

Selected Corporate and Decentralized Evaluations

Management Responses, 2019 – April 2021
Recommendations, actions and learning

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1. Introduction

1.1 This document provides details of actions taken by the Secretariat in response to recommendations from selected evaluations conducted during the period January 2019 to April 2021. The Evaluation Office has specific responsibilities with regard to tracking the management response to 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 implementation of recommendations from completed evaluations. This template includes the recommendations copied verbatim from each evaluation report along with details of the management response (actions, timelines and responsible units) and the status of implementation as at April 2021. Given the continuing impact of the Covid-19 pandemic, some management responses for recent evaluations have been delayed. The template draws on best practice from across UN agencies' evaluation tracking mechanisms. It was sent to the responsible managers and senior staff involved in respective evaluations; their responses are included in this document. Where necessary, the Evaluation Office gave guidance to the responsible unit on how to complete the template.

1.3 Management responses to each evaluation's specific recommendations include:

- acceptance of the recommendation categorized as: (i) accepted; (ii) partially accepted; (iii) not accepted; or (iv) other; and the
- status of management actions categorized as either: (i) not initiated; (ii) in progress; or (iii) implemented.

1.4 As per previous years' practice, this document contains progress updates for management responses for evaluations completed in 2019-2020. Changes/updates are shaded in grey on the respective response.

1.5 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. In this regard, management responses are a key pillar of organizational learning.

2. Detailed information on the status of recently completed evaluations

Corporate evaluations

2.1 Evaluation of WHO's work with collaborating centres

2.1.1 The objective of the current evaluation was to examine the relevance, effectiveness, and efficiency of the programmatic contribution of Collaborating Centres (CCs) to the achievement of WHO objectives and expected results, and also reviewing the findings from the last evaluation of WHO's work with CCs in 2007. The current evaluation documented successes, challenges and best practices, and provided lessons learned and recommendations for future use by management to inform policy and decision-making. It covered CCs that were active during the biennium 2018-2019.

2.1.2 The evaluation concluded that the majority of the work of the over-800 WHO CCs is relevant to the priorities expressed in WHO's GPW and Programme Budgets, and significantly contribute to WHO's results. They effectively support the delivery of WHO's mandate by increasing WHO's access to high-quality technical and scientific expertise; strengthening research capabilities; delivering capacity strengthening; and policy development. The importance of CC's contribution to WHO's priorities are well recognized. Key factors for success include: engaging all key stakeholders from the beginning of the approval process to align with WHO's priorities, timely approval as well as effective implementation, monitoring and evaluation of the work with CCs. The efficiency of WHO's work with CCs is, however, mixed. Whereas WHO CCs bring important financial, technical and scientific resources to WHO, how efficiently these resources are used is often contingent upon the presence of strategic planning processes that ensure the nonduplication of work. Areas for improvement include: redressing lack of awareness among WHO staff of the type of work delivered by CCs across the Organization; more efficient and robust administrative and management systems currently in place to support CCs and WHO staff in the designation/re-designation process, and in the planning and delivery of CC activities; discontinuing the designation of ineffective or inactive CCs is essential to reduce the potential reputational risks for WHO; timely and transparent communication between WHO and CCs is essential to ensure trust in the relationship and to maximize the impact of the work of CCs; using an enhanced web-based platform such as eCC to improve transparency in planning and increase efficiency in decision-making. It can also facilitate alignment of CCs' work with WHO's priorities; further enabling CC's to find resources especially in lower-income countries; and building networks of CCs working in the same or similar areas

2.1.3 In its management response, WHO welcomed and accepted the recommendations. As of April 2021, the Department of Quality Assurance, Norms and Standards (QNS) supported the Chief Scientist and the Deputy Director-General to carry out a series of consultations with Regional Directors and Assistant Directors-General during 2020, convening the first global virtual meeting of CCs in December 2020, and a broader discussion chaired by the Director-General involving all Directors. Particular attention in the MR is given to Departments in Headquarters and Regional Offices to enable them to more strategically manage and promote the collaborative use of CCs, including key actions as better communication with the centres and more coordination within WHO. New approaches for showcasing the contributions of CCs, expanding their engagement in WHO's work and in broader dialogues, as well as opportunities within WHO for peer to peer learning and training will be offered. The electronic system to manage CCs (eCC) will be upgraded. Many of these key actions will require appropriate funding, human resources, and leadership commitment.

Management Response

Evaluation Title	Evaluation of the WHO's work with Collaborating Centres
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/evaluation-of-who-s-work-with-collaborating-centres-volume-1-report
Evaluation Plan	
Unit Responsible for providing the management response	HQ/SCI/QNS
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation.</p> <p>It has been 12 years since the last evaluation of WHO's work with Collaborating Centres (CCs) was carried out in 2007. With over 800 current CCs in WHO and the implementation of GPW13 and the SDGs, a new evaluation of WHO's work with its CCs was very timely to assess the implementation of the 2007 evaluation's recommendations as well as to identify new areas in need of improvement. Over the past 12 years, WHO has undertaken a range of actions in response to the 2007 recommendations, leading to improvements in managing its relationship with CCs and to closer alignment of the work of CCs with WHO's priorities.</p> <p>Despite this progress, enabling actions highlighted by the evaluation are critical to ensure full utilization of the CC mechanism and partnership, along with the optimization of benefits for WHO's programmes and priorities. To note that several recommendations and sub-recommendations are directly linked to one another: 1b and 2 b; recommendation 2 and 3 (communication).</p> <p>To facilitate implementation of the recommendations, the Department of Quality Assurance, Norms and Standards (QNS) have supported the Chief Scientist and the Deputy Director-General carrying out a series of consultations with Regional Directors and Assistant Directors-General during 2020, convening the first global virtual meeting of CCs in December 2020, and a broader discussion chaired by the Director-General involving all Directors. This has been followed by a series of more in-depth consultations with selected individual Directors.</p> <p>Particular attention is given to Departments in Headquarters and Regional Offices to enable them to more strategically manage and promote the collaborative use of CCs, including key actions as better communication with the centres and more coordination within WHO. New approaches for showcasing the contributions of CCs, expanding their engagement in WHO's work and in broader dialogues, as well as opportunities within WHO for peer to peer learning and training will be offered. The electronic system to manage CCs (eCC) will be upgraded. Many of these key actions will require appropriate funding, human resources, and leadership commitment.</p> <p>Terminology: "directors" refers to any director of a technical department in headquarters and/or regional offices with at least a CC. "Responsible officer" refers to any WHO professional staff in a technical department in headquarters and/or regional offices who is the main focal point for at least a CC. "Departments" refers to any technical departments in headquarters and/or regional offices that is responsible for at least a CC.</p>	
Management Response Status	<i>In progress</i>
Date	15 April 2021

Recommendations and Action Plan

Recommendation 1: Develop, implement and disseminate a strategic framework for working with Collaborating Centres (CCs) at global, regional and departmental level based on the policies and procedures detailed in the WHO Manual XV.5. This framework should include, as appropriate, measures to: <ol style="list-style-type: none"> conduct a strategic review of current CCs by a panel of WHO senior managers to identify those that are inactive or ineffective and establish a process that will lead to the discontinuation of CC designations based on strategic alignment and risk considerations consistently across the Organization; develop a robust monitoring and evaluation process to assess the work of CCs so as to maximize their relevance, effectiveness and efficiency, and ensure consistency of implementation across the Organization; ensure more regular and systematic engagement of directors, Assistant Directors-General, and technical counterparts in designation/redesignation and planning processes; review the designation of CCs or develop new categories of CCs to take into account the different needs of CC institutions in low- and middle-income countries, and WHO regional or country requirements; and establish a mechanism for anticipating emerging health issues and forecasting needs, and for establishing pipelines for the development of new CCs to address these. 				
Management response	Accepted. The review and identification of inactive and ineffective CCs to be discontinued will be carried out by individual departments in consultation with their ADG or RD. This is due to the very large number of CCs to consider as well as the specificities of each case, which are best known by the managing department. A monitoring and evaluation mechanism already exists, however it is underused. The key actions below aim at enhancing respective Divisions/Departments/Regional Offices' use of available data to enhance their monitoring and evaluation of the CCs they manage.			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Update and disseminate WHO's strategic framework for working with CCs	SCI and QNS	Q3 2021	<i>In progress</i>	High-level review by DDG and Chief Scientist of existing strategic framework, with changes as needed to further promote use of CCs. Incorporates sub-recommendation 1a.
Develop a corporate management charter for enhancing collaboration with CCs	DDG and SCI	Q2 2021	<i>In progress</i>	Will identify key responsibilities for all WHO management
Develop Division, Department and Region-specific plans and implementation for managing CCs under their areas of work	ADGs DPMs Directors	End of 2021	<i>Not initiated</i>	Operating under rules and policies provided by WHO Manual XV.5 and the general global strategy towards CCs contained in paragraphs XV.5.1.70-120, each regional office, division and department will develop a plan for how best to use CCs to support their output and outcome delivery under GPW13 and the current PB.
Establish mechanisms to improve collaboration and communication between the three levels of the organization	DDGO DPMs Departments	End of 2021	<i>In progress</i>	Regularly include CCs in the discussions between technical departments at headquarters and regional offices to ensure collaboration and communication among these levels. When appropriate, also include such discussions/updates in the DPMs meetings.

Regular review of existing Centres [including assessment of their performance and continued need for the future.]	Directors Responsible officers	2021	<i>In progress</i>	At Divisional/Departmental and Regional Office level, on a regular basis, Directors and Responsible Officers to undertake an analysis of CCs under their management to determine: a. performance (can be informed by reviewing annual reports), b. continued alignment with WHO GPW, c. implementation challenges, and d. anticipated future need/contribution of a particular CC. The objective of this exercise is to identify (including early warning) those CCs that are inactive or ineffective, and establish a process that will lead to the discontinuation.
Tailored plans for HQ Divisions and Regional Offices to increase collaborations with institutions in developing countries	ADGs DPMs Directors Regional Offices Country Offices	2022	<i>Not initiated</i>	Each HQ Division and Regional Office to develop a plan for expanding collaborations with a range of institutions in developing countries. These new collaborations may, if the conditions for designation are fully met, lead to future designations of CCs in developing countries.
Mechanism for anticipating emerging health issues and forecasting needs, and linking to future planning for CCs	RFH ADGs/DPM/Directors	2021	<i>In progress</i>	Technical departments to benefit from the recently established forecasting function to be provided by RFH that will help them anticipating trends in public health as well with their planning of required resources including, inter alia, CCs.

Recommendation 2: Promote awareness of Collaborating Centres (CCs) and their contribution, both within WHO and with external audiences as appropriate. Toward this end, it is recommended that:				
<ul style="list-style-type: none"> a. a systematic mapping be undertaken of CCs' locations and areas of work (or specialization) and disseminated internally to various technical units and departments to improve awareness of CCs and the efficiency with which these are used across WHO; b. high-level internal reporting systems be established to evaluate and report on CCs' contributions across WHO by ensuring that existing data are systematically analysed and made available to senior management periodically; c. formal systems be put in place to showcase the work of CCs within WHO and externally; and d. the contributions of CCs be included in high-level strategy documents and reported in an annual summary report. 				
Management response	Accepted.			
Status	<i>in progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Systematic mapping of CCs' locations and areas of work (or specialization)	QNS	2022	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, regular analytics of the distribution, areas of work, and networks of CCs will be produced and distributed. Best practice syntheses shared across WHO.
Convene Global Seminar of WHO Heads of Collaborating Centres with DG and WHO staff (virtual)	QNS	December 2020	<i>Implemented</i>	Can be viewed here with access code fmJLs8S& Similar seminars to be organised in the future.

Enhanced use of the internal reporting systems for all phases of CCs designation and performance, including dashboard for senior management	QNS (training) Directors Responsible Officers Regional Offices	2021	<i>Not initiated</i>	Recommendations 1b, 2b and 3 are directly linked. eCC has a solid reporting system that ensures at least an annual report from each CC. This is complemented by information on performance and degree of implementation of the collaborative activities that the WHO responsible officer gathers through their regular interactions with the CCs they manage. Responsible Officers and management to ensure existing data are systematically analysed and used for decision making towards CCs. QNS to provide training on best use of the reporting system
Communication strategy and material development tailored to audience and targeting to showcasing the work of CCs within WHO and externally, including updated website.	QNS DCO Responsible Officers Regional Offices	2022	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, an interactive website linking contributions of CCs with WHO objectives will be developed and regularly updated. The work of CCs will be regularly mentioned in WHO formal media and communication channels, as well as in dedicated publications/reports.

Recommendation 3: Develop a communication plan for the Organization's relations with Collaborating Centres (CCs) that, *inter alia*:

- ensures more regular and formalised communication throughout the CC designation/redesignation process;
- establishes regular contact during the designation period and a systematic communication structure for ongoing monitoring of CCs' work;
- engages CCs more systematically in wider WHO dialogues on strategic priorities and directions; and
- allows more face-to-face engagement between WHO staff and CCs.

Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Regular review/discussions in Division/Department/Regional Office meetings (e.g. once/month)_ progress made by CCs and related challenges	ADGs/DPM/Directors Country Offices (as relevant)	2021	<i>Not initiated</i>	At the Divisional/Departmental level, CCs will become part of regular management discussions
Departments develop and implement a communication plan for CCs which informs them regularly of the work of the Organization, guides them to relevant links and ensures their presence in relevant technical meetings of the Organization (based on DCO communication guidance)	DCO (guidance) Directors Responsible officers	2021	<i>In progress</i>	Action related to Recommendation 1 above Divisions/Departments/Regional Offices to tailor specific communication and outreach reflecting the number and nature of CCs they manage, including: a. regular communications related to the management of ongoing collaborative activities b. involvement of CCs managed by the departments in higher level strategic and technical discussions c. acknowledgment of specific contributions made by these CCs managed by the department.

Enhanced country, regional and global networks of CCs	QNS HQ and Regional Office Responsible Officers	Q4 2021	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, guidance for Responsible Officers across WHO on facilitating, managing and maximizing use of CC networks will be developed, building off of best practice from existing country and thematic CC networks.
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Recommendation 4: Use the forthcoming re-development of the Electronic Collaborating Centres (eCC) as an opportunity to improve the effectiveness and efficiency of the online system, namely through measures to:

- re-assess the ordering and requirements of each approval step to streamline the process and re-design the system to remove the need for resubmission and approval after each edit;
- allow for more flexibility in the formats used for proposal submission in eCC;
- improve the user interface and guidance notes of the eCC to make it more user-friendly; and
- provide more guidance for users on the timeframe required for each step and how to avoid delays.

Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Update design and functionality of the electronic system to manage designations/ redesignations of CCs.	QNS IMT with Responsible Officers (testing)	2021	<i>In progress</i>	A detailed plan for the re-development of eCC using newer technology platforms is ready. Further testing and implementation, however, has not yet begun and will require dedicated resources.

Recommendation 5: Undertake a review of current staff support and management systems to identify areas for improvement, with a view to:

- increasing capacity in the functions of Regional Focal Points and the Global Focal Point team to include a networking, training and communication role;
- establishing a training programme for staff on planning and management processes for working with CCs and on the Framework of Engagement with Non-State Actors (FENSA) due diligence process and requirements;
- providing opportunities for peer learning for Responsible Officers and Regional Focal Points; and including CC-related roles (i.e., Responsible Officers, Technical Counterparts) in WHO staff Performance Management and Development System (PMDS) processes.

Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
New staff to be added to QNS/GOR to work on networking, training and communications	DGO SCI	Q4,2021	<i>In progress</i>	This new role will enable several of the actions included in this response to be implemented.
Develop a peer learning exchange and capacity strengthening approach to document best practices, monitor and	QNS Responsible Officers CRE/DAN	Q4 2021	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, regular training opportunities to be offered to WHO staff on CCs rules (including FENSA in relation to CCs), and opportunities for peer learning for responsible officers to be organized.

synthesize lessons and learning for CCs, and develop training for WHO staff on CCs rules, across the three levels of the Organization				Includes a framework for CCs working with the WHO academy to build a global community around WHO to improve knowledge sharing and transfer. This will support a community of practice to capture collective experience from various Divisions, Departments and Regional Offices that have extensive experience managing CCs and, for some, CC networks. Well-defined learning and training plans based on needs analysis training materials will be developed.
Management of CCs to be included as part of the PMDS of Directors and Responsible Officers.	ADGs DPMs Directors Responsible officers	2021	<i>Not initiated</i>	Directors and Responsible Officers for CCs should discuss CCs with their supervisors in the occasion of their PMDS, including an overall summary of the work of that staff with the CC that she/he manages, challenges, best practices, etc. In cases where a Responsible Officer manages more than five CCs, this should become a separate objective in the PMDS.

2.2 Evaluation of the Global strategy and action plan on ageing and health (2016-2020)

2.2.1 The Global strategy and action plan on ageing and health (GSPoA)(2016-2020) were adopted by the 69th World Health Assembly in May 2016 (resolution WHA69.3). The purpose of the evaluation was to draw lessons learned from the implementation of the GSPoA, with a view to informing the efforts of the WHO Secretariat on the development of the Decade of Healthy Ageing 2020-2030. It considered the relevance, effectiveness and efficiency of the WHO Secretariat's contribution at the three levels of the Organization to the implementation of the GSPoA, as well as the effectiveness of its engagement strategy and partnerships to deliver the action plan. Since the evaluation, the United Nations General Assembly declared 2021-2030 the Decade of Healthy Ageing after the WHA had endorsed the proposal in 2020. The evaluation leveraged the experience and lessons learnt from the GSPoA to identify key activities that can be undertaken to enhance advocacy, collaboration and coordination, and accelerate analysis, reach and impact during the Decade of Healthy Ageing. This is important given that the WHO Decade of Healthy Ageing: Baseline Report indicates the need to accelerate progress and completeness of reporting.

