams and greater capacity for monitoring and evaluation,	Organizational structure is being reconsidered in the light of the 2018-23 strategy, to ensure TDR continues to be fit for purpose. Given the desirability of not increasing permanent staff numbers and to avoid raising administrative costs at the expense of

[4] Draft management response to be submitted to TDR Joint Coordinating Board at its meeting in June 2018.

[5] See http://www.who.int/tdr/publications/about-tdr/strategy/strategy-2018-23/en/ pp 12-15

[6] See http://www.who.int/tdr/publications/about-tdr/strategy/strategy-2018-23/en/ pp 22-23

[7] See http://www.who.int/tdr/partnerships/tdr-global/en/

Recommendation	Action
resource mobilization and research uptake across TDR	operational funding, mechanisms to address the highlighted functional needs without increasing staffing have been proposed, agreed by TDR's governing bodies and processed through WHO HR to be implemented in the first half of 2018.
8. In general, TDR benefits from being a programme with several UN agencies as **co-sponsors**. This situation should be maintained. This may involve explaining more clearly how TDR's work is relevant to the co- sponsors and identifying ways in which mutual benefit can be leveraged.	TDR secretariat and JCB is advocating for a more collaborative mechanism of interaction and demonstrate TDR's added value and relevance, in the context of current co-sponsor priorities and strategies. Efforts are being made to identify specific projects of mutual interest, to facilitate closer engagement. Successful collaboration with UNDP has continued and increased.
9. The director has contributed hugely to restoring TDR's credibility. There is now a need to ensure **management capacity** is extended into technical areas and succession planning is actively managed.	To reflect the evolution of TDR to a manager of research, management capacity development at the technical level is a priority. A management skills development programme has been instigated with team leaders. Further skills development took place within technical teams.
1**0.** 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.	TDR implemented in 2012 a designated funding policy and will continue to consider every agreement on an individual basis to cover related salary and support costs. It will continue to review the standard support costs based on the administrative requirements of the grant schemes.
11. TDR urgently needs to improve its **project management systems**, which may involve entering into intensive negotiation with WHO.	Following a previous unsuccessful attempt to build a project management system, which failed to materialize due to objections from WHO-IT to link the system to WHO system, renewed efforts were made to resolve this impasse and alternatives are were actively investigated by TDR. Full documentation required for launching a Request for Proposals for a new system has been developed with an external consultant and the project now enjoys support from WHO-IT, with an experienced project manager designated.
12. Consideration should be given to reviewing the working of the **Scientific Working Groups (SWGs)** to optimise their contribution.	Efforts were made to standardise activities and optimise the SWG effectiveness. Standard operating procedures were developed as part of their terms of reference, and the SWGs are now organizing their work under guidance from STAC to deliver the best possible value.

Minor detailed recommendations

Recommendation	Action
Governance	
Standing Committee meetings should only be held away from HQ when there are demonstrable benefits or economies in so doing.	Full involvement of co-sponsors is unlikely if all meetings require travel to Geneva, as attendance at JCB is already an issue for some. Rotating the venue between Europe and the USA, based on availability of participants, is more feasible. Perhaps holding the November meeting by remote communication might be worth considering by the SC.
There is no case for changing the roles, responsibilities or structure of the **JCB**, but efforts need to be made to utilise the opportunity of so many stakeholders being present. Consideration could be given to making the JCB meetings more participative and to providing attendees with more information to disseminate on their return home.	JCB has undergone considerable reform in the last 6 years, reducing the number of members from 34 to 28. We will continue to evaluate meetings carefully, based on participant feedback, and to continue to improve the meeting with suggestions such as those made here.
Review the criteria for selecting **STAC** members to make more transparent and to ensure the widest spread of complementary competences and experience. Basing selection on some form of skills and knowledge audit would be ideal.	A more formal mapping of STAC expertise has been undertaken and appointment of new members matches the skills of candidates with the needs of replacing outgoing members, or introducing any new capacity requested by STAC. An open call was made for interested parties and a list is now maintained to help broaden recruitment opportunities for both STAC and other scientific committees. To achieve balance, gender and geographic origin of candidates were also considered. Considering all advisory groups, gender balance was for the first time reached in 2016, and low- and middle-income countries now represent 78% of advisory group members (2017) for both STAC and other scientific committees.
Mechanisms for the **STAC** to provide rapid scientific advice need to be identified and documented and a feedback loop created on advice given. These may primarily be SWGs rather than the STAC itself.	SWGs have been established to play this role by providing a closer and continuous link with the secretariat.
Processes need to be agreed and standardised across the three **SWG**s. Introduce a scoring system for prioritisation against agreed criteria.	SOPs, including standard reporting procedures, were finalized. Models for scoring priorities were explored with SWG chairs and prioritization criteria were introduced in the TDR strategy 2018-2023.
Engage **SWG** members in a smaller agenda with more time to explore issues in-depth. Use SWGs to their optimum potential by creating a mechanism for additional inter-meeting input and create a feedback loop on advice given.	We reviewed the scope of the content that SWGs are expected to provide comment on and the information required to do this effectively. Inter-meeting input has developed very effectively in some groups and is being extended in a more standard manner across all SWGs.
TDR should make more use of **remote communication**, which has significant potential to reduce cost, increase contribution and strengthen oversight.	Committees provide strong feedback that meeting face-to-face is very important for the quality of the review, discussion and decision making. A mixed model will be tested where periodic meetings are complemented by remote communication. Training in virtual leadership has been conducted for TDR staff.