2.2.2 The evaluation concluded that the GSPoA were highly relevant instruments to shift the paradigm and to grow momentum for addressing the health needs of older persons, adopting broad cross-sectoral and multidisciplinary approach (beyond WHO's traditional mandate) and were in alignment with GPW13 2019-2023, the goal of achieving universal health coverage through integrated people-centred health services, and the 2030 Agenda and the Sustainable Development Goals. WHO demonstrated significant achievements within each of the five Strategic Objectives (SOs) of the Global strategy and across its various functional roles. It was also very successful fostering extensive collaboration with external partners. However, these achievements have been uneven across SOs, owing to a range of structural and resource-related factors highlighted in the evaluation report. However, there was no uniform recognition of the precise role and capacities of WHO as these relate to the effective implementation of the Global strategy. The plan of action was generally considered to be comprehensive and forward-looking that was well received by key external stakeholders at global, regional and country levels. However, it advocates for a highly ambitious goal – systemic transformation – but within an equally ambitious (i.e. short) time frame. Furthermore, while it is considered highly relevant for guiding regional and national strategies on ageing and health, particularly in lower- and middle-income countries, its broad scope and global focus weakened its relevance, particularly in local contexts. A lack of a theory of change depicting the results chain, unclear sense of prioritization, coupled with low levels of human and financial resources at all organizational levels reduced the Ageing and Health programme's ability to implement a vast plan of action of high complexity. Despite its considerable success in fostering partnerships outside the Organization, collaboration within WHO has been comparatively weak.

2.2.3 Four recommendations were identified for WHO to: a) undertake necessary organizational changes, external and internal advocacy, and coordination measures to ensure the Decade of Healthy Ageing will be achieved on time and on target; b) develop an inclusive engagement strategy to deliver the Decade of Healthy Ageing, incorporating cross-sectorality and multidisciplinary; c) ensure the Decade of Healthy Ageing adopts a clear country focus, and for WHO's contribution to the Decade be designed accordingly and based on a robust accountability framework; and d) ensure adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place in alignment with the Decade of Healthy Ageing and its theory of change. The management response identifies actions to harness the opportunity of a "UN" decade, facilitate whole-of-government approaches, ensure impact in countries, support Regional and Country Offices, enhance WHO's leadership role and fulfil required financial and human resources across the Organization, and to strategically align with UN country level planning and capacity strengthening, with the aim to forge stronger links to UN country teams and enable joint assessment, planning, implementation and monitoring.

Management Response

Evaluation Title	Evaluation of the Global strategy and action plan on ageing and health (2016-2020)
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/evaluation-of-the-global-strategy-and-action-plan-on-ageing-and-health-(2016-2020)-volume-1-evaluation-report
Evaluation Plan	WHO Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	DDGO with UHL/MCA and HEP/SDH
<p>Overall Management Response: Accepted.</p> <p>WHO welcomes and accepts the recommendations of the evaluation within the context of WHO's transformation.</p> <p>Since the evaluation, the United Nations General Assembly declared 2021-2030 the Decade of Healthy Ageing after the WHA had endorsed the proposal in 2020. WHO is the lead implementing agency, in collaboration with a wide range of UN agencies, and using existing platforms.</p> <p>The evaluation identifies actions that can harness the opportunity of a "UN" decade, facilitate whole-of-government approaches, and ensure impact in countries. Particular attention to take forward the Decade of Healthy Ageing needs to support Regional and Country Offices to enhance understanding and implementation in each of the four priority action areas. For WHO to deliver on its leadership role, this will need Organization-wide planning to meet required financial and human resources across the Organization. It will also require strategic alignment and sustained support for UN country level planning and capacity strengthening, with the aim to forge stronger links to UN country teams and enable joint assessment, planning, implementation and monitoring.</p> <p>The evaluation leverages the experience and lessons learnt from the first action plan 2016-2020 and helps to identify key activities that can be undertaken to enhance advocacy, collaboration and coordination, and accelerate analysis, reach and impact during the Decade of Healthy Ageing. This is important given that the <i>WHO Decade of Healthy Ageing: Baseline Report</i> indicates the need to accelerate progress and completeness of reporting.</p>	
Management Response Status	<i>In progress</i>
Date	April 2021

Recommendations and Action Plan

<p>Recommendation 1: To take forward the Decade of Healthy Ageing within the context of the 13th General Programme of Work and the 2030 Agenda, the WHO Secretariat should undertake necessary organizational changes; external and internal advocacy; and coordination measures to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target. Toward this end, it is recommended that WHO Senior Management:</p> <ul style="list-style-type: none"> • integrate the Decade of Healthy Ageing as a high-level goal of its internal and external advocacy efforts and embed it in its strategic processes (e.g. the SDG3 GAP); • assign dedicated leadership and responsibility for this area to a senior-level expert on Ageing; <i>and</i> • ensure the Organization's visibility and technical credibility, as well as the clarity of its position and role in designing and implementing the Decade of Healthy Ageing – and in building and steering the necessary coalitions (including high-level relationships with Member States, UN agencies, donors and other stakeholders) in pursuit of the effective roll-out of the Decade of Healthy Ageing. 				
Management response	Accepted. The organization has: stewarded the Decade proposal and plan through the WHO and UN governing bodies; generated strong political support by engaging diverse leaders in advocacy; and provided a status report on healthy ageing as a baseline for the Decade. Collaboration is being built between the two departments that have a specific focus on ageing reflecting WHO's transformation.			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
The Decade of Healthy Ageing has been endorsed by the World Health Assembly and the United Nations General Assembly declared 2021 - 2030 the Decade of Healthy Ageing.	HEP/SDH/DHA (GVA) and WUN (NYC) with support from UHL/MCA/AAH	2020	<i>Implemented</i>	Member States endorsed the proposal at the 73 rd World Health Assembly and the WHO DG's communicated the Decision to the Secretary General. On 14 December 2020 the UNGA proclaimed 2021-2030 UN Decade of Healthy Ageing . WHO was asked to lead the Decade of healthy ageing in collaboration with other UN agencies and leveraging existing co-ordination mechanisms. The Decade committee and Decade secretariat are under development. A mapping has been completed on SDGs 3 GAP and the Decade action areas to identify opportunities for collaboration including joint priority countries.
Develop and disseminate a Baseline report for the Decade of Healthy Ageing	UCL/MCA/AAH	2020 - 2021	<i>Implemented</i>	Requested in resolution WHA 69.3 the WHO Decade of Healthy Ageing: baseline report was launched on 17 December by video from the Director General) Regional events to share the findings of the Report and summary Report are underway to promote the implementation of its recommendations.
A range of external and internal advocacy efforts have been carried out to increase visibility and technical credibility on the Decade of healthy	UCL/MCA/AAH (for 1, 2, 6 and 7)	2020 – ongoing	<i>In progress</i>	Examples of high-level advocacy on WHO Decade already carried out 1. High level event on COVID with UNFPA, DESA and HelpAge (28 July 2020)

ageing and will continue over the course of the Decade.	HEP/SDH/DHA (for 2-5)			<ol style="list-style-type: none"> 2. High Level Event hosted by WHO, UNFPA, OHCHR, NGO committee on Ageing and engaging Member States, Private Sector and Independent expert on Human rights on the Decade of Healthy Ageing (October 1, 2020) 3. Q and A between Dr Tedros and Captain Tom (October 1, 2020) 4. Short video developed with leaders Statement on the Decade 5. The first Advocacy brief in the Decade Connection series was developed on COVID-19. Other briefs will be developed on SDG, Climate change and other issues that raise over the next 10 years. 6. Short video is available on the Decade of Healthy Ageing Baseline Report (17 December, 2020) 7. Technical documents and webinars on Covid-19 and older people, March-October 2020, such as 'Learning from COVID-19 to strengthen care for older people.'
Set- up a Multi-donor trust fund on the Decade of Healthy Ageing	WHO Secretariat	2023	<i>Not initiated</i>	CSO organizations also requested WHO to explore setting up this MTDT that would support country led activities i.e. Government and CSO.
Assign dedicated leadership and responsibility for Ageing	In view of the transformation this will be co-led by the both unit heads	2021	<i>In progress</i>	Decade Action plan includes 4 priority areas, each in two separate departments, in two divisions, reflecting WHO transformation and ways of working. Unit heads of HEP/SDH/DHA and UCL/MCA/AAH are each responsible for two action areas.

<p>Recommendation 2: The WHO Secretariat should develop an inclusive engagement strategy to deliver the Decade of Healthy Ageing, incorporating the required cross-sectorality and multidisciplinary. It is recommended that such a strategy:</p> <ul style="list-style-type: none"> • identify and embrace the multidimensional and multisectoral aspects necessary to effectively advance the Decade of Healthy Ageing at a strategic level, with the necessary mechanisms in place to harness and capitalize on these linkages; • focus on strengthening broader relationships with governmental bodies, including and beyond ministries of health – such as, but not limited to, ministries of social welfare, development, finance, environment and others – as well as UN agencies, and non-traditional donors with which WHO has less experience in collaboration (in adherence to the principles established under the Framework on engagement with non-State actors [FENSA]); • expand and support multi-stakeholder partnerships with non-State actors within and beyond the health sector, and systematically integrate the work of clinical associations, health system specialists, long-term care systems, economic institutions and associations of older persons; <i>and</i> • provide guidance at the regional and local levels to facilitate multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing. 	
Management response	Accepted. The UN Decade is intended as a global collaboration and to that end we have started to bring together diverse sectors and stakeholders including governments, civil society, international organizations, professionals, academic or research institutions, the media and the private sector.

	Further efforts will be taken to strengthen broad multisectoral and multi-stakeholder collaborations by developing plans with specific stakeholder groups and expanding and linking existing partnerships working on Decade action areas or enablers.			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Set up a Secretariat to manage collaborations, advocacy, communication and support accountability.	Roles and responsibilities under discussion	2021	<i>In progress</i>	Terms of reference for the WHO Secretariat under development. Accountability and monitoring team would engage: MCA (EME and AAH), DDI and DHA, RO, CO, UN agencies.
A range of meetings have been held to raise awareness and strengthen multisectoral stakeholder coalitions (including high-level relationships with UN agencies, civil society and other stakeholders) to support the effective roll-out of the Decade of Healthy Ageing.	HEP/SDH/DHA UCL/MCA/AAH	2021 -2030	<i>Ongoing</i>	Meetings have been held with UN agencies (Directors and technical leads) to develop a joint plan that can support action in countries through UN country teams. Key products, processes and timelines have been identified. Roles and responsibilities within UN agencies are being defined. A report to the EC-DC is planned in the first half of 2021. The Director General met with civil society organizations on healthy ageing and called for a plan of action. The plan has been developed by CSO and 9 WHO departments and quarterly meetings are held to discuss and track progress. The World Economic Forum has established a Global Futures Council on Healthy Ageing and longevity to support private sector engagement in the Decade. Titchfield City Group on Age and Age Disaggregated Data (TCGA) under auspices of the UN Statistical Commission, engages national statistical offices that collate and report on data from all sectors and are responsible for reporting on SDG indicators for each country; UN Agencies and Civil Society Organizations.
The secretariat has expanded existing multi-stakeholder partnerships with non-State actors within and beyond the health sector including the following: 1. Clinical consortium on Healthy Ageing (CCHA) 2. Global network on Long-term Care (GNLTC) 3. Consortium on Metrics and Evidence on Healthy Ageing (CMEHA) 4. WHO Collaborating Center Network on Healthy Ageing Plus 5. Global Network for Age-friendly Cities and Communities (GNAFCC)	UCL/MCA/AAH: <i>for 1 -4</i> HEP/SDH/DHA: <i>for 5</i>	2021 -2030	<i>Ongoing</i>	Existing consortiums/ networks have continued to meet and develop, exchange information and collaborate on technical products and support their implementation. A mapping on available consortia and gaps is underway to identify additional mechanisms that may be needed.

Guidance on developing national and sub national multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing is under development.	HEP/SDH/DHA UCL/MCA/AAH	2022	<i>In progress</i>	Approved global goods: Guidance on development national age -friendly programmes is under development and being coordinated by HEP/SDH/DHA. SDG indicator report being coordinated by UCL/MCA/AAH with UNDESA, UNFPA, and Titchfield city group on age and age disaggregated data.
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Recommendation 3: In alignment with the 13th General Programme of Work and the 2030 Agenda, the Decade of Healthy Ageing should adopt a clear country focus . WHO Secretariat's contribution to the Decade of Healthy Ageing should be designed accordingly and based on a robust accountability framework. It is recommended that such an instrument: <ul style="list-style-type: none"> • devise and incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process for both the expected outcome and output levels, and clarify the expected contributions from all levels of the Organization so that tangible change can be measured; • be flexible and open for adaptation as the Decade of Healthy Ageing is rolled out; • in coherence with Delivering as One and the on-going reform of the UN development system, orient WHO's contribution toward facilitating implementation at country level, providing the necessary guidance and tools to facilitate the local translation and adaptation of global norms, standards and guidelines to various contexts and settings. 					
Management response	Accepted. The accountability framework will be developed with other UN agencies. WHO's technical work initiated before the Decade has continued to develop and will be strengthen through collaboration with other UN partners. Future activities will be developed at the outset with other UN agencies to deliver as one and support action in countries.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	
An accountability framework that incorporates a theory of change, priorities and expected contributions will be developed drawing on the Baseline report for the Decade of healthy ageing and other related efforts such as the SDG Indicator Report.	UCL/MCA and HEP/SDH	2021	<i>Not initiated</i>	This will include a review of strategies internal and external to WHO that will be reported on over the next ten years, what is in the Decade action plan and reported on within the Baseline report. A SDG indicator report, being led by AAH with UNDESA, UNFPA, and Titchfield city group on age and age disaggregated data will be ready in fall of 2021.	
WHO developed, with representatives from all key stakeholders, the Decade Platform a centralised repository of existing guidance, tools, reports from the field, and other forms of knowledge relevant to Decade implementation. Ageing data portal (specific to older adults) has been developed and linked to the Platform with	HEP/SDH/DHA UCL/MCA/EME with support	April 2021 October 2020	<i>Implemented (but will continue to evolve.)</i>	The Platform was launched in English in April and will be available in SP and FR in June. IT will evolve based on stakeholders needs and mechanisms have been built in to elicit feedback. Additional mechanisms, such as community fora, have already been identified and are under development. The data portal contains global ageing indicators that can be used to monitor the Decade. It can be used to develop country data profiles that with information on the Platform can be complemented	

country specific information including national progress indicators.	from HEP/SDH/DHA			
Develop and disseminate A global report on ageism and related toolkit. This UN report was developed by WHO in collaboration with OHCHR, UNFPA and UNDESA.	HEP/SDH/DHA	March 2021	<i>Implemented</i>	WHO was requested in resolution WHA 69.3 to lead a Global campaign to combat ageism in collaboration with others. This report was launched by the DG on March 18. It provides the evidence base for the Campaign and for the first action are of the Decade. National and regional events are underway to share the findings and promote the implementation of its recommendations.
<p>WHO has started the development of a range of guidance and other efforts to support country implementation including:</p> <ol style="list-style-type: none"> 1. ICOPE implementation pilot programme (GG) 2. Guidelines on management of chronic primary low back pain in adults (GG) 3. Development of Integrated continuum of long-term care tool: Country readiness framework and UHC service package (GG) 4. National case studies on data, information and decision making for healthy ageing (GG) 5. National tool kit to measure, monitor and report on healthy ageing. (GG) 6. Technical guidance on social isolation and loneliness 7. Technical guidance on elder abuse 8. Guidance on voice and meaningful engagement of older people. 9. Healthy ageing and health equity report/tool kit (GG) <p>A significant amount of WHO and IASC Guidance, case studies and opportunities for awareness and exchange have been developed that address older people in the COVID-19 response.</p>	<p>UCL/MCA/AAH: for 1 -4, 10</p> <p>Joint (5, 9)</p> <p>HEP/SDH/DHA: for 6 -8.</p> <p>MCA/AAH – led on older people and COVID -19 related to clinical care, essential services, long term care, vaccines and data. SDH/DHA – on community response, ageism and elder abuse.</p>	<p>1: Ongoing 2: Ongoing 3: April 2021 4: Sept2021 5: Dec 2021 6: Sept 2021 7: March 2022 8: June 2022 9: Oct 2022</p>	<p>All -- <i>In progress</i></p>	<p>The National tool kit is intended as a living document that is co-produced between national institutes, experts and civil society. Improvements expected over the Decade</p> <p>COVID Guidance: MCA/AAH: Guidance on COVID and older persons is available https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health and data on older persons and COVID -19 : https://app.powerbi.com/view?r=eyJrJoiYWRIZWVkbmM0Ni00MDAwLTljYWMTNjEwNTM3YjQzYmRmlwidCI6ImY2MTBjMGI3LWJkMjQtNGlzM04MTBiLTNkYzI4MGFmYjU5MCI6ImMiOj9</p> <p>SDH/DHA: Guidance on COVID and older persons https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/covid-19 and case studies are available here https://www.who.int/teams/social-determinants-of-health/urban-health/covid-19/cities-responses-through-covid-19-ageing</p>

<p>Recommendation 4: The WHO Secretariat should ensure that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place in alignment with the Decade of Healthy Ageing and its theory of change as recommended earlier. In this respect, it is recommended that the WHO Secretariat:</p> <ul style="list-style-type: none"> • secure adequate human and financial resources at the three levels of the Organization to meet the needs for the delivery of WHO's contribution to the rollout of the Decade of Healthy Ageing at global, regional and national levels; • strengthen synergies across the Secretariat to maximize collaboration, securing internal coherence, effectiveness and efficiency in the delivery of the Ageing and Health programme in WHO, by ensuring an organizational design that facilitates coordination and communication flows, leadership and visibility, aligns across relevant WHO strategies and initiatives, and ensures mutual benefit from the breadth of programme areas that are of relevance to the Decade of Healthy Ageing as a horizontal cross-cutting area, and establish the coordination, management and monitoring mechanisms required to help realize these mutual benefits; • design effective capacity-building mechanisms and share lessons learned across relevant operational units at all levels of the Organization to optimize opportunities for WHO contributions to the agenda of the Decade of Healthy Ageing and in accordance with the needs and priorities of Member States; and • structure its workplans to deliver its contribution to the Decade of Healthy Ageing at all levels of the Organization, based on a logical framework in accordance to the theory of change of the Decade of Healthy Ageing, defining goals and targets with indicators and metrics as needed to manage its support more effectively, with programme monitoring aligned to this logical framework and the 13th General Programme of Work. 				
Management response	Accepted. Activities related to increasing investment and developing an accountability framework and monitoring the Decade are outlined under recommendations 1 and 3.			
Status	<i>In progress</i>			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Coordination meetings between directors, unit heads and DHA and AAH teams	UCL/MCA and HEP/SDH	Ongoing	<i>On-going</i>	-Weekly meetings between directors and unit heads to enable joint strategic and other decision making -Monthly coordination meetings between the 2 teams to facilitate joint planning -Additional thematic meetings between the two teams on specific topics
Co-led by both unit heads (DHA and AAH) as this will strengthen the roll-out of the Decade	UCL/MCA and HEP/SDH	2021	<i>In progress</i>	Clarity on roles and responsibilities across the two teams has been an important precondition to strengthening collaboration. Progress has been made on the breakdown of roles and responsibilities.
Develop a TENS on Healthy ageing	UCL/MCA and HEP/SDH	April 2021	<i>In progress</i>	A joint Technical Expert Network (TENS) on ageing has been agreed and is being established.
Provide capacity building opportunities connected to the Platform. 1. Healthy Ageing Leaders training 2. Training on ageism 3. Training on Age-friendly communities 4. Training on ICOPE	HEP/SDH/DHA: for 1 -3. UCL/MCA/AAH: for 4 -6	2020 – 2023	<i>Implemented: (1)</i> <i>In progress: (2 - 4)</i> <i>Not initiated: (5-6)</i>	Healthy Ageing Leaders training: First cohort January - March, Second cohort September - December 2020 Translation to Spanish (2021)

5. Training on LTC 6. Training on using data and evidence for policy and decisions				
Ageing and Health Forum inclusive of WHO HQ/RO focal points addressing older persons and healthy ageing	UCL/MCA/AAH and HEP/SDH/DHA	2014-present	<i>Ongoing</i>	Forum comprises staff from across WHO, key in development of the GSAP and the Decade of Healthy Ageing Baseline Report. Further formalization expected including recognition of member's contribution in their performance review plans.
Joint planning to ensure all issues are addressed across PB 2022-2023	UCL/MCA and HEP/SDH	As per workplan planning	<i>Ongoing</i>	

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

2.3.1 The evaluation, conducted in 2019, was requested by Member States when adopting the Framework of Engagement with non-State actors (FENSA) in 2016. This Initial evaluation of the implementation of the FENSA covered the period from May 2016 to and May 2019, and across all levels of the Organization. The main objectives of the evaluation were to: (a) assess the status of implementation of the FENSA; (b) assess its impact on the work of the Organization; (c) identify enabling and constraining factors affecting results achieved; and (d) make recommendations, as appropriate, on the way forward to enable the full, coherent and consistent implementation of the Framework.

2.3.2 The evaluation found that WHO has made considerable strides in implementing most key mandated areas. Although the enabling conditions for future impact and sustainability otherwise appear to be in place, action to address key gaps will help maximize the likelihood that implementation will be as successful moving forward. While many ambitious goals have been achieved since its adoption in 2016, enabling actions highlighted by the evaluation are critical to ensure full implementation of FENSA in an aligned, coordinated, and systematic manner to maximize the value added from non-State actor engagement across the Organization.

2.3.3 The evaluation concluded that a comprehensive, actionable strategy and associated implementation plan to achieve the overall aims of the FENSA at all three levels of the Organization is absent leading to ad hoc, fragmented and unsystematic implementation, and insufficient communication and information dissemination. Implementation was not sufficiently resourced. Limited progress has been made in other important areas, such as: full functionality of the Register of non-State actors with the inclusion of all non-State actors; coordinated staff training across all three levels of the Organization; the development of electronic workflows on the now-paused Global Engagement Management system, and the regular and active involvement of the FENSA Proposal Review Committee, which has convened infrequently. A significant majority internal and external stakeholders feels the FENSA has been successful in achieving its immediate objectives to at least some extent, and that FENSA has brought greater coherence and consistency to WHO's engagements. The conditions for future impact and sustainability otherwise appear to be in place.

2.3.4 In its management response (MR), WHO welcomed and accepted the recommendations, with one exception – senior management noted that the function of the recommended FENSA Steering Committee is subsumed under the FENSA Proposal Review Committee. WHO developed four overarching action areas that underpin a more detailed set of actions that respond to the six evaluation recommendations: a) Ensure recommendations are implemented across the Organization in an aligned, integrated, coordinated, and systematic manner; b) Re-establish the FENSA Proposal Review Committee; c) Improve and increase communication; and d) Strengthen capacity and establish better learning mechanisms. WHO is also developing an engagement strategy with non-State actors (re: Recommendation 6). The MR pays particular attention to ensuring communication for and capacity strengthening of Country Offices, Regional Offices and HQ units to enhance understanding and implementation of FENSA. Organization-wide planning will need to assess required financial and human resources across the Organization, as well as means to forge stronger links of FENSA with technical teams to make it an integral part of implementation, delivering and partnering. The MR also identifies actions to strengthen the data environment by establishing a systematic monitoring and tracking mechanism in order to ensure both accountability and ongoing learning and improvement.

Management Response

Evaluation Title	Initial Evaluation of the Framework of Engagement with Non-State Actors (FENSA)
Commissioning Unit	DGO/EVL
Link to the evaluation	https://www.who.int/docs/default-source/documents/about-us/evaluation/fensa-report-final.pdf?sfvrsn=c62a32c5_8
Evaluation Plan	Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	DGO with CRE/DAN as facilitator
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation.</p> <p>As requested by Member States when adopting the Framework of Engagement with non-State actors (FENSA) in 2016, an initial evaluation of its implementation was conducted in 2019, following the two-year timeframe set for full operationalization. The recommendations presented in the initial evaluation were accepted by Member States at PBAC31 (EB146/3) and EB146 (146/38 Add.2).</p> <p>When introducing the report on the evaluation and report on FENSA implementation to Governing Bodies, the Secretariat informed PBAC/EB that a full management response would be made available following consultation across the three levels of the Organization. While many ambitious goals have been achieved since its adoption in 2016, enabling actions highlighted by the evaluation are critical to ensure full implementation of FENSA in an aligned, coordinated, and systematic manner to maximize the value added from non-State actor engagement across the Organization.</p> <p>To facilitate implementation of the recommendations, the Office of Compliance, Risk Management and Ethics, Due Diligence and Non-State Actors Unit (CRE/DAN) developed four overarching action areas that underpin a more detailed set of actions that respond to the six recommendations contained in the evaluation and are contained in this management response: a) Ensure recommendations are implemented across the Organization in an aligned, integrated, coordinated, and systematic manner; b) Re-establish the FENSA Proposal Review Committee; c) Improve and increase communication; and d) Strengthen capacity and establish better learning mechanisms. The External Relations Division is developing an engagement strategy with non-State actors that responds to Recommendation 6.</p> <p>Particular attention is given to ensuring communication for and capacity strengthening of Country Offices, Regional Offices and HQ units to enhance understanding and implementation of FENSA. Organization-wide planning will need to assess required financial and human resources across the Organization, as well as means to forge stronger links of FENSA with technical teams to make it an integral part of implementation, delivering and partnering.</p>	
Management Response Status	In progress
Date	December 2020

Recommendations and Action Plan

<p>Recommendation 1: There is a clear, expressed and urgent need to substantially increase communication both internally and externally. Communication should be coordinated and multi-channel to ensure coverage with consistent messaging in order to demystify the FENSA and reduce or remove persistent “myths”, supported by effective signposting to existing materials and sources of further information. In order to raise awareness of the FENSA and sensitize staff to the practicalities of its implementation, with the aim of improving buy-in and preparing the groundwork for consistent application, WHO should:</p> <ul style="list-style-type: none"> • develop a light-touch plan to enhance communication of the FENSA; • ensure that communication is tailored and adopted to key audiences, for example, technical officers; • conduct a coordinated series of outreach activities, such as roadshows; townhall meetings; brown bag lunches or lunch-and-learn sessions; and familiarization with the FENSA as part of the new-staff induction process. 				
Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Plan for communicating about the Framework of engagement with non-State actors internally in WHO, differentially targeted to key WHO staff audiences	CRE/DAN	October 2020	<i>Implemented</i>	A communication and strategy plan has been developed with the specific objectives to: demystify FENSA and promote it as an enabler for better, transparent and successful engagement between WHO and non-State actors; create awareness on FENSA within audiences internal and external to WHO; familiarize, sensitize and strengthen understanding of WHO staff on FENSA at <u>the three levels of the Organization</u> ; create new practical tools that are user-friendly to drive behavioral change in implementing FENSA; initiate learning exchange, facilitated by the FENSA Focal Points network, by capturing innovative practices and applications of FENSA; and maintain coherent information sharing, harvest feedback and disseminate success stories on FENSA’s implementation.
Communication material development tailored to audience and targeting different aspects of the Framework	CRE/DAN FENSA Focal Points Regional Offices DGO/CSS DCO	December 2021	<i>In progress</i>	With the aim of improving buy-in and preparing the groundwork for consistent application, the communication and strategy plan present audience-tailored messages, tools, and products required to increase uptake and institutionalize FENSA. These would be tailored and adapted to key audiences across the Organization and coordinated through multiple channels.

<p>Recommendation 2: There is a clear, expressed and urgent need to support capacity-building to strengthen the consistent application of the FENSA rules and procedures. Actioning the following points will help further mainstream and “stabilize” the application of the FENSA:</p> <ul style="list-style-type: none"> • A fully-costed training plan and delivery schedule should be developed, with human and financial resources made available to support preparation and delivery. Training should be informed by analysis of training needs and the identification of a hierarchy of priority recipients, in order to ensure that sufficient numbers of staff across the Organization have a shared understanding and common interpretation (critical mass). Training should be coordinated, with effective mechanisms for monitoring quality. In this vein, it will be necessary to ensure that training evolves iteratively, based on feedback and experience from participants. A training-of-trainers approach should also be considered and workshops for heads of WHO country offices and training materials for e-learning should be included. • Updates of guides, guidances and handbooks should be undertaken to ensure that meaningful and up-to-date guidance is provided. Periodic reviews and updates should then be established and undertaken to ensure ongoing relevance and applicability. Guides and handbooks should be available in all the official languages of WHO. Feedback on guides and handbooks should periodically be sought to ensure that assets remain fit-for-purpose and are improved based on user experience (for example, enhancing the clarity of criteria to route engagements through the simplified or standardized procedural track). • Clarity on simplified procedures should be made more widely available to ensure a common understanding of what may be classified as simplified and what may not. • Electronic workflows and the full establishment of the Register of non-State actors, in line with paragraph 38 of the FENSA, should be expedited to allow effective documentation and coordination of engagements with all non-State actors and facilitate knowledge management by supporting the retrieval of reference material for staff. Mechanisms for maintaining the Register of non-State actors need to be established. Electronic workflows are needed to support effective implementation of the FENSA, aligning the FENSA and its systems with the transformation agenda. Data provided by non-State actors on the Register should be routinely reviewed and updated.¹ Procedures for granting accreditation should be universally established. 				
Management response	<p>Accepted</p> <p>In order to proceed promptly with implementing recommendations including the current, CRE/DAN has developed a project plan guided by WHO’s Project Management Centre of Excellence (PMCoE) that includes costing and financial elements required for the implementation of recommendations. The roadmap/implementation plan delineates two major pillars: Improving and increasing communication and strengthening capacity and establishing better learning mechanisms.</p>			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Costed capacity reinforcement and training plan targeted to key WHO staff audiences on FENSA	CRE/DAN	October 2020	<i>Implemented</i>	A costed training plan has been also elaborated and proposes audience-tailored training modules to build capacity on FENSA implementation and its relevant procedures <u>at the three levels of the Organization</u> and recommends concrete actions on how to use FENSA as an enabler policy guiding the Organization’s engagement with non-State actors. The specific objectives of the training plan are to: familiarize, sensitize and strengthen the understanding of WHO staff on FENSA; build capacity and needed technical skills of WHO staff to fully and coherently implement FENSA procedures across the three levels of the Organization; create awareness on FENSA

¹ Ensuring that paragraphs 39–41 of the FENSA are enacted and that self-reported data is monitored.

				workflows, implementation tools and key mechanisms; and establish WHO staff specific and shared roles and responsibilities in placing FENSA as an overarching WHO policy for engagements with non-State actors. The plan incorporates lessons and needs articulation from the three levels of the Organisation.
Development of learning modules, including decision trees, checklists and best practices.	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>In progress</i>	New training modules on different aspects of the Framework and procedures are currently under development, including use of decision-trees and checklists. The modules take into consideration the needs and interest of different technical units across the three levels of the Organization, with the goal of developing a common understanding of the Framework as an enabling policy and sharing best practices and practical information on its use.
Update, translation and wide dissemination of guidance documents, eManual sections, and handbooks	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>In progress</i>	In order to expand access to different guidance documents including but not limited to Guide for Staff, Handbook for non-States actors and eManual Sections, CRE/DAN has initiated the update of the documents and would pursue relevant consultations on this matter , after which translations as appropriate will be pursued and dissemination facilitated through different channels.
Develop electronic workflows using in-house mechanisms, and enhance functionality of the Register of non-State actors	CRE/DAN EXT FENSA Focal Points Regional Offices	December 2022	<i>In progress</i>	Features of WHO Register of non-State actors are regularly assessed and refined including enhancing its usability. This process requires major efforts and sufficient financial resources. An electronic workflow system would facilitate the process and ensure swift communication between non-State actors in official relations and relevant department involved. Alignment with the new system set for resource mobilization has been considered to ensure a sustained and corporate approach at the three levels of the Organization.

Recommendation 3: There are several existing mechanisms that need further strengthening or revitalizing, including:

- Active and routine engagement with FENSA focal points in regions and technical units is needed. The management, coordination and support of this important network and community of practice will ensure that a critical mass of FENSA focal points is maintained, mitigating turnover and rotation challenges. Developing this network will provide enhanced understanding of FENSA's application to be accessed closer to the point of need (region, country or technical unit) and allow the dissemination and sharing of good practices and innovative approaches to FENSA's application across the three levels of the Organization.
- Reactivation is warranted of the FENSA Steering Committee, including overall senior management sponsorship for continued implementation as an oversight body to continue to monitor progress, as well as reactivation of the FENSA Proposal Review Committee. These bodies have been underutilized to date and offer a useful support mechanism to the specialized unit.
- A redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment is needed to protect it from routine due diligence and risk assessment, which lead to systemic overload. The focus should be redirected, inter alia, to:
 - the conduct of in-depth due diligence and risk assessment on high-risk and complicated engagements that may give rise to conflict of interest or acceptance of significant resources from non-State actors;
 - the provision of increasingly specialized knowledge for exceptional cases ("navigating the grey areas"), based on extensive institutional memory;
 - the proactive support and maintenance of guides, handbooks, guidance, training, the FENSA focal point network and the Register of non-State actors.

Management response	Accepted (with exception of the Steering Committee). Senior management sponsorship for continued implementation would be exercised through the FENSA Proposal Review Committee and as per the terms of the Framework the Secretariat will continue to update the Independent Expert Oversight Advisory Committee on the implementation phases of the recommendations.			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Reconfirmation and reactivation of FENSA Focal points network across all levels of the Organization; update ToRs; reconfirm/appoint new Focal Points	CRE/DAN FENSA Focal Points Assistant Director-General (ADG-Head of a Division) Regional Offices	July 2021	<i>In progress</i>	In response to the recommendation and in view of enhancing access to specialized knowledge and apply expert technical advice, the network of FENSA Focal Points has been reconfirmed. The configuration is that each Regional Director and Assistant Director-General (ADG-Head of a Division) reconfirms or appoints two staff members that would coordinate and define the internal approval stages in accordance with the delegation of authority. The Terms of Reference for FENSA Focal Points have been approved and the new provisions align with WHO's transformation agenda and the evaluation recommendations. The FENSA Focal Points' role is, inter alia, to support the management of the region/cluster in the strategic promotion of engagement with non-State actors; support their respective departments and units with the elaboration of clear engagement proposals facilitating an efficient due diligence and risk assessment; to conduct due diligence and risk assessment and decide if an engagement referred by the technical unit qualifies for the standard due diligence and risk assessment. The Focal Point represents also the Regional Office/Division in the FENSA focal point network.
Alignment of roles and responsibilities for implementing core components of FENSA due diligence	CRE/DAN FENSA Focal Points Assistant Director-General (ADG-Head of a Division) Regional Offices	July 2021	<i>In progress</i>	The reactivation of FENSA Focal point would ensure a corporate and streamlined approach for the mitigation of potential risks, facilitate learning exchange, dissemination of good practices, and innovative approaches across three levels to break silos. It will also enable communities of practice to enhance understanding of FENSA's application closer to the point of need (region, country, technical unit). The reactivation of FENSA Focal Points would also facilitate the response to the recommendations calling for a redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment. While the focus of the Unit would be redirected, FENSA focal points would be enabled and have the necessary guidance and support to process engagements with non-State actors in a proactive and accountable manner.