Secretariat	
Consideration should be given to **strengthening management** within the technical work-streams.	A management skills development programme has been instigated with technical team leaders. Further skills development was conducted within teams.
Consideration should be given to strengthening both **resource mobilization and M&E** by providing more specialist support.	Note is taken of the suggestion to strengthen capacity in TDR in both of these areas. Given financial constraints, ways of addressing these needs without increasing staffing will first be considered. Consultants were brought to map potential funding opportunities and to suggest ways forward both on core funding and designated funding. M&E was expanded by introducing M&E frameworks to the seven universities postgraduate training scheme and to the six regional training centres network.
Consider placing **knowledge management** in the Director's department, with a specific remit to work across all three work-streams and a more explicit focus on promoting research uptake.	This was included in the new structure to be implemented in the first half of 2018, in light of the definition and scope of activity in knowledge management and global engagement described in the 2018-23 strategy.
Address **workload** anomalies, as neither over-commitment nor under-commitment is good for individuals or the organisation.	Workload is being monitored by Team Leaders, as the functions of some positions continue to evolve. As required by the new strategy, some reorganisation of positions has been made, with approval from TDR's governing bodies, and is about to be implemented upon discussion with WHO HR.
The **travel policy** needs to be reviewed and clear criteria established, taking into account direct cost and opportunity costs of being away from the office.	All travel is currently reviewed by both the Team Leader and the Director, to ensure best value for money. Further to this, a new WHO travel policy, which will be more restrictive than the previous one, has been issued and TDR will continue to fully adhere to WHO policy.
Consideration should be given to introducing a more formal system for identifying **personal development** needs.	Individual development needs are discussed at the performance management and development system (PMDS) meeting with supervisors. Any institutional skills gaps identified in light of making TDR fit for purpose for the 2018-23 strategy will be used in suggesting and prioritising training needs. A staff development fund has been established to support this action. As part of WHO's drive towards a culture change, TDR is proposing some actions to be taken at department and also WHO-wide level.
The potential impact of the WHO **mobility policy** needs to be made absolutely clear and the case for exception pursued.	JCB is clear about the potential negative impact and is monitoring this closely. A case for exception has been put to WHO and if not accommodated, further JCB support will be required to appeal.
Efficiency might be improved by the **appointment of a manager** who has overall management responsibility across the two research streams, with scientists giving more time to the technical management of individual pieces of work.	It is difficult to justify additional staff without substantial budget increase. This may also separate management responsibility from activity in the technical teams. The initial approach will be looking for alternate mechanisms to cover the need, including management training of team leaders.
Research quality and ethics	
Clear definitions of quality and a comprehensive and well-documented **quality assurance system** are needed for TDR's work. Monitoring could then be	Processes and standard operating procedures have been developed to ensure quality in a systematic way through standardized approaches in prioritizing and selecting grants