Reactivate FENSA Proposal Review Committee (FPRC), including revision of TORs and its operationalization	DDG ODG EXT BOS LEG Regional offices CRE/DAN	December 2020	<i>Implemented</i>	<p>The FENSA Proposal Review Committee has been reestablished as a body to resolve disagreements or incongruences with recommendations on proposed engagements. The Committee identifies also innovative applications of FENSA to enhance learning and support the FENSA Focal Points network.</p> <p>The reactivation of the FENSA Proposal Review Committee is of key importance. The Committee serves as an arbitration body and enable high-level functions confirming the strong steer from senior leadership. The FENSA Proposal Review Committee (FPRC) was originally established in response to FENSA paragraph 35 that called for “a dedicated secretariat mechanism reviews proposal of engagement referred to it and recommends engagement, continuation of engagement, engagement with measures to mitigate risks, non-engagement or disengagement from an existing or planned engagement with non-State actors”.</p> <p>In line with the WHO’s transformation agenda, the original terms of references of the Committee have been revised. These include as per the initial version : reviewing proposals for engagement considered to have a potentially significant associated risk or require specific, senior level consideration; review proposals for engagement that illustrate specific aspects of engagement and require a consistent interpretation of existing policies; reviewing proposals for engagement requiring arbitration or where there is a difference of opinion between the proposing unit and the assessing unit; addressing questions on the interpretation and application of FENSA provisions; and making recommendations to the Director-General on the way forward concerning the above-mentioned proposals of engagement.</p>
Periodic reporting to IEOAC and Executive Board	CRE/DAN DGO	Ongoing	<i>In progress</i>	<p>The Secretariat continues to update the Independent Expert Oversight Advisory Committee on the implementation phases of the recommendations as well as the Executive Board through annual reports. The FENSA Proposal Review Committee, per its terms of reference, ensures senior management sponsorship for and internal oversight of continued implementation.</p>

Recommendation 4: There is a need to establish an effective monitoring mechanism, at different levels of implementation, in order to ensure both accountability and ongoing learning and improvement. This includes the following: <ul style="list-style-type: none"> • Systematic documentation and tracking of all engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this. This would include consistent tracking of the due diligence and risk assessments undertaken. • Routine spot checks to ensure consistency of application (quality assurance). • Establishment of a monitoring and evaluation mechanism to capture lesson-learning and ascertain whether intended benefits and results are achieved. • Continued annual reporting to the Executive Board on engagement with non-State actors, including tracking of secondees. Routine reporting to Regional Committees is also advised. 				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
Develop internal mechanism for FENSA Focal Points facilitating monitoring and learning across the Organization.	CRE/DAN FENSA Focal Points	November 2020	<i>Implemented</i>	In order to maintain both accountability and ongoing learning and improvement on FENSA, a SharePoint site has been established for FENSA focal points. This would serve as an effective monitoring mechanism, facilitate the systematic documentation and tracking of engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this.
Continued annual reporting to the Executive Board on engagement with non-State actors	CRE/DAN	November 2020	<i>Implemented</i>	In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.10 on the Framework of Engagement with Non-State Actors, in which the Director-General was requested, inter alia, to report on the implementation of the Framework to the Executive Board at each of its January sessions under a standing agenda item, through the Programme, Budget and Administration Committee.
Recording of secondments from non-State actors	CRE/DAN BOS	November 2020	<i>Implemented</i>	In line with resolution WHA69.10 and the report on the initial evaluation of the Framework, enhancements to the WHO Register of non-State actors continue to be introduced in a phased manner to facilitate the efficiency and transparency of engagements with non-State actors in official relations. Enhancements made in the year 2020 include the establishment of a new section in the Register displaying "secondments from non-State actors". The section will serve as recording mechanism of secondments from non-State actors and is publicly accessible https://publicspace.who.int/sites/GEM/default.aspx#

Recommendation 5: The lack of lesson-learning and knowledge exchange was identified through the evaluation. Based on an improved data environment and linked to enhanced communication activity, enhancing learning could include: <ul style="list-style-type: none"> • Learning exchange, facilitated by the FENSA focal points network to support the replication of good practice and exploit opportunities for learning by harvesting pockets of good practices and innovation to break silos. Currently learning exchange is based on institutional memory rather than systematic capture and dissemination, which leaves learning processes vulnerable to the impact of turnover and rotation. A learning mechanism/platform is needed to share exemplars. • Identification, capture and dissemination of unique/innovative applications of the FENSA, on a precedent/case study basis (using the FENSA Proposal Review Committee). • Annual synthesis circulated to all staff (as part of communication strategy) to show the learning from, and benefits of, the FENSA: sharing successes of engagement while protecting WHO and supporting global public health. 				
Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Improving and increasing communication	CRE/DAN FENSA Focal Points Regional Offices DCO	December 2021	<i>In progress</i>	In order to raise awareness on the Framework and sensitize staff including FENSA focal points on the benefits and practicalities of its processes, with the aim of improving buy-in and preparing the groundwork for consistent application, it is proposed to develop a light-touch communication plan. The plan has been grounded in change management and present audience-tailored messages, tools, and products required to increase uptake and institutionalize FENSA. These are tailored and adapted to key audiences across the Organization and coordinated through multiple channels to ensure coverage and consistency in order to demystify FENSA. A series of outreach activities, such as policy briefs, virtual meetings, workshops and familiarization with the FENSA as part of the new-staff induction process would be also considered.
Develop a learning exchange approach to document best practices, and to monitor and synthesize lessons and learning for FENSA across the three levels of the Organization.	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>In progress</i>	<p>The Evaluation report highlighted the need to capture and dissemination of unique/innovative applications of the FENSA, and support capacity-building to strengthen the consistent application of FENSA rules and procedures. Actioning those recommendations are completed through well-defined learning and training plans. Trainings are informed by needs analysis and the identification of priority recipients, before reaching out to a wider audience and ensuring that all staff across the Organization have a shared understanding and common interpretation on implementing FENSA (critical mass). A training-of-trainers approach is considered and workshops for heads of WHO country offices and training materials for e-learning are to be developed and included.</p> <p>Updates of guides, WHO eManual sections, and handbooks are carried out to ensure that meaningful and up-to-date guidance is provided at the three levels of the Organization and made available through relevant internal channels, as appropriate.</p>

Recommendation 6: Recognizing the increasing prominence of partnerships, which is explicit in the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, there is a need to clearly articulate an overall engagement strategy that sets out the objectives for WHO’s engagement with non-State actors and specific, concrete actions and associated resourcing and communication plans to be undertaken in a phased way. This would ensure that the FENSA is appropriately situated and calibrated as a framework within the wider approach of the Organization to engagement. Furthermore, the strategy should:

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

Management response	Accepted			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Develop a corporate WHO engagement strategy with non-State actors, including specific strategies for nongovernmental organizations and for private sector entities.	EXT/HMP Regional offices	End Q2 2021	<i>In progress</i>	<p>The strategy would also serve as an instrument to encourage engagements with non-State actors in advancing global health and WHO’s priorities as articulated in the WHO’s General Programme of Work and its Programme Budget.</p> <p>The engagement strategy aims to establish clear organizational objectives of engagement with non-State actors, define indicators to measure progress towards these objectives, promote organizational coherence in working with non-State actors, and embed regional and cluster-specific strategies.</p> <p>Consultations with technical units and with the three levels of the Organisation on the draft strategy will allow sensitization of staff to a more proactive engagement approach in line with both WHO’s General Programme of Work and FENSA.</p>

2.4 Review of 40 years of primary health care implementation at country level

2.4.1 On the occasion of the 40th anniversary of the Alma-Ata Declaration, participants at the Global Conference on Primary Health Care (PHC) held in Astana, Kazakhstan on 25 and 26 October 2018 issued the Astana Declaration “reaffirming the commitments expressed in the ambitious and visionary Declaration of Alma-Ata of 1978 and the 2030 Agenda for Sustainable Development, in pursuit of Health for All”. They committed to “make bold political choices for health across all sectors”, “build sustainable primary health care”, “empower individuals and communities” and “align stakeholder support to national policies, strategies and plans”, namely through knowledge and capacity-building, human resources for health, technology and financing. Within this context, Member States requested a review of 40 years of primary health care implementation at country level at the WHO 142nd Executive Board (January 2018), from the 1978 Alma-Ata Declaration on PHC to 2018.

2.4.2 The objective of the review was to identify achievements, challenges, lessons and best practices associated with primary health care generally until 2018, and to make recommendations on the way forward in order to accelerate national, regional and global health strategies and plans for universal health coverage, PHC and the Sustainable Development Goals. Two practical guideposts framed the review, the role of primary health care in achieving: (a) universal health coverage, including community empowerment and social accountability, multisectoral approaches, and (b) the Sustainable Development Goals.

2.4.3 The review found significant achievements in global and country implementation of PHC during the past 40 years, with health outcomes and equity improving. Whereas vast gains in health outcomes have been made over the past four decades, it is unclear to what extent these gains can be attributed directly to primary health care implementation, requiring improvements in results-level data globally. Achieving equity remains an ongoing persistent challenge. Progress on implementing PHC requires a wide range of innovations; governments’ political will; policy changes to integrate the principles and goals of PHC into countries’ health systems; intersectoral collaboration; enhancing quality of care; financial protection measures; use of incentives; vibrant civil society organizations and involvement of other non-State actors; availability and effective distribution of skilled human resources for health; and, use of data- and evidence-driven approaches.

2.4.4 In the management response, WHO accepted all recommended Actions, that are in line with GPW13 (2019–2023) and the WHO transformation processes. Identified actions in response require coordinated and cohesive action by the Secretariat across all divisions at HQ, regional offices and country offices, facilitated by the recent creation of a Special Programme on primary health care (SP-PHC). The SP-PHC promotes better alignment across the Organizations’ work on PHC as well as more effective harnessing of expertise from across the organization (including across the triple billion priorities, and including in all divisions at WHO HQ, regional offices, and country offices) to support Member States to strengthen PHC. Implementation will involve all relevant divisions and department at WHO HQ, regional offices and country offices. WHO will foster intersectoral collaboration via the SDG3 Global Action Plan; develop standards and policy and operational guidelines; capacity-building approaches for countries across a broad array of health system functions; advocate for increased health expenditure, greater intersectoral collaboration and greater equity; and enhance its support to evidence-based policy action, systematic research and evidence generation.

Management Response

Evaluation Title	Review of 40 years of primary health care (PHC) implementation at country level
Commissioning Unit	DGO/EVL
Link to the evaluation	https://www.who.int/docs/default-source/documents/about-us/evaluation/phc-final-report.pdf?sfvrsn=109b2731_4 and https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_38Add1-en.pdf
Evaluation Plan	Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	HQ/UHL/PHC
Overall Management Response: The recommendations are well noted and accepted. <ul style="list-style-type: none"> • Recommendations are in line with Thirteenth General Programme of Work 2019–2023 and the WHO transformation processes. • Recommendations require coordinated and cohesive action by the secretariat across all divisions at HQ, regional offices and country offices. • Achievement of key actions across the recommendations is facilitated by the recent creation of a Special Programme on primary health care (SP-PHC) which promotes better alignment across the organizations' work on PHC as well as more effective harnessing of expertise from across the organization (including across the triple billion priorities, and including in all divisions at WHO HQ, regional offices, and country offices) to support Member States to strengthen PHC. Thus when HQ/UHL/PHC is listed as responsible, this implies working across all relevant divisions and department at WHO HQ, regional offices and country offices to deliver the activity. 	
Management Response Status	<i>In progress</i>
Date	15 April 2021

Recommendations and Action Plan

Note: Included in this Review (see [EB 146/38 Add 1](#)), “respondents (to a Member States survey) proposed the following actions for WHO to be implemented in collaboration with relevant United Nations agencies, non-State actors and other partners:”

Action 1: WHO should continue to harness its convening role to foster intersectoral collaboration in the various forms described in the review, both at the global policy level and in individual countries in its support to governments.				
Management response	<i>Accepted.</i>			
Status	In progress			
Key actions	Responsible	Timeline	Status	Comments
Lead and participate in SDG3 Global Action Plan for healthy lives and well being for all accelerators on primary health care and determinants of health in order to promote more effective collaboration across UN agencies in these areas.	HQ/HEP HQ/UHL/PHC Regional Offices Country Offices	Ongoing	<i>In progress</i>	<p>The Global Action Plan for Healthy Lives and Well-being for All” brings together 13 multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related Sustainable Development Goals (SDGs). The 13 agencies are Gavi, the Vaccine Alliance; the Global Financing Facility for Women, Children and Adolescents (the GFF); The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); the Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Development Fund (UNDP); United Nations Population Fund (UNFPA); United Nations Children’s Fund (UNICEF); Unitaids; United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); the World Bank Group; World Food Programme (WFP), International Labour Organization (ILO) and the World Health Organization (WHO). Although each agency has a specific mandate, the agencies as a group complement each other. Together, the agencies work to advance all the SDG 3 targets and collectively, they channel around one-third of development assistance for health annually.</p> <p>Under the Global Action Plan, the agencies are better aligning their ways of working to reduce inefficiencies and provide more streamlined support to countries. Through the Plan, the agencies will support countries deliver on the health-related SDGs and related international commitments to health, such as the UN High-level Meeting on Universal Health Coverage and the Astana Conference on Primary Health Care. The PHC-Accelerator within the Global Action Plan is co-lead by WHO and UNICEF focusing on intensified support to 13 countries and held coordination meetings on a regular monthly basis engaging with country teams including officials from the Ministry of Health on PHC acceleration.</p>

Action 2: In its normative role, WHO should continue to lead in the development of standards and policy and operational guidelines for the further implementation of primary health care pursuant to the commitments outlined in the Astana Declaration and, by extension, the 2030 Agenda for Sustainable Development and Sustainable Development Goals.				
Management response	<i>Accepted.</i>			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Develop operational framework on strengthening primary health care, taking into account WHO's health system model and its six building blocks, and as appropriate, the WHO–UNICEF document, A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals	HQ/UHL/PHC	Q4 2020	<i>Implemented</i>	Will be refined based on implementation experience and brought back to the 75th session of the World Health Assembly for review
Develop monitoring and measurement guidance for PHC in line with the Operational Framework to support reporting to on progress on PHC as requested in WHA72.2	HQ/UHL/PHC; HQ/UHL/IHS	Q1 2020 - Q1 2021	<i>In progress</i>	Review by HQ divisions and Regional office counterparts, partner agencies, and international experts completed. Revised draft to be available in 2021 for technical review.

Action 3: In its technical cooperation role, WHO should tailor its capacity-building efforts to the specific primary health care-related areas requiring further support identified in specific countries, for example, strategy development and implementation, health systems strengthening, Health in All Policies, health legislation, health financing, health technology assessment and management, human resources for health, community health approaches, research to improve service delivery, and monitoring and evaluation of primary health care implementation through support to voluntary national reviews.				
Management response	<i>Accepted.</i>			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Development of a capacity-building course (with common core material and tailorable tracks based on context-specific needs and priorities for PHC for senior policy makers) aligned to the levers of the Operational Framework for PHC as part of the WHO Academy.	HQ/UHL/PHC; WHO Academy Regional offices	Q1 2022	<i>In progress</i>	This will include a focus on gender, equity and human rights as well as implications for building better in the COVID—19 context.

Creation of a one-stop mechanism for country support on PHC as part of the Special Programme on PHC building on the UHC-Partnership and Joint Working Team for Universal Health Coverage and Primary Health Care.	HQ/UHL/PHC (in coordination with all divisions/ departments) Regional Offices Country Offices	<i>Ongoing</i>	<i>In progress</i>	UHC-Partnership enables the placement of WHO policy health advisors and promotes technical cooperation on health systems founded on PHC towards UHC in 115 Member States. The Joint Working Team for UHC and PHC enables better coordination across the three levels of WHO and across health system areas, disease programmes and life-course needs. Building the on the Joint Working Team, the one-stop mechanisms seeks to better align WHO technical backstopping at all three levels of the organization according to Member State priorities.
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Action 4: In its advocacy role, WHO should identify and target the specific primary health care-related issues requiring such advocacy in individual countries, for example by advocating for increased health expenditure, identifying specific policy gaps requiring action and emphasizing the need for greater intersectoral collaboration and greater equity.