focused on checking the extent to which elements of the system are operating appropriately.	and managing external expert committee review (Scientific Working Groups and ad hoc working groups).
Grantees require more project-specific, individual, and systematic support in turning **grant proposals** into ethically sound research protocols.	Within programme constraints TDR will explore how to further work with partners to address this issue of the need to support grantees to develop protocols, for example through protocol development workshops and engaging external experts.
Issues with **ethics approval** support the need for the Regional Training Centres (RTCs) to make available a full suite of short courses, including courses on implementation research ethics. Support might also come from the Alliance for Health Policy and Systems Research (AHPSR) proposal writing workshops, the Implementation Research Toolkit and massive open online course (MOOC) on implementation research.	Work was done on developing and disseminating the range of TDR training tools across the continuum of implementation research (IR), including the MOOC as an introduction to IR, basic principles in IR, the ethics of IR, the IR toolkit, and the guidance on reporting IR. The training was piloted in RTCs and will be further disseminated to countries to strengthen their capacity for grant management, including proposal writing and research ethics.
Planning and financial management	
The **portfolio prioritization model** provides criteria against which proposals can be measured but there is no weighting attached nor is there a scoring system to allow direct comparisons. This would be helpful at all levels and would demonstrate transparency.	The portfolio prioritization model was reviewed together with the processes and standard operating procedures to ensure research quality. Reviewers of proposals assess not only scientific merit, but also feasibility and best value for money.
The current systems cannot provide sufficient information on specific grants, resulting in delays, reputational damage and increased risk; effective project management is hampered and scarce professional time is wasted in compensating for system shortcomings. This is an urgent need for a **project management system** which affects all aspects of TDR's work.	The current project management system (TIMS) has become obsolete. Following a previous unsuccessful attempt to build a project management system, which failed to materialize due to objections from WHO-IT to link the system to WHO system, renewed efforts were made to resolve this impasse and alternatives are were actively investigated by TDR. Full documentation required for launching a Request for Proposals for a new system has been developed with an external consultant and the project now enjoys support from WHO-IT, with an experienced project manager designated.
The **risk management** system should now be cascaded into all work-streams and risk should be assessed prior to, during and after any new initiative. The risk register should be made available to the SC and the JCB with formal reports on risks over an agreed score threshold.	TDR's risk management system has been developed at both programme and project level and implementation in 2012 was well ahead of the launch of the WHO policy for risk management. Risk management plans are requested for all expected results approved by STAC. Following the recommendation of the external review, the monitoring of risk mitigation plans engaged all teams. The risk register will continue to be a standing item submitted to STAC and SC for endorsement and JCB for approval, as well as to WHO as part of the organization-wide risk register. A novel way of presenting risk status and trend has been introduced.
The **dual budget plan** provides a measure of operational flexibility and the ability to manage risk. However, TDR should consider developing scenario planning to accommodate greater uncertainty, either through additional (possibly informal) scenarios or through making its current 'pessimistic' scenario even more conservative.	The 2018-2019 budget scenarios have been developed to accommodate more uncertainty, including a more 'pessimistic' starting scenario that will avoid a major restructure of work plans if unforeseen circumstances arise. An even more conservative contingency plan was also develop would unforeseen situations arise.

The **Gantt chart system** is functional but does not yet play the central role in project management that it should. Further targeted training is desirable to make the most of this system.	Efforts have been made to strengthen the use of Gantt charts during the whole project cycle. In addition to their strategic plan, each Expected Result now has a Gantt chart which is meant to guide implementation and also used for cash flow planning.
The current assumption of 13% **support costs** needs to be reviewed, but there may also need to be a range of apportionment rates used, depending on the project type. This should help create incentives for resource mobilization and teams to only accept designated funded work that is genuinely cost-effective.	Project support costs of specified funded grants received by TDR are constantly being reviewed and will be adjusted as per the administrative complexity of the grant scheme administration efforts. Full cost recovery is a principle TDR always observes when considering any designated funding projects.
Working capital provision is a sensible risk management mitigation tool and it would be worth considering increasing its level.	TDR will explore the possibility of increasing the working capital.
TDR should increase the inputs available for **resource mobilization** and ensure that all team leaders have personal annual targets. There is an argument for appointing a dedicated resource mobilization specialist who would both undertake some part of this role but also coordinate efforts by all the senior managers.	A strategy for resource mobilization has been prepared across TDR. Annual fundraising targets for designated funds have been set for respective teams. Given the desirability of not increasing permanent staff numbers and the problem of raising administrative costs at the expense of operational funding, further resource mobilization capacity has been sought externally, as needed.
TDR should consider the need to strengthen the **M&E function** to improve the identification and reporting of benefit.	The TDR Performance Assessment Framework and its monitoring and evaluation (M&E) processes and indicators have been developed in close collaboration with TDR governance, donors and stakeholders to ensure it meets their needs and allows TDR continuous performance improvement. The framework is being revised in light of the new TDR strategy (2018-2023), the WHO GWP13 strategic objectives and the SDG targets, in close collaboration with donors and stakeholders. This will be a good opportunity to review how best to identify and report benefit. The new Performance Framework will be implemented in 2018, upon approval by the JCB.
Partnerships and communication	
To ameliorate the risks of the Health Product R&D Fund coming to dominate TDR and bringing excessive risk, there should be agreement about a transition strategy when it reaches a given size.	This risk is no longer relevant, as the WHA no longer plans to establish a Global R&D Fund. The JCB's oversight and advice on this helped to maintain the key role that TDR played in technical support to the process.
TDR should continue to contribute to **ESSENCE** through membership of ESSENCE's steering committee and by hosting the ESSENCE secretariat. However, the partnership and governance manager's role should be limited to more strategic engagement in line with the dedicated funding supporting the position. The risks (financial and reputational) to TDR of being associated with ESSENCE should be formally assessed.	As per the ESSENCE-specific review undertaken in 2015, dedicated additional resources will be contracted out to support the work of the ESSENCE Secretariat and the Manager of Partnerships and Governance. Consideration will be given to including ESSENCE-related risks in TDR's risk reporting system.
Given that the credibility of TDR and its director have been re-established, it may be helpful for future **communications** about TDR to focus on the broader staff team.	This is a good suggestion, reflecting the evolution of the communication message, and will be incorporated into our communication strategy.
Communications products could focus increasingly on the content and findings	TDR has already started to post news on research findings from initiatives that it