Management response	<i>Accepted.</i>			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Development of communications strategy on PHC on the road to UHC, including the communications strategy for the new Special Programme on PHC	HQ/UHL/PHC Regional Offices HQ/DCO	Q2 2021	<i>Not initiated</i>	The strategy will build on ongoing communication efforts from UHC Day in December 2020, the launching of the PHC Operational Framework in December 2020, and the UHC-Partnership, aligning language, narrative and branding.
Development of advocacy materials on PHC for UHC, SDGs and Health Security	HQ/UHL/PHC Regional offices HQ/DCO	Q2 2021	<i>Not initiated</i>	The advocacy materials will support the above mentioned communications strategy and will include brochures, flyers, promotional videos, newsletters, among others.
Promotion and dissemination of WHO's new position paper on Building health system resilience towards universal health coverage and health security during covid-19 and beyond,	HQ/UHL/PHC WHO PHC network	Q1 2021	<i>In progress</i>	The position paper is a cross-divisional effort that highlights the key role of PHC in building resilient health systems, advancing health security and strengthening the essential public health functions.
Collaborate with Health Governance and Financing Dept to develop investment cases for PHC	HQ/UHL/PHC HQ/UHL/HGF/IHP	Q4 2021	<i>In progress</i>	Working with HGF and the UHC-Partnership to develop investment cases promoting greater investment in PHC as a foundation for UCH and resilient health systems; and to further promote PHC.
SDG3 Global Action Plan, PHC Accelerator focus on 13 countries and regularly engage with country teams through the monthly PHC-Accelerator meeting co-lead by UNICEF and WHO	HQ/UHL/PHC	Q2 2020-Q4 2021	<i>In Progress</i>	

Action 5: In fulfilling all these roles, WHO should enhance its support to evidence-based policy action, for instance by supporting systematic research and evidence generation to support policy-making in health, and documenting and disseminating lessons and best practices.				
Management response	<i>Accepted.</i>			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Support the development of a theme issue on PHC for the WHO Bulletin	HQ/UHL/PHC; HQ/HSR	Q4 2020	<i>Implemented</i>	Bulletin of the World Health Organization, Volume 98, Issue 11, November 2020, 725-820. Theme issue: primary health care: realizing the vision
Support embedded research on PHC with the Alliance for Health Policy and Systems Research, UN University, and UNICEF.	HQ/UHL/PHC; HQ/HSR	Q4 2021	<i>In progress</i>	Initiative began in South-East Asia and Western Pacific Regions in 2020 and will be scaled up to all regions in 2021-2022.
Develop a country case study compendium on PHC, demonstrating how countries have made progress on the levers and lessons learned.	HQ/UHL/PHC	Q3 2021	<i>In progress</i>	
Develop Implementation Solutions prioritizing levers, actions and interventions of the Operational Framework to overcome performance bottlenecks in various contexts and health system typologies	HQ/UHL/PHC; Regional offices	Q1 2021 - Q4 2022	<i>In progress</i>	
Monitor and report on PHC progress globally through the development of a global report on PHC and inclusion of a PHC chapter in UHC monitoring reports	HQ/UHL/PHC	Q1 2022	<i>Not initiated</i>	
Develop and sustain a knowledge exchange platform for PHC	HQ/UHL/PHC	Q3 2022	<i>Not initiated</i>	

2.5 Country office evaluation - Kyrgyzstan

2.5.1 The evaluation of the country office in Kyrgyzstan covered the period of Biennial Collaborative Agreements (BCAs) for 2014-2019. This was the second country office evaluation to be undertaken in the WHO European Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in Kyrgyzstan. This included not only the results of the country office but also contributions from the regional and global levels to the country programme. An expected use for the evaluation is to support the WCO, especially as it considers the design and implementation of new strategies and programmes in-country, and together with main stakeholders to build a better, healthier future for people in Kyrgyzstan.

2.5.2 The Country Office, along with the Ministry of Health and development partners, welcomed and accepted all recommendations to further strengthen activities towards achieving Universal Health Coverage by 2030. The evaluation concluded that there is a clear and strong consensus view among Government of Kyrgyzstan officials and development partners that WHO made a significant positive contribution to health policy and programmes across a wide range of issues during the period covered by the BCAs, particularly in the development of the 2030 National Health Strategy. WCO's priorities as expressed in the three BCAs covered by the evaluation are well aligned with national health strategies, WHO's General Programme of Work, the Regional Office for Europe's Health 2020 strategy, as well as the United Nations Development Assistance Framework.

2.5.3 The evaluation identified, however, that in an effort to make its programming more strategically focussed, the BCA 2018-2019 increased its focus on noncommunicable diseases while moving away from communicable diseases, especially HIV, hepatitis and tuberculosis which represent key needs for the population in Kyrgyzstan and stakeholders (Government and partners alike). The WCO should also consider expanding efforts for social determinants of health and health, the environment, and to address equity and gender equality issues that have only been partially addressed in the BCAs. The WCO undertook all core functions during the period covered, including a WR-led transformation process in 2017 that resulted in the development of a strong strategic vision for the WCO. As a recognized leader and knowledge convener in the health sector in Kyrgyzstan, the WCO is well positioned to generate evidence on the cost-benefits of investing in health, and more particularly in preventive and primary care services. To better articulate the results chain between outputs and outcomes, the WCO should develop a theory of change, nested with a broad and long-range strategic approach. The WHO Regional Office for Europe also provided valuable support to the WCO and the Government of Kyrgyzstan during the period under review, notably for HIV.

2.5.4 Four recommendations were identified to ensure Country Office effectiveness and impact, including (a) supporting the Government implement its 20-30 National Health Strategy b) enhancing the WCO's strategic focus, c) continuing the WCO's transformation process and d) mapping WCO staff capacity to its strategic priorities. Despite Covid-19 pandemic and emergency response in the country, actions responding to most of the recommendations have already been initiated, and are already implemented or in progress. The action for developing and incorporating a Theory of Change has yet to be initiated.

Management Response

Evaluation Title	Country Office Evaluation: Kyrgyzstan
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/country-office-evaluation-kyrgyzstan-report
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for providing the management response	WHO Country Office, Kyrgyzstan
<p>Overall Management Response: Accepted.</p> <p>The Country Office Evaluation of WHO Country Office for Kyrgyzstan was an opportunity to review WHO presence in the country, work already completed in past several years, as well as to investigate future plans of WHO and main stakeholders in building a better, healthier future for people in Kyrgyzstan. All recommendations presented by this Country Office Evaluation were very welcome and accepted in order to further strengthen activities towards achieving Universal Health Coverage by 2030. Despite Covid-19 pandemic and emergency response in the country, most of the recommendations have already been initiated and are already in progress. Report of the Country Office Evaluation of WHO Country Office for Kyrgyzstan became a valuable document in the country not just for WHO but also for Ministry of Health as well as development partners.</p>	
Management Response Status	<p><i>In progress</i></p> <p>Strategic partnerships have been further scaled up, and new ones established, in areas of development partners, academic research, engagement with local stakeholders, Parliament, media, extended network of collaborators on the NCD control, partnership with stakeholders in area of public health. This is an ongoing process, as the Country Office monitors and assesses new opportunities for collaboration for the GPW13 and European Programme of Work (EPW) implementation. An immediate result of extended and strengthened partnership is a well-coordinated, efficient and effective Covid19 response. WHO is greatly valued for its ongoing support to the response, and is recognized by the general public- Covid19 related messages reached up to 6.5 million people in 2020.</p>
Date	18 February 2021

Recommendations and Action Plan

Recommendation 1: Support to Government for the 2030 National Health Strategy implementation <p>The WHO Country Office should capitalise on the significant momentum it has achieved in enhancing its strategic partnerships at country level to better contribute towards improving the health status in Kyrgyzstan. It is recommended that the WHO Country Office use its convening power around health to:</p> <ol style="list-style-type: none"> consider how to facilitate better support to the Ministry of Health in its implementation of the 2030 National Health Strategy through strategic engagement with other ministries in pursuit of an intersectoral approach to health (e.g. Ministry of Agriculture on the zoonotic sources of antimicrobial resistance, Ministry of Environment on the environmental sources of noncommunicable diseases, and so on); engage strategically with other health system actors in sectors where partnership has not been as well developed, including non-State actors; and enhance partnership with other United Nations agencies wherever such intersectoral work would enhance efficiency and effectiveness in pursuit of shared objectives in support of the Government. 				
Management response	<p>Accepted</p> <ul style="list-style-type: none"> - Further to assistance provided to the Ministry of Health in developing the 2030 National Health Strategy, WHO Country Office has continued to provide support in the implementation of the strategy in close cooperation with Minister of Health, Deputy Ministers of Health, National Counterpart, etc. - In coordination with the Ministry of Health, support from WHO Country Office has been provided to a number of health agencies. - In order to enhance efficiency and effectiveness of the support provided to the Government of Kyrgyzstan, WHO Country Office has been working with all other UN agencies present in the country within the United Nations Country Team as well as directly with United Nations Resident Coordinator. 			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
WHO Kyrgyzstan facilitate inter-sectoral working groups on prevention of NCD, reduction tobacco usage and healthy cities	WR	By the end of 2020	<i>Implemented</i>	In close collaboration with the Ministry of Health and with involvement of municipality of Bishkek city, ministries of finance, social protection, agriculture, education, sports and environment protection inter-agency working groups have regular activities towards achieving the status of healthier population.
Facilitate improvement policy dialogue and collaboration between Mandatory Health Insurance Fund, MoH, primary health care facilities, academia and national health centres	WR	By the end of 2021	<i>In progress</i>	<p>High Level Policy Dialogue on SDG Global Action Plan conducted in November 2019 with involvement of all SDG GAP signatory agencies, WHO HQ, EURO and CO staff.</p> <p>The event was well attended by all social sector national counterparts and clear targets and accelerators defined. As a result of collaboration WHO prepared and published Towards Healthier Kyrgyz Republic Report in 2020</p> <p>https://www.euro.who.int/en/countries/kyrgyzstan/publications/towards-a-healthier-kyrgyz-republic.-progress-report-2020-on-health-and-sustainable-development-2020 . However regular policy dialogues in different health aspects should be generated by WHO on inter-sectoral approach/ Close monitoring of implementations of actions should be established.</p>

Close collaboration with the Office of UN Resident Coordinator and other UN Agencies maintained	WR and technical units	By the end of 2020	<i>Implemented</i>	In 2019-20 collaboration with UN Agencies was intensified around review and actions through UNDAF and SDG 2030. Due to COVID-19 related challenges UN Resident Coordinator activated Health Cluster under the leadership of WR and inter-sectoral COVID-19 Contingency and Response plans developed and implemented
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Recommendation 2: Strategic focus

The Regional Office for Europe and the Head of the WHO Country Office should elaborate a longer-term strategic planning instrument – extending over a period of multiple future Biennial Collaborative Agreements, and over the period of the Thirteenth General Programme of Work and beyond – that ensures a good strategic fit with the unmet needs of Kyrgyzstan, the directions set by its Government in the 2030 National Health Strategy, the Thirteenth General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. Relying on WHO's recognized comparative advantages, this strategy should:

- I. ensure an explicit focus on long-term strategic issues for Kyrgyzstan, including: primary health care, with its emphasis on prevention; the continued burden of communicable diseases, while still addressing the growing burden of noncommunicable diseases; and the role of gender, human rights and equity as social determinants of health;
- II. articulate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
- III. further develop its role in bringing impartial research to bear on policy discussions (including by conducting or commissioning a cost-effectiveness analysis to demonstrate the benefits of investing in health, exploring the respective merits of voluntary versus mandatory approaches to health insurance funding), building on its successes in this area to date;
- IV. likewise increase its role in promoting health through awareness-raising initiatives aimed at behavioural change, similarly building on its successes in this area to date;
- V. redouble its focus on strengthening digitization and institutionalizing digital health and, within its support role to Government, in advocating for the enactment, implementation, monitoring and enforcement of the draft law on essential medicines price regulation;
- VI. set up a monitoring framework to measure WHO's progress in supporting Government toward its targets; and
- VII. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities and allow exchange of knowledge and best practice.

Management response	<p>Accepted</p> <ul style="list-style-type: none"> - A Country Cooperation Strategy (CCS) as WHO's medium-term strategic vision to guide the Organization's work in and with a country responding to that country's specific priorities and institutional resources needed to achieve its national health policies, strategies and plans, as well as the actions needed to achieve its national targets under the Sustainable Development Goals (SDGs) in the WHO European Region has been used to countries without country offices, as per the agreement with member States at Regional Committee 62. However, there have been discussions, related to implementation of the Thirteenth General Programme of Work, on whether to have CCSs with all countries as the strategic basis for the bottom-up planning process, consisting of the identification of a focused and coherent set of priorities responding to country needs. Up to date only few countries in the Region developed the CCS.
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	<ul style="list-style-type: none"> - WHO Country Office has already been involved in supporting development of Kyrgyzstan's 2030 National Health Strategy as one of the steps for strategic basis for the bottom-up planning process and contribution to the health dimension of the UNDAF, harmonizing WHO's cooperation with Kyrgyzstan in order to achieve the SDGs by 2030. - WHO Representative in Kyrgyzstan has been engaged in ensuring that WHO work at country level responds to national health priorities, including national SDG targets, as well as supporting national health emergency risk assessments, national capacities in emergency risk and disaster risk management, and readiness for emergency response. 			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Develop and facilitate a Joint Statement of Intends by Development Partners	WR	End of 2020	<i>Implemented</i>	WHO Kyrgyzstan facilitated high level of engagement of 25 development partners to sign the joint statement of intends on support of National Health Strategy 2019-2030. The statement clearly underlines collaborative and transparent working environment and realistic targets towards Universal Health Coverage. WHO will continue facilitation of high level policy dialogue in supporting primary health care development, digital health, health promotion and reduction of risk factors of NCD. WHO will also support development of institutional capacity in response to immediate health needs of population of Kyrgyzstan.
Joint Annual Review (JAR) of Health Sector Plans an implementation of National Health Strategy 2019-2030	WR and EURO technical units	April 2021	<i>Postponed for June 2021</i>	WHO is leading the preparatory process for JAR 2021 with national counterparts and development partners. Despite political changes in the country and Covid-19 related restrictions all interested parties have agreed to conduct the review at the end of April 2021. The agenda includes inter-sectoral collaboration towards integration of public health services into primary health care, improved quality and access to basic health services at PHC level and integration of multiple data basis in one unique electrotonic data base towards eHealth.
Facilitation of Voluntary National Report 2020	WR and WCO staff	August 2020	<i>Implemented</i>	WHO along with other UN Agencies facilitated the process of drafting, consulting and submission to UNGA the Voluntary National Report (VNR) https://sustainabledevelopment.un.org/content/documents/26459VNR_2020_Kyrgyzstan_Report_English.pdf . The report covers national commitments towards achieving the SDG 2030 through Global Action Plan implementation and monitoring national SDG indicators. Resource mobilization and institutional capacity building expected to support the VNR by all development partners. WHO will further facilitate national institutions in achieving their SDG targets with health impact.
Development and implementation of Covid-19 Contingency and Response Plans	WR and WCO staff	June 2022	<i>In progress</i>	Due to global Covid19 pandemic WHO in Kyrgyzstan has led development partners in developing and implementation of Covid19 Contingency Plan and later, Covid19 Consolidated Response Plan on supporting national health system to timely respond to health needs of population and reduce mortality and disease burden. WHO is closely working on implementation of the plans with USAID, World Bank, ADB, GIZ, DEVCO, DFID, GAVI and newly established COVAX facility on and other initiatives.
Participation in the UNDAF Mid-Term Review	WR and WCO staff	April 2021	<i>In progress</i>	WHO staff is facilitating three main outcomes of UNDAF Kyrgyzstan. In 2020 due to Covid-19 many activities were postponed or reprofiled for Covid19 related needs in the country. However joint work-plan was carefully reviewed and adjusted to ongoing circumstances in Kyrgyzstan. WR is a Co-Chair of Social Development and Resilient Communities outcome group and leading UNICEF, UNFPA and UNDP in joint health related activities. WR is also a Co-Chair of Gender Mainstreaming thematic group and leading UN Agencies on prevention of injuries and mental disorders due to domestic violence.

				Despite Covid19 series of online activities will be undertaken for prevention of domestic violence in families and communities with WHO participation.
Develop and incorporate a Theory of Change in further planning process of current and next biennia activities and outputs aligned with GPW 13 and European programme of Work (EPW)	WR and WCO staff	September 2021	<i>Not initiated</i>	Due to complex emergency situation in the country, including COVID-19 pandemic and cross-border unrest this activity has not yet started. During planning of BCA 2022-23 process the issue will be discussed and developed in details.

Recommendation 3: Continued leadership and visibility following the end of the transformation process

- I. In order to sustain the momentum achieved through the WHO Country Office transformation process, the WHO Country Office should ensure adequate follow-up on key initiatives is maintained so that its gains are sustainable, and staff remain motivated to contribute to the significant work ahead in supporting implementation of the 2030 National Health Strategy.
- II. In order to sustain the momentum achieved through the *WHO transformation process*, the WHO Country Office should liaise with the Regional Director and his team to ensure that the support of the Regional Office for Europe continues to maximally enable the work of the WHO Country Office in its support to implementation of the 2030 National Health Strategy (and, by extension, attainment of the health-related Sustainable Development Goals). Specific areas it should address include: maximizing internal communication and coordination within the Regional Office to ensure efficiency, coherence and complementarity of support; achieving an optimal balance between WHO Country Office accountability and delegation of authority to the WHO Country Office; and timeliness and efficiency of business processes.

Management response	Accepted <ul style="list-style-type: none"> - WHO Country Office's strong presence and developed capacity at country level ensures that our support is relevant and effective. WHO Regional Office provides guidance and further support for adequate follow-up on key initiatives. At the same time, WHO's global network also enables other countries to learn and benefit from the lessons learnt in Kyrgyzstan. - Regional Director for Europe provides great support to Kyrgyzstan and other countries of Central Asian sub-region, as well as to WHO Country Office. Regular meetings are held with Ministers of Health on topics important for improvement of health in countries, guided by European Programme of Work 2020-2025 'United Action for Better Health in Europe' 			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Bimonthly Meetings of Health Sector Development Partners Coordination Council (DPCC)	WR Health Policy Advisor	Ongoing	<i>In progress</i>	WHO along with the WB is a Co-Chair of DPCC Health Sector. Within the Health DPCC group a core group so called "Joint Health Financiers" have regular formal and informal meeting to discuss hot and specific health governance topics, such as health financing, quality of primary health care and other issues. Regular bimonthly meetings are conducted for broader audience on different topics.