of research supported through TDR. This overlaps with work on knowledge management and it may be worth bringing these two elements together as '*research uptake*'.	supports and this will be increasingly highlighted. Communications and knowledge management started to collaborate on promoting and supporting research uptake. This will be further strengthened. The TDR website features more examples of research being used for policy by TDR grantees.
Less success has been achieved overall on ensuring a greater focus on **Francophone and Lusophone countries**.	A number of initiatives are underway and additional efforts will be made to engage French and Portuguese speaking countries in TDR committees. Specific projects focused on these countries are part of the 2018-23 project portfolio.
Clarifying what TDR means by key terms such as **intervention and implementation research** would make the work of those who seek to communicate what TDR does easier.	An explicit statement of the working definition for IIR as applied to TDR's scope of work was included in the 2018-23 strategy.
In-depth case studies are likely to be an effective way of collecting evidence of the impact of published research.	Case studies are already being used to report initiatives such as SORT IT and we recognise the power of such reporting for identifying the impact of the research, in addition to quantifying specific outputs and outcomes.
Research capacity strengthening- knowledge management	
Postgraduate training	
The call for applicants needs to be explicit about the implementation research focus of the **Master's courses**. Timelines for selection and for course delivery need to be realistic.	Further attention was paid to highlighting the focus of the scheme on implementation research. Ensuring realistic timelines will be facilitated by the decrease in the time pressure that inevitably accompanied the reorientation and launch of the new scheme in 2015.
Universities need to ensure that they can provide adequate supervision and support, particularly outside the country, and the ability to teach implementation research needs to be confirmed.	TDR further worked to ensure that the universities provide adequate supervision and support, building on this emphasis as one of the criteria for the selection of the universities in the competitive process in 2015. Further opportunities in this regard arose from the development of a framework for monitoring and evaluation of the scheme, which started to be implemented in quarter 3 of 2016.
In the next strategic period consideration will need to be given to focusing where the **capacity** is most lacking and where the potential for benefit is greatest. This might be geographical or by disease programme.	TDR will further consider the implications of the key strategic issues of ensuring quality, relevance, equity and impact for the postgraduate training scheme as part of the process of implementing the overall 2018-2023 strategy.
Whilst the recent focus of TDR has been on providing a body of people with the knowledge and skills to support implementation research at grassroots level, parallel grants to **support career researchers** at an early stage after their doctorate should be considered.	Further work on supporting career researchers at an early stage after their doctorate will build on the experience of and lessons learned from the ongoing pilot postdoctoral scheme hosted by the Noguchi Institute in Accra, Ghana. Advice from SWG and STAC help us identify relevant partners and balance emphasis on this career stage across the portfolio.
Small grants in regions	
Consideration might be given to offering fewer but bigger grants, making it more realistic to address some of the **priority focal areas**. The focal areas need to be more consistently realistic in order to reduce the risk of failure to achieve	The increased number of regionally specific prioritisation processes (e.g. reports of regional advisory committees on health research) will help further prioritize the focal areas of joint interest to TDR Regional Offices. With small amounts used as seed funding,

goals.	the scheme is achieving its goal of supporting researchers in the regions as well as strengthening TDR's collaboration with the WHO Regional Offices. Other avenues in TDR are used for more substantial investment in larger projects.
Regional Training Centres	
There is much goodwill in the institutions acting as RTCs but the core funding was reported to primarily fund administration **staff**. Care must be taken that senior scientists are not being asked to overcommit to TDR activities to the detriment of their 'day job'.	TDR will continue to actively manage the network in such a way as to minimise the risk of overloading the senior researchers. For example, the identification of focal points for each area of training in the Gadjah Mada University in Indonesia is serving as a model for other RTCs.
Where courses appear to be sustainable without TDR funding, a planned tapering should be agreed, coupled with the offer of support to develop a **business plan**.	TDR has worked with the RTCs in developing their business plans.
RTCs should be encouraged to **communicate** across the RTC network outside of formal meetings and to work more closely with the respective regional and country WHO offices and local research institutions and ministries of health.	Further communication among the six RTCs started to be encouraged through a range of network development activities, including the framework and plan for coordination and networking currently underway. We will also continue to foster and strengthen the current links between each RTC and the relevant WHO Regional Office. The RTCs were also provided with a list of TDR Global members who volunteer to support other individuals and institutions to build capacity locally and internationally.
TDR should agree a **reporting framework** which will over time enable outcomes and impact to be identified.	TDR helped developed a framework for monitoring, evaluation and reporting, coordinated by CIDEIM (the RTC supported by TDR in the WHO Region of the Americas).
A **review** should be undertaken, including those regional research partners supported by AHPSR and HRP, to rationalise and focus on the centres with the greatest potential that might support research capacity building with a wider focus.	TDR will continue to work with AHPSR and HRP to identify and support centres with potential for supporting research capacity strengthening with a wider focus. This will build on the joint AHPSR, HRP and TDR initiative for Strengthening Capacity for Implementation Research (SCAPIR), launched in 2015 following review of activities of regional research partners coordinated by AHPSR.
Working with others	
There are opportunities for implementation **research courses** to be offered with support from the other WHO special programme and regional centres, as well as with other departments in WHO HQ.	Opportunities for collaboration with the other special programme and relevant WHO departments and RTCs will be pursued further to develop and offer courses on implementation research. This will build on our experience so far of developing the IR toolkit (in collaboration with AHPSR, HRP and the WHO Department of Maternal and Child Health), the Massive Open Online Course (with AHPSR and WHO departments), and the training course on ethics of implementation research (with AHPSR and WHO Ethics).
TDR should continue with its work on **MOOC**s and consider expanding their use to disseminate other training products, possibly in collaboration with other programmes, including AHPSR and HRP.	Work on developing the first MOOC (an introduction to implementation research) has advanced significantly. The course was tested in 2017. The experience of, and lessons learned from, this first MOOC will inform plans for potential development of other MOOCs. The development of this first MOOC in collaboration with AHPSR and the WHO Departments of Neglected Tropical Diseases and Global Malaria Programme will facilitate

	its dissemination in conjunction with these other partners and identification of suitable topics in considering other MOOCs.
Consideration should be given to moving towards a joint programme of **capacity building** activities with HRP and AHSPR; developing a team competence framework for implementation research and using commonly agreed approaches and a common framework for evaluation.	Discussions are underway with HRP and AHSPR, and joint areas of activity, building on existing collaboration, will be developed where there is mutual benefit.
Knowledge management	
Given TDR's focus on implementation research, it may be worth bringing together TDR's work on communications and knowledge management as '***research uptake***'.	The best organisational fit for Knowledge Management was reconsidered as part of the process of developing the 2018-2023 TDR strategy, and the crosscutting function of Global Engagement was established, which is broader and englobes the former function of knowledge management. This is coordinated out of Director's office, and was seen by TDR's governing bodies as the best fit with the new strategy. The new structure will be implemented in the first half of 2018.
Jointly, TDR and **EVIPnet** could work towards a continuum of support.	We will explore the benefits and feasibility of working towards developing this continuum of support with EVIPnet.
Any creation of an M&E function needs to recognise the synergy with knowledge management in identifying **organisational benefit**.	The M&E function has existed for the last 10 years. TDR is addressing the needs to recognise and capitalise on the synergies that arise from the use of a central database as part of the development of a new project and grant management system. Existing databases will be merged and improved.
TDR Global	
Consideration might be given to the further development of the database to support a community of individuals who have an interest and expertise in **implementation research**. This might be wider than its application in diseases of poverty. There seems to be opportunity to support this community, either with TDR working alone, or with HRP and the AHPSR.	The TDR Global platform was developed to map expertise of current and past grantees and committee members, track their careers, and enhance new collaborations. Following the recommendation of the External review and the independent external working group, the TDR Global community is growing to include several layers of membership, and to reach out to non-TDR affiliated individuals who can be mobilized on joint initiatives that enhance collaboration on topics such as good practices, gender equity, ethics, social innovation, implementation research, etc.
Vectors, environment and society	
There is a need to develop **strategic objectives** for each of the four work-streams, outlining how they will support VES's overall goal and long-term aims.	As TDR's structure is in the process of being readjusted for a better fit with the 2018-2023 strategy, the strategic objectives were developed for each of the Research for Implementation work-streams, outlining how they will support research goals and long-term aims.
The size of the VES **team** reduces the scope of work that can be conducted while maintaining quality standards. TDR may like to consider expanding the number of technical staff if the financial situation allows. An alternative solution is that SWG members could provide advice on particular projects.	TDR has merged the two existing research team into one, enhancing integration and facilitating multi-disciplinary projects. TDR governance approved the revised structure of the research team and the implementation is expected to be carried out in the first half of 2018.