Long term partnerships/ collaborations for GPW13 and EPW priorities established	WR	June 2021	<i>In progress</i>	WR will facilitate discussions with relevant stakeholders to establish long term collaboration/partnerships to address Kyrgyzstan's long-term priorities. This will be an ongoing process throughout the biennium and beyond. Collaborative partnerships have been further scaled up, and new ones established, in areas of academic research (SRCMNH); engagement with local stakeholders, partners and authorities (AMR, immunization, NCD strategy development); Ministry of Emergency Readiness and collaboration with neighbouring countries are new partners for WHO; media on tobacco control; broaden network of collaborators on NCD control, and supported the establishment of PHC governance team sherd between MOH and Mandatory Health Insurance Fund; professional associations and academia.
WCO will support National Counterpart to help identify country delegates at various meetings organized by WHO, participation of Kyrgyzstan in Governing Bodies of WHO such as WHA and Regional Committee meetings	WR	Annually, with regular updates in May and September	<i>In progress</i>	To support enhancement of focal points list assigned to relevant areas of collaboration, smoothing country nominations, and create a pull of experts and civil society champions to lead implementation of country's long-term strategic plan. It is an ongoing process. Very much depends on MOH management, including who they want to collaborate with from national institutions. Exchange with the current National Counterpart is efficient and productive, she also consults with WCO on best fit nominees to attend WHO-related meetings, while considering long term institutional and public health gain. Participation of Kyrgyzstan in Governing Bodies of WHO will enhance role of member-states in implementation of WHA resolutions and enable country's representation and participation on main WHO events and activities.
Facilitate Socio-economic Response Framework (SERF) to Covid19 impact	WCO staff	2022	<i>In progress</i>	WHO facilitated Pillar 1 "Health First" of the Socio-Economic response Framework development and implementation. All UN Agencies united their efforts under the leadership of WHO in three main areas 1) Support surge capacity of national health system to respond Covid19; 2) Facilitate continuation of basic and essential health services; 3) Support most vulnerable groups of population so that No one left behind.
Facilitate leadership and visibility of WHO in Kyrgyzstan as an outcome of transformation process	WR and WCO staff	By the end of 2021	<i>In progress</i>	WR with support from Regional Director and all EURO divisions will continue strengthening capacity of country office staff , developing communication materials and policy briefs for all stakeholders as well as continuously holding policy dialogue in the health systems development. WHO will also complete second edition of Kyrgyzstan Health in Transition publication and present to RC 71 Meeting.

Recommendation 4: Mapping of staff capacity to strategic priorities The WHO Country Office staffing and skills mix should be assessed in the light of the priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the emerging strategic priorities of the country.				
Management response	Accepted <ul style="list-style-type: none"> - WHO Country Office in coordination with the WHO Regional Office is following up closely on any gaps for relevant areas and is providing its response to country needs. - Learning and Development in EURO plays an integral role in helping our workforce successfully implement the European Programme of Work (EPW). WHO Regional Office is developing EURO Learning Strategy and data collected from the workforce through various mechanisms will feed into the strategy. - Regional Director for Europe is a great supporter of country office staff who are implementing the EPW in countries which is a priority for WHO Regional Office. Any opportunities for capacity building of staff is well taken. 			
Status	<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments
Establishment and planning of process for mapping of staff capacity to strategic priorities of GPW 13 & EPW	WR/WCO With RD Office	2020	<i>Implemented</i>	To identify key positions at WHO Country Office in the HR Plan and prioritise the needs as per strategic priorities. To set participatory and strategic planning meetings with technical divisions. The planning process was participatory and successful.
Complete recruitment of International VPI Officer	WR	March 2020	<i>Implemented</i>	VPI Officer in WHO CO facilitates technical support for Kyrgyzstan and leads technical working group in immunization and COVAX initiative on Covid19 vaccine deployment plan. VPI Officer will contribute to Outcome 1 of GPW and Immunization Flagship of EPW
Complete recruitment and deployment of Health Policy Advisor	WR	March 2020	<i>Implemented</i>	Health Policy Advisor will contribute to Governance of health systems and enrich policy dialogue in health agenda. Series of publications have already been published https://www.who.int/publications/i/item/governance-for-strategic-purchasing-in-kyrgyzstan-s-health-financing-system
Complete upgrading NPO positions in Human resources for Health, Laboratory Services and Health Financing and UHC	WR	By the end of 2020	<i>Implemented</i>	In 2019 majority of NPO positions were temporary. WR in close collaboration with technical divisions revise, prioritised and completed upgrading the positions to fix-term posts through appropriate competency-based selection process
Upgrade three positions of Programme Assistants, G5 to fixed term posts	WR	By March 2021	<i>In progress</i>	Upgrading positions of programme assistants to fixed term through competency-based selection will facilitate improved quality and sustainable technical support throughout several biennia

Decentralized evaluations

2.6 Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020

2.6.1 Following the endorsement of the SDGs and commitment to ending AIDS as a public health threat by 2030, the Fast-Track strategy was established globally with targets for 2030 and milestones for 2020 for HIV treatment coverage, prevention and stigma reduction to stimulate and drive countries' actions. WHO developed the Global Health Sector Strategy on HIV 2016-2021 towards ending AIDS. The WHO African Region at its 66th Regional Committee for Africa in 2016 adopted the "HIV/AIDS: Framework for action in the WHO African Region, 2016-2020" to accelerate action on HIV prevention and treatment interventions, considering the regional context, and to guide Member States to implement the Global Health Sector Strategy on HIV. Progress made by countries would be monitored against selected key performance indicators and reported to the Regional Committee by WHO AFRO.

2.6.2 The purpose of the evaluation was to assess the relevance, effectiveness, efficiency and sustainability of the current AFRO HIV/AIDS Regional Framework; to document lessons learned that either facilitated or hampered the successful implementation of the framework; and to provide actionable recommendations for improving WHO AFRO's contribution which will be disseminated to all the stakeholders and key partners. In 2020, the Evaluation team used various data sources to triangulate the results of the evaluation, including a survey of 47 AFRO Member States (response rate of 60%, 105 respondents from 28 of the 47 countries).

2.6.3 Major findings included

- >75% level of satisfaction with WHO's 'support and the timeliness of that in implementing the Framework.
- Mixed level of satisfaction with the availability of human, financial, and technical resources to achieve the objectives of the Framework.
- High levels of satisfaction with the level of implementation of specific WHO guidance on implementing the Framework.
- High level of satisfaction with WHO's working with in country partners.
- Medium to high level of satisfaction with integration and equity in HIV programming at country level.
- National strategic plans have most of the indicators in the Framework.
- Financial sustainability, while mentioned in almost all the plans, is a significant issue. Most countries still rely on external support to realize their plans.
- WHO guidance and support are recognized and appreciated by the countries; partners mentioned that WHO need more staff to support implementation.
- The Framework needs to be disseminated more. Several countries expressed some unfamiliarity with the Framework.

2.6.4 Given the very recent completion of the evaluation, the Regional Office has not yet initiated actions identified in its management response. However, actions have been developed to implement the recommendations for the Regional Office to support its Member States to: (a) provide technical support to develop HIV strategic and operational plans (aligned with the WHO Framework), (b) conduct reviews of the National Strategic Plans to improve alignment with the Framework, (c) support implementation of the Framework and assess and report on the level of progress regularly (d) develop and encourage use of a database of Framework indicators for monitoring achievements, (e) target implementation based on local and country-specific contexts, (f) mobilize support from partners to enable Member States' achievement of the Framework goals; (g) focus on special populations that need focused attention, (h) strengthen support for strategic information, and (i) develop a catch up plan on the use of Framework indicators.

Management Response

Evaluation Title	Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020
Commissioning Unit	WHO Regional Office for Africa
Link to the evaluation	https://intranet.who.int/afro/pbm/eval/index.shtml
Evaluation Plan	
Unit Responsible for providing the management response	WHO AFRO UCN/HTH (for tracking MR: Awa Achu Mangie Samba, PBM)
<p>Overall Management Response:</p> <p>The WHO Regional office sent a memo to all the WHO Country Offices introducing the evaluation process. The activity was conducted between May and September 2020 and was adjusted to fit within the context of the worldwide COVID-19 pandemic. Using a Theory of Change based evaluation allowed the evaluation team to use various data sources to triangulate the results of the evaluation. Responses were received from 105 respondents from 28 (60%) of the 47 AFRO Member States. Most of the respondents were from the HIV sector and they included national AIDS Program Managers, WHO HIV National Program Officers, WHO AFRO HIV Program Staff and significant implementation partners.</p> <p>Major findings:</p> <ul style="list-style-type: none"> • There was a >75% level of satisfaction with WHO's 'support and the timeliness of that in implementing the Framework. • There was a mixed level of satisfaction with the availability of human, financial, and technical resources to achieve the objectives of the Framework. • There were high levels of satisfaction with the level of implementation of specific WHO guidance on implementing the Framework. • There was a high level of satisfaction with WHO's working with in country partners. • A medium to high level of satisfaction with integration and equity in HIV programming at country level. • The national strategic plans have most of the indicators in the Framework. • Financial sustainability, while mentioned in almost all the plans, is a significant issue. Most countries still rely on external support to realize their plans. • WHO guidance and support are recognized and appreciated by the countries; partners mentioned that WHO need more staff to support implementation. • The Framework needs to be disseminated more. Several countries expressed some unfamiliarity with the Framework. <p>Planned use of evaluation: The Evaluation aims to assess the relevance, effectiveness, efficiency and sustainability of the current HIV/AIDS regional Framework towards achieving the regional results of the framework. The report documents lessons learned that either facilitated or hampered the successful implementation of the framework, and provided actionable recommendations for improving WHO AFRO's contribution which will be disseminated to all the stake holders and key partners. At the WHO, it will be shared with the 28 WHO country offices participating in the Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020 as well as the Ministry of Health in these countries.</p>	
Management Response Status	<i>In progress</i>
Date	<i>22 April 2021</i>

Recommendations and Action Plan

Recommendation 1: Provide technical support to countries in the development of their HIV strategic and operational plans to ensure that these plans are aligned with the WHO Framework.				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
1.1. Convene national stakeholders to manage the plan development process	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of June 2022	<i>Not Initiated</i>	
1.2. Conduct situation analysis and set priorities	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of September 2022	<i>Not Initiated</i>	
1.3. Support development of national plans and performance measurement frameworks	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	

Recommendation 2: Conduct reviews of the National Strategic Plans to improve alignment with the Framework				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
2.1. Prepare review tools and convene consensus meetings.	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of June 2022	<i>Not Initiated</i>	
2.2. Conduct desk and field reviews	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2022	<i>Not Initiated</i>	
2.3. Analyse findings and prepare review report	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	

Recommendation 3: Support the implementation of the Framework and assess and report on the level of progress regularly				
Management response	Accepted			
Status	Not Initiated			
Key actions	Responsible	Timeline	Status	Comments
3.1. Disseminate global and regional HIV guidelines and strategies	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2022	Not Initiated	
3.2. Build capacity through training, mentorship and skills building	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	Not Initiated	
3.3. Prepare regional progress reports	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	Not Initiated	

Recommendation 4: Develop and encourage the use of a database of Framework indicators for monitoring achievements. These indicator data should be reported regularly to all Member States and used for corrective action				
Management response	Accepted			
Status	Not Initiated			
Key actions	Responsible	Timeline	Status	Comments
4.1. Conduct data quality assessment	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	Not Initiated	
4.2 Facilitate disaggregated data use	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	Not Initiated	
4.3. Disseminate SI guidelines	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	Not Initiated	

Recommendation 5: Target the implementation of the Framework based on local and country-specific contexts				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
5.1. Facilitate adaptation and uptake of innovative tools and technologies to implement framework interventions	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2022	<i>Not Initiated</i>	
5.2. Build capacity of Differentiated service delivery of HIV services	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2021	<i>Not Initiated</i>	
5.3. Promote community led implementation	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	

Recommendation 6: Strengthen its support for strategic information, which will enable broader use of the Framework indicators				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
6.1. Support strengthening integrated national surveillance, monitoring and evaluation system	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	
6.2. Conduct regular quarterly cascade data reviews	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of October 2023	<i>Not Initiated</i>	

Recommendation 7: Mobilize support from partners to enable the Member States to achieve the goals of the Framework				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
7.1. Organize a regional consultation of civil society and community led organizations as important actors in scaling up the delivery of HIV services to people most in need	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of June 2022	<i>Not Initiated</i>	
7.2. Implement the strategic collaboration framework between WHO and the Global Fund for AIDS, TB and Malaria	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	

Recommendation 8: Include special populations that need focused attention in future Frameworks				
Management response	Accepted			
Status	<i>Not Initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
8.1. Organise a high-level advocacy meeting to increase access to a comprehensive service package by all key populations	MANZENGU MINGIEDI Casimir, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of June 2022	<i>Not Initiated</i>	
8.2. Disseminate and support adaptation of consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations	YEBOUE Kouadio, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2021	<i>Not Initiated</i>	
8.3. Provide technical assistance to countries for implementing national plans to accelerate the HIV treatment coverage among key populations	MOSHA Shakiwa Fausta, Technical Officer Laboratory for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of December 2023	<i>Not Initiated</i>	

Recommendation 9: Develop a catch-up plan for countries to use the Framework indicators				
Management response	Accepted			
Status	<i>Not initiated</i>			
Key actions	Responsible	Timeline	Status	Comments
9.1 Develop a catch-up plan for countries to use the framework indicators	BA Ndoungou Salla, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	By the end of June 2022	<i>Not Initiated</i>	

3. Updated management responses on progress in the implementation of recommendations from evaluations completed in 2019-2020

Corporate evaluations

3.1 Evaluation of the Neglected Tropical Diseases programme, with a special focus on the current neglected tropical diseases roadmap for implementation

3.1.1 The overall purpose of the evaluation was to assess the accomplishments of the WHO Neglected Tropical Diseases (NTD) Programme as well as the lessons learned through implementation at the three levels of the Organization, and specifically to: document successes, challenges and gaps of the NTD Programme during the biennia 2014-2015 and 2016-2017 with a focus on the WHO Roadmap for Implementation (Roadmap); and provide lessons learned and strategic recommendations for the design and operationalization of the next steps addressing the remaining toll of NTDs in the context of the Thirteenth General Programme of Work, 2019-2023.

3.1.2 Since the last evaluation consolidated annual report of management responses, actions taken over the past 12 months have focused on a progressive reshaping of the public health approach to NTDs. Three additional actions were fully implemented: a) the new NTD road map 2021-2030 was the outcome of a wide consultative process, which contributed to strengthen WHO's role and its relationship with key stakeholders, and culminated with its launch on 28 January (Recommendation 1). (b) In line with the road map's spirit, efforts were made to break programmatic silos and strengthen cross-cutting and inter-sectoral activities, as a natural consequence of the restructuring of the NTD department; this is exemplified, among others, by ongoing collaboration with other departments (Recommendation 2). (c) Finally, a series of companion documents to the NTD road map is set to provide the tools to ensure that countries and all stakeholders align with the shared vision promoted by WHO (Recommendation 3). Progress has proceeded: a) the NTD investment case is in its final stages; b) extensive groundwork has been carried out to strengthen cross-cutting and intersectoral approaches to NTDs, c) a research blueprint for NTDs will soon be published, and d) standardization and harmonization of NTD indicators has been strengthened to facilitate their mainstreaming into existing health information management and disease surveillance/reporting systems.

Management Response

Evaluation Title	Evaluation of the WHO Neglected Tropical Diseases Programme
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/docs/default-source/documents/evaluation/evaluation-ntd-report.pdf?sfvrsn=351a363f_2
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for providing the management response	Director's Office, WHO Department of Control of Neglected Tropical Diseases Division of Universal Health Coverage/Communicable and Noncommunicable Diseases (UCN/NTD)
Overall Management Response: <p>Overall response by Senior Management to suggestions made by the evaluators was good, and recommendations were broadly accepted.</p> <p>In general, action is already underway with regard to normative aspects (e.g. the development of the new NTD road map 2021-2030) and programmatic shifts (e.g. the new departmental structure, operational since 1 January 2020). Programme management functions are being progressively strengthened and the recruitment of an NTD Programme Manager is expected soon.</p>	
First Management Response Status: <i>In progress</i>	Updated Management Response Status: <i>In progress</i>
First Management Response Date: 25 April 2020	Updated Management Response Date: <i>4 May 2021</i>
Overall update on the actions taken since April 2020	<p>Actions taken over the past 12 months have focused on a progressive reshaping of the public health approach to NTDs. The new NTD road map 2021-2030 was the outcome of a wide consultative process, which contributed to strengthen WHO's role and its relationship with key stakeholders, and culminated with its launch on 28 January (Recommendation 1). In line with the road map's spirit, efforts were made to break programmatic silos and strengthen cross-cutting and inter-sectoral activities, as a natural consequence of the restructuring of the NTD department; this is exemplified, among others, by ongoing collaboration with other departments (Recommendation 2). Finally, a series of companion documents to the NTD road map is set to provide the tools to ensure that countries and all stakeholders align with the shared vision promoted by WHO (Recommendation 3).</p>