The VES team needs to be more proactive in raising **designated funds**, including the transitioning of Strategic Development Fund (SDF) projects to designated funding.	TDR's fundraising strategy includes the aspect of setting fundraising targets for each team.
VES should consolidate its position as a leading **convener and facilitator** of VES research. To avoid undermining this, VES should not undertake research directly and should not conduct basic R&D.	The merged research team has defined its objectives related to the 2018-2023 strategy, which were approved by the TDR governing bodies, and rely on TDR's role as a convener and facilitator for research that has an impact in countries and on neglected populations.
VES should place greater emphasis on getting **research findings into practice** than on producing academic publications. They could adjust the format of the Annual Results Report to explicitly present the number of publications and policy documents produced, and policies influenced.	Annual Results reports presented by teams have been standardized to reflect aspects as research uptake, capacity built, gender equity, leverage, risk management and achievement of technical results.
VES should develop a **capacity strengthening strategy** and record and present capacity building achievements more systematically in their annual report. There needs to be improved communication and coordination with the RCS-KM portfolio in developing this strategy.	Annual Results reports presented by teams have been standardized to reflect aspects as research uptake, capacity built, gender equity, leverage, risk management and achievement of technical results.
Moving forward, VES should continue to develop **communication** channels with WHO departments and to actively identify funding opportunities that would enable collaboration.	VES has made excellent progress in promoting cross-department collaboration and joint funding opportunities are already being explored. Cross-sector activities initiated by VES have greatly enhanced the WHO focus on vector control and surveillance in the wake of the Zika virus outbreak. The Global Vector Response was developed with TDR's contribution, alongside with WHO NTD and WHO GMP.
Intervention and implementation research	
No shared understanding of what precisely is meant by **IIR**, either within TDR or more broadly.	An explicit statement of the working definition for IIR as applied to TDR's scope of work was included in the 2018-23 strategy.
TDR needs to confirm that IIR is a **long-term key niche** in which it can contribute.	This commitment was made in the 2012-17 strategy and followed in its implementation, as monitored by STAC. This direction was also made explicit in the 2018-23 strategy and workplans.
It is unclear how specific issues and areas requiring IIR are **identified and prioritized** and the extent to which these explicitly identified priorities drive and determine project design and selection. This leads to questions on whether the activities and projects selected for IIR are necessarily the best available.	During the 2012-2017 strategy, some "orphan" activities initiated earlier were completed, as advised by STAC. Priorities for new activities were determined in consultation with the SWG and STAC, based on input from countries and control programmes. This process was further refined for determining the 2018-23 priorities. Clear definitions of the scope of work were included in the new strategy and criteria for the selection of priorities were listed in the strategy.
IIR should develop a **capacity strengthening strategy** and record and present capacity building achievements more systematically in their annual report. There needs to be improved communication and coordination with the RCS-KM portfolio in developing this strategy.	Annual Results reports presented by teams have been standardized to reflect aspects as research uptake, capacity built, gender equity, leverage, risk management and achievement of technical results.
More could be done to make IIR work known and to support the **uptake of**	Communication around IIR-supported research and its results will continue to be

research evidence into policy and practice.	strengthened. Most research has a long lead-time to publication and even more to uptake into policy and practice, but many advocacy pieces, e.g. for SORT IT are being published, including assessments of impact on policy and practice and on operational research capacity building, and strengthening translation into policy and practice through partnership with EVIPNet.
Resource mobilization to support sustainability should be a specific focus of work for the IIR team.	The team is aware of the importance of securing additional operational funding. An external adviser was engaged to map the funding landscape and advise on resource mobilization strategy. New proposals meant to fund strategic results such as research on anti-microbial resistance and building country capacity for outbreak response await donor confirmation.