Recommendations and Action Plan

Recommendation 1: An updated Roadmap, as well as the London Declaration-type document, is needed to help to keep momentum for NTDs.					
i. The focus of the Roadmap and WHO NTD Programme should broaden beyond a focus on MDA for PC diseases, to include further articulation and implementation of the other four strategies of the WHO NTD Programme (integrated disease management/case management, WASH, vector control, and zoonosis) with clear, achievable community mobilization and strategies for all NTDs. Sustainability targets need to be built into the strategy. ii. The importance of integration across the 20 NTDs should be a focus of the new Roadmap, linking the NTD work to the GPW13, UHC, HSS and the SDGs. iii. The list of NTDs included in the Roadmap for Implementation and in the WHO NTD Programme needs to be safeguarded. The WHO Secretariat and its partners need to ensure adequate resources and support for the NTDs that are included on the list.					
Management response	Partially accepted. Only because we do not accept the recommended London Declaration-type document which is restrictive to only 10 NTDs and not the entire group of 20. The new road map 2021-30 is fully aligned with GPW13, UHC and SDGs, and promotes mainstreaming of NTD services into national health systems as a way to reinforce both NTD programmes and the overall health system. Envisaged actions are detailed below, with an overall timeline up to June 2020				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Initiate a global consultative process with member states, stakeholders and NTD and public health experts	Director and Regional NTD Advisers	April 2018 - August 2019	<i>Implemented</i>	The road map consultative process included inputs from over 100 expert interviews and 300 responses from online consultations, meetings with national NTD managers and partnerships	No update required
Present the draft road map 2021-30 to the NTD Strategic and Technical Review Group (STAG-NTD)	Director NTD	September 2019	<i>Implemented</i>	STAG-NTD reviews and approves the NTD road map 2021-30	No update required
Finalize the road map 2021-30 and present for consultation by the member states	Director NTD	February 2020	<i>Implemented</i>	At the request of the 146 EB, the NTD road map 2021-30 will be reviewed by the 73 rd WHA.	No update required
Launch the road map	Director NTD	June 2020	<i>Implemented</i>	The road map is planned to be launched in a high-profile event in June for its widest circulation and visibility	Both WHA endorsement and launch had to be postponed because of the COVID-19 pandemic. The road map was eventually endorsed by WHA73 on 13 November 2020, and was officially launched on 28 January 2021 through a high-level virtual event. The document is available here: https://apps.who.int/iris/handle/10665/338565 The video of the launch is available here: https://www.youtube.com/watch?v=HZ64fviWMCA

Develop an investment case for the road map 2021-30	Director NTD	December 2020	<i>In progress</i>	The document will facilitate and strengthen advocacy and resource mobilization to accelerate action towards the 2030 targets and to sustain progress, especially for diseases that are approaching elimination.	The NTD investment case is in its final stages. More time was required to add a section dedicated to funding request. Its publication as a companion document of the NTD road map is expected in Q3 2021.
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Recommendation 2: The WHO NTD Programme should consider further integration across NTDs. <ul style="list-style-type: none"> i. To facilitate integration across NTDs, including within the WHO NTD Programme: providing integrated guidelines (e.g. across strategies) and supporting their implementation, planning across diseases in an integrated manner, and ensuring that staffing aligns with integrated strategies across diseases. ii. From a partnership perspective, WHO should encourage donors to adopt an integrated approach to NTDs and ensure intersectoral collaboration within WHO and externally to support work on NTDs. 					
Management response	Accepted. 2.1 The NTD department has further progressed in implementing this recommendation in a more rational and structured way. The fundamental changes towards integration of the various disease-specific NTD programmes have been implemented by reshaping the structure of the department from being focused on disease categorization into being more function and platform-oriented. 2.2 From the wider NTD community perspective – in order to guide and encourage Member States and development partners including donors, the fundamental measure or action taken was the development of the NTD road map 2021-2030 with clear strategic shifts across 3 areas as described below.				
Status	2.1 Implemented and 2.2 in progress – we recognize that integration is a continuous process				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Restructuring the NTD Department units	Director NTD	By 31 December 2019	Implemented	Structural change has already happened by envisaging a platform and an approach for integrated service delivery. What remains is filling some of the mission critical positions reflecting the new cross cutting functions established by the process of WHO Transformation, with the aim of aligning the department work to the wider organizational goal.	No update required
Significant shifts in addressing NTDs	Director NTD	NTD roadmap document by May 2020 Implementation of the recommended actions & new approaches, 2021-2030	<i>Implemented</i> <i>In progress</i>	The development of the NTD road map 2021-2030 has been completed with extensive consultative process of Member States, experts, partners, the wider NTD community and the public. The road map is the key document providing strategic directions and approaches to the work of the mentioned stakeholders and WHO, and entails three significant shifts in the delivery of NTD interventions: 1. Programmatic progress across NTDs: shift from a process orientation, where success is measured	No update required

				<p>based on actions taken, to an impact orientation, where success is measured based on real-life impacts covering all NTDs.</p> <ol style="list-style-type: none"> 2. Cross-cutting approaches: shift from disease-specific perspectives considering individual diseases in isolation, towards a platform-based, holistic approach based on universal health coverage and integrating cross-cutting themes and shared resources. Primary cross-cutting approaches include: integrating across NTDs and within national health systems, coordinating among NTD ecosystem stakeholders and non-NTD vertical programmes, and lastly strengthening country systems, global and regional resources and expertise in NTDs. 3. Operating model and culture: to achieve the overarching, cross-cutting and disease targets, a shift is proposed in the operating model and culture: from an outside donor-led agenda where external stakeholders determine NTD priorities to a country-owned agenda where countries actively integrate NTDs in their health sector planning and budgeting. 	
Ongoing discussion with donors to support WHO's and Member States' cross-cutting and intersectoral approach	Director NTD	Ongoing process (during renewal of grant agreements and new proposal submissions to donors)	<i>In progress</i>	WHO/NTD is currently in negotiation with existing and new donors to provide support for the new approaches, particularly for improving integration across NTDs and with other communicable diseases and the broader UHC and health system and also for multisectoral interventions on vector control, WASH, Food safety, education etc.	Extensive groundwork has been carried out to strengthen cross-cutting and intersectoral approaches to NTDs, thanks to the publication of a technical document on NTDs and mental health , and a revised strategy on NTDs and WASH . Activities have also been jointly implemented in collaboration with UNAIDS, GMP and WHE. Director, NTD, has been engaging partners, stakeholders and donors, and advocating for reprioritization of NTD investments according to the programmatic shifts identified by the new NTD road map.

Recommendation 3: A stronger overall integrated programme management function at NTD HQ level to ensure efficiencies, moving from coordination to collaboration and integration of NTDs, and ensure sustainability.					
i. Consider a formal mechanism to coordinate internally at WHO HQ to ensure intersectoral collaboration and integration that will further address NTDs (e.g. with programmes on WASH, surgery, mental health, UHC), as well as research needs (e.g. by formulating a well-articulated research partnership with TDR). ii. The NTD Programme should conduct a clear stakeholder analysis with articulated strategies about external engagement to ensure that diseases/sub-groups collaboratively engage stakeholders in a more harmonized, consistent and integrated way. iii. The WHO NTD Programme should have a well-articulated programme logic model and a specific, detailed performance measurement framework to ensure management has performance data for decision-making. iv. The WHO NTD Programme should assess the logistical support role it provides (i.e. whether it fits within WHO's core functions, and if it is adequately resourced at all levels of WHO). v. As country-level NTD surveillance data is critical, surveillance systems will become more important as the WHO NTD Programme moves towards elimination and eradication. WHO should work with partners and countries to strengthen NTD surveillance systems at country levels. vi. The WHO NTD Programme needs to set the conditions for sustainability, which are defined clearly (e.g. domestic institutionalization, drug procurement) and integrated into the WHO NTD Programme.					
Management response	Accepted Envisaged actions are detailed below, with an overall timeline up to 2022 NTD programme manager is being recruited to facilitate implementation of Recommendation 3				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Coordinate internally at WHO HQ to ensure intersectoral collaboration and integration to further address NTDs	Director NTD	In place by April 2019	<i>Implemented</i>	Directors of relevant departments (or their nominees) participate in meetings of the NTD Strategic and Technical Advisory Group. As an example of the fruits of this collaboration, an updated WASH&NTDs Global Strategy is being developed in partnership with WHO/PHE as a companion document to the 2021-2030 NTD Roadmap.	No update required
Formulate a well-articulated research partnership with TDR	NTD Chief Scientist	By end 2020	<i>In progress</i>	Development, in collaboration with TDR and other partners, of a Research Framework as a companion document to the 2021-2030 NTD Roadmap, has been planned but has not yet been undertaken.	"Ending the neglect to attain the Sustainable Development Goals: A research & development blueprint for neglected tropical diseases 2021–2030" has been cleared by QNS and assigned number GPHG 1304. Its publication is expected by Q4 2021.
Conduct a stakeholder analysis and articulate strategies about external engagement	NTD Programme manager/ Information Officer	By end 2020	<i>Implemented</i>	Consultation with the wider partners' community has started as part of the preparatory work conducted in view of the launch and implementation of the NTD road map 2021-30.	Extensive consultations have taken place between WHO and stakeholders with regard to shaping the road map and launching it during a high-level virtual event. A consultant focusing on advocacy and relationship with stakeholders has joined DOF and is supporting Director, NTD

					with regard to WHO's strategic engagement with the global NTD community.
Develop a well-articulated programme logic model and a specific, detailed performance measurement framework	NTD Programme manager	Awaiting formal adoption	<i>In progress</i>	The 2021-2030 NTD Roadmap and its companion Monitoring and Evaluation Framework document meet these needs.	"A framework for monitoring and evaluating progress of the road map for neglected tropical diseases 2021-2030" is being finalized and will be released by Q2 2021. A virtual presentation to the global NTD community is planned for June/July 2021.
Assess the logistical support role that the Department provides	Director NTD	By May 2019	<i>Implemented</i>	This assessment was undertaken as part of the WHO Transformation process, which subsumed the "Functional Alignment" exercise that the Department had itself commenced just prior to the launch of the Transformation. Logistical support for procurement of NTD medical products is an essential function of the Department; it is, unfortunately, the nature of NTDs that without this role being performed by WHO, the majority of persons affected by NTDs would not have access to essential medicines and diagnostics.	No update required
Work with partners and countries to strengthen NTD surveillance systems at country levels	Director NTD	By end 2022	<i>In progress</i>	Surveillance systems are complex enterprises. The fitness-for-purpose of data collection platforms for NTDs varies markedly from one disease to another; for some (e.g., dracunculiasis, HAT, trachoma), they are already strong. For some others, basic diagnostic development is still needed, or systems for quality control and quality assurance must be created or adapted whilst working in partnership with a multitude of existing stakeholders.	Standardization and harmonization of NTD indicators has been strengthened to facilitate their mainstreaming into existing health information management and disease surveillance/reporting systems. Data management practices for different NTDs are being progressively integrated to minimize reporting burden on programmes. Progress has been made to layout a standardized approach to identify gaps and fill needs for diagnostics for NTDs, in close coordination with the global partners community. The drafting and web consultation for two TPPs for lymphatic filariasis and two TPPs for onchocerciasis has been completed. For two TPPs for schistosomiasis and one TPP for STH, public consultations have been completed and reviews are being finalized based on comments received. TPPs for skin NTDs (Buruli ulcer, cutaneous leishmaniasis, and leprosy) are being drafted for public consultation. TPPs for emergency vector control

					targeting Aedes mosquitoes and the TPP for snake antivenom products for sub-Saharan Africa are being finalized.
Set the conditions for sustainability	Director NTD	By end 2020	<i>Implemented</i>	A Sustainability Framework is being developed as a companion document to the 2021-2030 NTD Roadmap.	“Ending the neglect to attain the sustainable development goals: a sustainability framework for action against neglected tropical diseases 2021-2030” was released by WHO on 28 January 2021 , as a companion document to the NTD road map. The document is available here: https://apps.who.int/iris/handle/10665/338886

3.2 Country office evaluation - India

3.2.1 The evaluation of the country office in India covered the period of the Country Cooperation Strategy (CCS) 2012x-2017. This was the second country office evaluation to be undertaken in the WHO South-East Asia Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in India. This included not only the results of the country office but also contributions from the regional and global levels to the country programme. An expected use for the evaluation is to support the WCO, especially as it considers the implementation of the CCS 2019-2023 and for future planning

3.2.2 Since the last evaluation consolidated annual report of management responses, several of the recommendations have been implemented or in progress. A few of the recommendations have not been initiated and delayed due to COVID-19 related exigencies. Our entire team including field personnel of more than 2600 are repurposed to support the Government of India in responding to COVID19. Ongoing support is being provided to the Government of India's flagship programmes like Ayushman Bharat, TB elimination and NTD elimination Programmes (since September 2020). Further support is being provided to the Government of India in digital health technology, including the nationwide roll-out of the integrated disease surveillance programme on a near real time web enabled Integrated Health Information Platform. The Mid-term assessment report for the NPSP is now available and internal planning and action plan is being developed through consultative process. The output scorecard has been reported as a part of the mid-term assessment of 2020-2021 workplan. The priorities identified with MoH have been duly considered while planning for 2022-23 in Value for money tool. Some of the activities have been delayed due to COVID-19 exigencies, such as CCS review, action plan for NPSP transition based on recommendation of mid-term review.

Management Response

Evaluation Title	Country Office Evaluation: India
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/docs/default-source/pain-management-documents/report-coe-india-july-2019.pdf?sfvrsn=22078cc0_2
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for providing the management response	WHO Country Office, India
<p>Overall Management Response: Overall all the recommendations are well noted and accepted.</p> <ul style="list-style-type: none"> • Several of the Recommendations have been addressed (eg.: Mid-term Assessment of NPSP, development of a Resource Mobilization Strategy). • Further, as recommended, ongoing support is also being provided to Govt. of India's flagship programmes like Ayushman Bharat and TB Programme • In reference to alignment of CCS in all planning and implementation activities - WHO CCS, Regional Flagship areas and SDGs targets are actively considered in discussions with Ministry of Health and Family Welfare and aligned Ministries while defining the priorities during the biennial planning process and formulation of the country-level workplans. Consequently, the above process is also followed during mid-term and end-of-biennium programme technical and budget reviews. • However, some of the recommendations, e.g. developing theory of change for Country Cooperation Strategy, and development of strategy for engagement with states are yet to be initiated. 	
First Management Response Status <i>In Progress.</i> Several of the recommendations have been implemented or in progress. A few of the recommendations have not been initiated	Updated Management Response Status: <i>In Progress</i> Several of the recommendations have been implemented or in progress. A few of the recommendations have not been initiated and delayed due to COVID-19 related exigencies. Our entire team including field personnel of more than 2600 are repurposed to support the Government of India in responding to COVID19.
First Management Response Date 25 September 2020	Updated Management Response Date: 30 April 2021
Overall update on the actions taken since September 2020	<ul style="list-style-type: none"> • Several of the recommendations have been addressed, ongoing support is also being provided to Govt. of India's flagship programmes like Ayushman Bharat, TB elimination and NTD elimination Programmes since September 2020. • Further support is also being provided to Govt. of India in digital health technology, including the nationwide roll-out of the integrated disease surveillance programme on a near real time web enabled Integrated Health Information Platform • Mid term assessment report for the NPSP is now available and internal planning and action plan is being developed through consultative process. • The output scorecard has been reported as a part of the mid term assessment of 202-21 workplan. The priorities identified with MoH have been duly considered while planning for 2022-23 in Value for money tool. • Some of the activities have been delayed due to COVID-19 exigencies, such as CCS review, action plan for NPSP transition based on recommendation of mid term review.

Recommendations and Action Plan

<p>Recommendation 1: The head of the WHO Country Office and the Country Office should maximise the effectiveness and impact of Country Cooperation Strategy 2019-2023 as a key strategic instrument. It is recommended to:</p> <ul style="list-style-type: none"> i. ensure close alignment of all planning and implementation activities with the Country Cooperation Strategy, including mid-term and end-of-biennium programme budget reviews and during the formulation of country-level workplans; ii. develop a theory of change which shows the anticipated causal path from all country-level activities and outputs specified in the Country Cooperation Strategy to expected outcomes and impact (in relation to achieving WHO's 'triple billion' goals); iii. seek to strategically use the Country Cooperation Strategy in its engagement with the Government of India and development partners; and iv. set up a monitoring and evaluation framework to measure WHO's progress towards targets over the Country Cooperation Strategy implementation period, including a mid-term evaluation of the Strategy. The framework should also consider the role of gender, equity and human rights as social determinants of health. 					
Management response		<p>Well noted and accepted</p> <p>In reference to alignment of CCS in all planning and implementation activities - WHO CCS priorities are aligned with Regional Flagship areas, priorities of the Government of India and SDGs targets. The CCS priorities are taken into account during the biennial planning process and formulation of country-level workplans. Consequently, the above process is also followed during mid-term and end-of-biennium programme technical and budget reviews.</p> <p>As outlined in the Monitoring and Evaluation Framework in the CCS the following parameters will be taken into account for monitoring and evaluation:</p> <ul style="list-style-type: none"> I. Monitoring of India's disability-adjusted life years (DALYs) over time II. Measuring outputs and impact targets for the four CCS strategic priorities III. Implementing biennial Country Support Plans IV. Programmatic evaluations V. Qualitative reports of health impact and WHO's contribution VI. Progress and achievement in enhancing India's global leadership in health as outlined in the WHO CCS <p>However this will be revised to include GER parameters.</p>			
Status		<i>In progress; (Recommendation 1.ii - not initiated)</i>			
Key actions	Responsible	Timeline	Status	Comments	Update since September 2020
Alignment of all planning and implementation activities with the Country Cooperation Strategy, including mid-term and end-of-biennium programme budget reviews and during the formulation of country-level workplans	Deputy WR/ Planning Unit	Planning for biennial Programme Budget and workplans (PB 2020-21 and PB 22-23) implemented	<i>Implemented</i>	<i>Nil</i>	No update required.

Theory of change including causal path for all country-level activities and outputs and aligned with GPW 13 – Triple Billion Goals developed	Deputy WR / Planning Unit	Will be defined	<i>To be initiated</i>	Due to exigencies created by the COVID-19 pandemic this activity has not yet been initiated	Due to exigencies created by the COVID-19 pandemic this activity has not yet been initiated
CCS Monitoring and Evaluation framework reviewed and revised	Deputy WR / Planning Unit	March 2021	<i>In progress</i>	The M&E framework is a part of the CCS. However, this will be reviewed and revised to include GER and used for internal monitoring purposes	The activity has been delayed due to ongoing COVID-19 exigencies. The M&E framework is a part of the CCS. However, this will be reviewed and revised to include GER and used for internal monitoring purposes.