3.4 Final Review of the Medicines Transparency Alliance Programme

3.4.1 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.

3.4.2 Since the last annual evaluation report and in response to the recommendation that WHO use the experiences and lessons learned from MeTA to promote the roles of multi-sectorial councils as key drivers of change in national medicines policies, an article was published in the Journal of Pharmaceutical Policy and Practice on *Promoting transparency, accountability and access through a multi-stakeholder initiative: lessons from the Medicines Transparency Alliance*.[8]

3.4.3 The key lessons learned from this evaluation are that robust data collection is essential for policy dialogue and multistakeholder collaboration, while challenging, is key for improving accountability. WHO has an essential role to play in supporting data collection and mechanisms for transparency and in facilitating multistakeholder dialogue.

[8] Vian T, Kohler JC, Forte G, Dimancesco D. Promoting transparency, accountability, and access through a multi-stakeholder initiative: lessons from the medicines transparency alliance. Journal of Pharmaceutical Policy and Practice, 2017 10:18¸ (https://doi.org/10.1186/s40545-017-0106-x, accessed 24 April 2018).

Final review of the Medicines Transparency Alliance Programmes

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, share and promote the lessons learned					
Status	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	May 2017	Implemented			
Peer reviewed journal articles, abstracts and advocacy planned	EMP/OOD/PGK	2017	In progress		Implemented	Article published in Journal of Pharmaceutical Policy and Practice: Promoting transparency, accountability, and access through a multi-stakeholder initiative: Lessons from the Medicines Transparency Alliance, Taryn Vian, S.M., Ph.D.; Jillian C Kohler, M.A., Ph.D; Gilles Forte, PhD; Deirdre Dimancesco, MBA
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	Implemented					
Key Actions	**Responsible**	**Timeline**	**Status March 2017**	**Comments March 2017**	**Status March 2018**	**Comments March 2018**
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	Implemented	
Transparency in pricing of pharmaceuticals will be explored through the Fair Pricing Forum	EMP/IAU	May 2017	In progress		Implemented	
Multi-stakeholder approaches incorporated into the Good Governance for Medicines programme	EMP/OOD	Ongoing	In progress		In progress	

3.5 Review of bilateral consultations between WHO and contributors as part of the Financing Dialogue 2015

3.5.1 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 were 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.

3.5.2 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.

3.5.3 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

3.5.4 Since the last annual evaluation report, engagement strategies for each of the top 15 contributors are under advanced development in the context of the Financing Campaign, which, as of 2018, has now replaced the Financing Dialogue as the primary vehicle for corporate resource mobilization in WHO. Such strategies cover assessment of strategic priorities, funding patterns, decision-making processes and stakeholders, and the engagement plans articulate clear objectives for the Campaign and a systematic approach for achieving them.

3.5.5 The findings of a follow-on study on Optimizing WHO's Model of Resource Mobilization, completed in February 2017, have been fed into an overall process of resource mobilization reform at the three levels of the Organization as part of the Organization-wide transformation process.

3.5.6 In addition, an investment case in support of GPW13 has been prepared as the cornerstone of the Financing Campaign, thus addressing the recommendation to strengthen communication on results and WHO's value proposition.

3.5.7 Finally, bilateral meetings for most contributors are now on an annual cycle with rotating locations where practical and in accordance with the contributor's wishes.

Management Response

Evaluation Title	**Review of bilateral consultations between WHO and contributors as part of the Financing Dialogue 2015**
Commissioning Unit	**WHO/CRM**
Link to the evaluation	**http://www.who.int/about/evaluation/who-bilat-cons-review-seek.pdf?ua**
Evaluation Plan	
Unit Responsible for providing the management response	**WHO/CRM**
Overall Management Response:	
Management Response Status	In progress
Date	8 March 2018

Recommendations and Action Plan

Horizon 1				
Optimise execution of existing financing dialogue bilateral consultation format.				
Management response	Accepted The recommendations within Horizon 1 all focus on becoming more rigorous about all aspects of bilateral consultation "hygiene" – internal preparation, coordination and communication, meeting management, scheduling and documentation, agendas and discussion formats, and to strengthen regional meeting participation.			
Status	Implemented			
Recommendations	**Responsible**	**Timeline**	**Status**	**Comments**
Ensure more rigorous internal preparation, coordination and meeting documentation	CRM	End 2016	Implemented	A set of SOPs for bilateral meetings was developed by the end of 2016, implemented in the 10 bilateral meetings held in the latter part of that year and all bilateral meetings since then.
Hone meeting agenda, format and chairing	CRM	End 2016	Implemented	As above, and has since been further refined in recent bilateral meetings following advice from new management
Ensure all major contributors have bilateral consultations and make timing more strategic	CRM		Implemented	Strategic timing and sequencing has been incorporated into the thinking behind the Financing Campaign which has now replaced the Financing Dialogue as the primary vehicle for corporate resource mobilization in WHO as of 2018.
Strengthen WHO's regional voice	CRM		Implemented	Regions are now more engaged in the process, to the point of taking lead responsibility for a number of donors with strong regional interest such as the EU (EURO) and Australia and China (WPRO).

Horizon 2				
Make financial dialogue bilateral consultations a “catalyst” within a focused engagement strategy for each contributor.				
Management response	Accepted			
Status	In progress			
Recommendations	**Responsible**	**Timeline**	**Status**	**Comments**
Go beyond the bilateral consultation! Integrate it into a focused engagement strategy for each contributor	CRM		In progress	Engagement strategies for each of the top 15 contributors are under advanced development at time of writing in the context of the Financing Campaign. They cover assessment of strategic priorities, funding patterns, decision-making processes and stakeholders. Based on this, the engagement plans articulate clear objectives for the contributor, and articulate a systematic approach for achieving them.
Ensure distinct bilateral consultation “identity” and evolution into a strategic, yet specific dialogue on financing for results	CRM		In progress	While a certain variation of meeting agendas is normal and desirable, all bilateral consultations should be much more focused on financing for results (rather than just a regular meeting with a financing “add-on”). It will be essential to make the meetings more specific than just a general discussion of the financing dialogue but to also avoid the other extreme of diving too deeply into technical details.
Consider institution annual rhythm of financing dialogue bilateral consultations with alternating focus/locations	CRM		In progress	Bilateral meetings for most contributors are now on an annual cycle and locations are rotating in a number of cases where this is practical to do so and in accordance with contributors’ wishes
Leverage the opportunity of the bilateral consultation for meetings with other critical decision-makers and influencers	CRM		In progress	When bilateral consultations are held in contributor capitals WHO should leverage the presence of senior WHO leadership for meetings with key decision makers and influencers. This should include briefings for key parliamentarians/parliamentary committees, discussions with local civil society organizations (as potentially powerful advocates for WHO), media representatives, and an event for the interested public (e.g. a panel discussion hosted by a local think tank, NGOs or a parliamentary group).
Explore a broadening of bilateral consultations, with an adapted format, to key emerging donors	CRM		In progress	To meaningfully reduce WHO’s financial vulnerability, it will be important for WHO to continue working towards broadening the contributor base, as existing contributors have made clear. Taking a long-term view of reducing funding vulnerability, WHO should begin to establish and cultivate with prospective contributors the kind of trust and mutual understanding that the Organization has developed over time with current key contributors. An adapted version of the bilateral consultation format could be a powerful tool in this regard, and should be integrated into a consistent strategic approach for emerging donors.

Horizon 3				
Take WHO's overall approach to resource mobilization to the next level				
Management response	Accepted This horizon represents a yet more ambitious vision. While strengthening bilateral consultation execution and integration into a tailored engagement approach for each key contributor is necessary, it is clear from the research conducted for this review that these will be insufficient to sustainably shift contributors' financing behaviours and to take WHO's internal capacity to the next level.			
Status	In progress			
Recommendations	**Responsible**	**Timeline**	**Status**	**Comments**
Develop a more explicit, organization-wide resource mobilization strategy and strengthened operating mode (structures, systems, skills, behaviors)	CRM		In progress	A follow-on study on Optimizing WHO's Model of Resource Mobilization was completed in February 2017. Its findings have now been fed into an overall process of resource mobilization reform at the three levels of the Organization as part of the Organization-wide transformation process. The work is being led by ADG External Relations
Strengthen communication on results and WHO's value proposition	CRM		In progress	An investment case in support of GPW13 has been prepared as the cornerstone of the Financing Campaign, directly addressing this recommendation
Continue to tackle underlying organizational issues, especially the results agenda, relevant for successful resource mobilization	CRM		In progress	As above