<p>Recommendation 2: To enhance the relevance and effectiveness of WHO's involvement in India, it is recommended that the WHO Country Office with support from the Regional Office for South-East Asia and headquarters as appropriate:</p> <ol style="list-style-type: none"> continue to support the Government of India's efforts within the framework of universal health coverage, such as <i>Ayushman Bharat</i>, and promote inclusion of neglected health issues, such as noncommunicable diseases; support implementation research studies with respect to implementation of universal health coverage/<i>Ayushman Bharat</i> and provide necessary expertise to facilitate emerging Government priorities, such as digital health; develop a strategy, in consultation with Ministry of Health and Family Welfare and other Union and state government agencies as appropriate, for working with state government counterparts and contributing to state-level health issues; and develop a strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by the Framework for Engagement with Non-State Actors. 	
Management response	<p>Well noted and accepted, with exception of sub-recommendation iii (see below)</p> <p>Further responses to specific recommendations are stated below:</p> <ul style="list-style-type: none"> Continued technical support is being provided to Govt. of India's flagship programmes like <i>Ayushman Bharat</i> with its two complementary components for strengthening service delivery and PMJAY (Health Financing) WHO India is also supporting Government of India to implement cost effective interventions for prevention and control of NCDs for operationalizing the National Multisectoral Action Plan for NCDs (2017-2022). Further support is also being provided to Govt. of India in digital health technology, including the development and nationwide roll-out of the Integrated Health Information Platform. WCO is supporting MOHFW to enhance the existing online training platform (swasth e-gurukul) for conducting trainings on TB and other health programmes Various studies including operational research to inform PMJAY implementation challenges are underway As part of the Resource Mobilization Strategy and Donor Coordination, several options are being explored for collaborative engagement with private sector (directly or through platforms like the UN SDG Trust), in adherence to FENSA guidelines <p>Regarding sub-recommendation (iii) on the development of a strategy, for working with state government counterparts and contributing to state-level health issues was not pursued further due to political sensitivities. WHO mandate is to support Union Government. However, on request by the state government, WHO India continues to provide technical support and health sector leadership in several priority</p>

	areas like NPSP, elimination of Tuberculosis, elimination of lymphatic filariasis and visceral leishmaniasis, Universal Health Coverage, Antimicrobial Resistance, Measles and Rubella Elimination, India Hypertension Control Initiative etc.				
Status	<i>In progress (However sub-recommendation iii – not implemented)</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since September 2020
Operational research supported to promote Universal Health Coverage (service delivery and health financing components) recommendations	Health Systems Unit	Ongoing – to be completed by end of biennium 2020-21	<i>In progress</i>	<i>Nil</i>	The activity is ongoing and there has been some delay due to COVID-19 situation.
Strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by FENSA	Deputy WR / Planning Unit	December 2019	<i>Implemented</i>	<p>The strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by FENSA is a part of the Resource Mobilization Strategy developed in 2019</p> <p>Advocacy on UHC was conducted for CSO groups for the first time jointly with UNAIDs.</p>	No update required.

<p>Recommendation 3: The WHO Secretariat should ensure adequate and sustainable human and financial resources to implement WHO's work in India and respond to the specific emerging needs of India. It is recommended to:</p> <ol style="list-style-type: none"> develop a resource mobilisation strategy which assesses future funding needs and identifies specific actions to address any potential shortfalls and improve donor relationships; conduct a functional review of the WHO Country Office and ensure that the new Country Cooperation Strategy priorities and the emerging needs of the Government of India are adequately supported in a timely manner with the necessary financial and human resources (including through short-term external high-level expertise); and assess the current WHO Country Office staffing and skills mix in the light of the new Country Cooperation Strategy priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the needs of the country. 	
Management response	<p>Well noted and accepted.</p> <ul style="list-style-type: none"> WHO India Resource Mobilization Strategy (RMS) developed and advocated in May 2019. A Donor Landscaping exercise was also conducted A functional review of WHO Country Office was undertaken, including HR scoping and mapping in the Value for Money Toolkit to develop the Country Support Plan while planning for GPW 13 transition and PB 2020-21 and recently for PB 2022-23 planning in VFM tool. The country has also reported on the output scorecard to assess the selected outputs on key domains.

	An HR Strategic Plan is being drafted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since September 2020
WHO India Resource Mobilization Strategy developed and advocated	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Health Sector in India: Resource Allocation Landscape: WHO Country Office for India	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Resource Mobilization and Donor Coordination function established under WRs Secretariat	Deputy WR / Resource Mobilization and Donor Coordination	December 2019	<i>Implemented</i>	<i>Nil</i>	No update required.
Functional Review of the WHO India	WR and AO	March 2021	<i>Implemented</i>	A functional review of WHO India Country Office including HR scoping and Output mapping within the framework of GPW 13 Triple Billion Goals will be completed for planning for PB 2022-23.	In April 2021, a functional review of WHO Country Office was undertaken, including HR scoping and mapping in the Value for Money Toolkit to develop the Country Support Plan while planning for PB 2022-23. The high and medium priority outputs as identified with MoH were prioritised. The WHO country office has also participated in the output scorecard as a mid term review of the 2020-21 biennial plan, in accordance to GPW 13.

Recommendation 4: As part of the planned joint consultation for the National Polio Surveillance Project transition plan and mid-term review of the Country Cooperation Strategy during the second half of 2020, the following should be considered in the terms of reference: <ul style="list-style-type: none"> i. lessons learned from polio transition; ii. relevance of current and planned activities beyond polio transition; iii. the management and funding of the National Polio Surveillance Project, including the engagement of SSAs; and iv. recommendations for the way forward. 	
Management response	Well noted and accepted In context of the above the objectives of the NPSP Mid-term Assessment were as follows:

	<ol style="list-style-type: none"> 1. To review and update key elements of India's national polio transition plan. 2. To review progress and timelines of the implementation of agreed NPSP transitioning activities at national and sub-national levels. 3. To review country/state level opportunities and involvement of NPSP in management of Immunization and other Public Health Programs, including emergency response. 4. To recommend future NPSP transition opportunities to strengthen various components of national immunization program and other national and sub-national health priorities. <p>Although management of HR and financial resources were not part of the general objectives above, these areas were addressed in the assessment and recommendations made accordingly. The above will also be addressed in the planned Mid-term Review of the WHO CCS 2019-2023</p>				
Status	<i>Not initiated - planned in 2021</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since September 2020
Conduct Mid-term Review of WHO CCS 2019-23	Deputy WR / Planning Unit	Q3 2021	<i>Not initiated</i>	<i>Nil</i>	The planning for the CCS review is underway, and aimed to be undertaken later in 2021.
Develop Action Plan to address recommendation of the Mid-term Review of WHO CCS 2019-23	Deputy WR / Planning Unit	Q4 2021	<i>Not initiated</i>	<i>Nil</i>	This will be undertaken post the CCS review, as planned in later part of 2021

Recommendation 5: The planned corporate mid-term evaluation of the polio transition plan to be conducted by the WHO Evaluation Office should consider lessons learned and best practices from the National Polio Surveillance Project model.					
Management response	Well noted and accepted. WHO India has conducted an independent Mid-term Assessment of NPSP 1 May- 31 August 2020. Report of the assessment is now available				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since September 2020
Develop action plan based on the recommendation of Independent Mid-term Assessment of WHO India's NPSP Transition from Polio to Public Health	Dr Pankaj Bhatnagar, Ag. Team Lead, NPSP	Mid-2020	<i>In progress</i>	Recommendations being reviewed and an Action Plan will be developed to address any mid-course corrections as required in discussion with Ministry of Health and Family Welfare	The report of the independent mid term assessment of NPSP is now available. In discussion with MoH, the NPSP has been renamed as National Public Health Support Program. There have been internal deliberations to draft an action plan. Internal stakeholder discussions were planned in April 2021 but had to be postponed due to evolving COVID exigencies. The process is therefore, delayed.

3.3 Country office evaluation – Senegal

3.3.1 The evaluation of the country office in Senegal covered the period of the Country Cooperation Strategy (CCS) 2016-2018. This was the second country office evaluation to be undertaken in the WHO African Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in Senegal. This included not only the results of the country office but also contributions from the regional and global levels to the country programme.

3.3.2 Since the last evaluation consolidated annual report of management responses, the Country Office revised the functional review of the Office, and began implementation of the new structure. Much progress has been achieved for actions for the recommendations, including: a) proceeding to finalization of the new Country Cooperation Strategy, b) recruitment of additional staff to support health system strengthening c) expansion of collaborative actions with non-state actors for NCDs (namely, tobacco, road safety), d) staff awareness and capacity building for developing a theory of change, e) hiring staff for resource mobilization, and f) documenting and sharing good practices on Covid-19 response, continuity of services, risk communication and community engagement with other AFRO Country Offices and Regional Office.

Management Response

Evaluation Title	Country Office Evaluation : Sénégal
Commissioning Unit	WHO Evaluation Office
Link to the Evaluation	https://www.who.int/docs/default-source/documents/about-us/evaluation/coe-senegal-report-english.pdf?sfvrsn=948b91f8_4
Evaluation Pan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for response	WHO Country Office, Sénégal
<p>Overall Management Response:</p> <p>Following the release of the evaluation report to the WHO Representative (WR) Senegal, the WR ensured that it was received by the WHO Regional Director's Office, AFRO. The Representative shared the report with staff members and the Regional Functional Review Coordinator based in Brazzaville and developed a plan for implementing the recommendations.</p> <p>In agreement with the Regional Office, it was then decided that a mission would take place during the first quarter of 2020 to revisit the functional review conducted in 2017 in order to strengthen the "matching" between the technical needs arising from the priority areas for support to the country and the expertise available within the Office. This readjustment would make it possible to address the recommendations made following the Evaluation. With the COVID-19 health crisis that emerged on 2 March 2020 in Senegal, the mission could not take place as the Covid-19 response was the priority. This activity has been rescheduled, although no date has been identified for the moment, as travel possibilities are reduced. The plan for the implementation of the recommendations was also not adequately completed.</p>	
First Management Response Status <i>In progress</i>	Updated Management Response Status: <i>In progress</i>
First Management Response Date: September 2020 <i>Sharing of the report with all Country Office staff on 15 October, 2019.</i> <i>Interactions with the Regional Office regarding the Country Office Evaluation on 28 November, 2019.</i> <i>Development of an implementation plan for the recommendations of the office evaluation – September 2020.</i>	Updated Management Response Date: <i>10 mai 2021</i>
Overall update on the actions taken since September 2020	The functional review of the Office has been revised and the implementation of the new structure has begun.

Recommendations and Action Plan

<p>Recommendation 1: In order to address the more systemic and long-term needs of Senegal, the WHO Country Office in Senegal should ensure the alignment of the new Country Cooperation Strategy with the priorities set forth by the Government of Senegal, the Thirteenth General Programme of Work, the 2030 Agenda and the reform of the United Nations, concentrating on areas in which WHO has a comparative advantage. It is recommended that such an instrument:</p> <ul style="list-style-type: none"> i. focus on a set of well-defined strategic issues that respond to: (i) unmet health sector priorities of Senegal, e.g. health systems strengthening with a view to universal health coverage (including governance, financing, legislation and community health); (ii) broad health issues identified in the health-related Sustainable Development Goals (not only Goal 3, but also goals 2 (nutrition) and 6 (water, sanitation and hygiene)); (iii) Government priorities related to noncommunicable diseases and the social determinants of health, including consideration of the role of gender, equity and human rights; ii. support strategic multisectoral collaboration among relevant Government and non-State actors in order to achieve the health-related Sustainable Development Goals; iii. include the perspectives of the Government of Senegal, other relevant non-State actors and WHO staff, in order to ensure full ownership of the strategy; and iv. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets with indicators for both the expected measure outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner, allowing the monitoring of performance and target achievement. 					
Management response	<p>Accepted.</p> <p>Work on developing the Country Cooperation Strategy takes into account the evaluation recommendations, continuing until December 2019 (which were for temporarily stopped for the year-end period). From the beginning of 2020, preparation for a possible COVID-19 health crisis began and response activities have been carried out from 2 March, 2020 to date.</p>				
Status	<p><i>In progress.</i></p> <p>The year-end period in 2019, with related activities, prevented the finalization of the Cooperation Strategy. In 2020, the finalization, validation and launch of the Cooperation Strategy was further interrupted by the COVID-19 pandemic.</p>				
Key Actions	Responsible	Timeline	Status	Comments	Update since September 2020
Pursue work to finalize the cooperation strategy	Dr Aliou Diallo	End November 2020	<i>In progress</i>	A number of actions (below) are being implemented beyond the finalization of the Cooperation Strategy. They respond to the preliminary recommendations of the Country Office Evaluation presented by WHO EVL (Ms. Larizgoitia Jauregui) during their debriefing. They were used to develop the 2020-2021 work plan.	Guidance was provided by the Regional Office in April 2021 for the resumption of the cooperative strategy development processes and its finalization is underway.
(i) unmet priorities in Senegal's health sector, for example, strengthening the health system for universal health coverage (including governance, financing,	The WHO Regional Office for Africa, and WHO Representative, Senegal	In progress	<i>In progress</i>	In order to ensure support for the Country Office for strengthening the health system in Senegal, a request was made to WHO HQ and the Regional Office for the recruitment of additional staff in this area. A P4 level staff was recruited for universal health coverage with a focus on aspects of: service delivery, drugs and health products, health information. A Staff person is already in place (at the NO-C level) and is responsible	The Office now has the capacity to support health system strengthening in all its components.

legislation, and the formulation of community health)				for governance, human resources, financing and community health. The new staff person took office in April 2020 and implements the various interventions provided for in the 2020-2021 workplan. Implementation has slowed down due to the COVID-19 pandemic.	
(ii) the major health problems identified in the health-related Sustainable Development Goals (not only Objective 3 but also other objectives such as 2 (nutrition) and 6 (access to water, sanitation and hygiene)	WHO Representative, Senegal	In progress	<i>In progress</i>	In order to implement SDGs 2 and 6, the Office has strengthened its capacity by recruiting a staff in charge of maternal and child health in February 2020, whose role is also to support nutrition issues. Another staff in charge of health promotion (including water, hygiene and sanitation) was recruited in August 2020. The implementation of interventions is ongoing according to the 2020-2021 workplan, but slowed down due to the COVID-19 pandemic.	Interventions related to the implementation of SDG2 are supported at the level of the different sectors, in collaboration with other UN agencies and other development partners (FAO, UNICEF, USAID, Action Against Hunger)
(iii) the government's priorities with respect to non-communicable diseases and the social determinants of health, while integrating a health equity, gender equality and human rights perspective into its programming.	WHO Representative, Senegal	In progress	<i>In progress</i>	A consultant has been recruited to support the control of noncommunicable diseases pending the availability of resources for the recruitment of an NPO. This consultant is working with the NPO in charge of health promotion to assist the government in a more coherent control of noncommunicable diseases, particularly the fight against cancer. Again, interventions in this area have been slowed due to COVID-19.	Support for interventions in the fight against non-communicable diseases continues. However, the gender, equity and human rights dimension must be better taken into account.
Support strategic multisectoral collaboration between government and non-state actors to achieve health-related Sustainable Development Goals.	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	However, we have advocated and supported the establishment of a multisectoral platform for the fight against non-communicable diseases.	WHO has advocated for the strengthening of collaboration between the Ministry of Health and non-state actors in the area of non-communicable diseases. Joint activities with these NGOs and civil society organizations have been carried out in the framework of the fight against tobacco, road safety, etc.
Obtain the perspectives of the Government of Senegal as well as those of non-state actors and WHO staff to ensure full acceptance of the strategy by all stakeholders.	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	Once the Cooperation Strategy is finalized, it will be presented to all health actors, including non-state actors. However, direct collaboration with non-State actors (associations of health personnel and NGOs) is already taking place as part of the response to COVID-19.	The Cooperation Strategy is being finalized and takes into account the national health priorities on which non-state actors are aligned
Incorporate a theory of change in order to better map out the path to change based on available resources and the activities to be carried out; and	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	Prioritization was carried out during the development of the 2020-2021 workplan based on guidance and tools received from the Regional Office. With the COVID-19 health crisis, planning for the first year has not been fully implemented, and a second prioritization will have to take place for 2021.	Team members continue to learn about the theory of change. A briefing was conducted for four new staff members. This was an opportunity for former staff members to review the theory of

develop a mechanism for prioritizing activities with indicators to measure the achievement of outputs and expected accomplishments, while clarifying WHO's contribution at all levels to ensure better monitoring of its performance and the achievement of its objectives.				The theory of change is an ongoing process with former staffs. The new staff members must be oriented to enable them to apply it.	change, define priorities for 2021 and for biennium 2022-2023
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Recommendation 2: WHO should strengthen at all levels of the Organization those core functions that would help deliver its mandate more effectively in Senegal. It is recommended that:

- i. the WHO Country Office strengthen its leadership, its health diplomacy role and its convening power, in sustaining commitments linked to the Country Cooperation Strategy, through effective relations with relevant national authorities within and beyond the health sector, with United Nations agencies, and with other non-State actors and through mobilization of resources among partners;
- ii. the WHO Country Office clarify its strategic role and reduce to a minimum those activities for which it offers less comparative advantage;
- iii. the Regional Office for Africa and its Inter-country Support Team for West Africa continue to provide technical support to Senegal and foster the exchange of best practices and sharing of experiences across countries in the Region; and
- iv. WHO strengthen the alignment of its functional responsibilities at all levels of the Organization and ensure the involvement of the Country Office staff and national partners in regional activities that are relevant for Senegal, in order to optimize follow-up by the Country Office.

Management Response	Accepted. The elements of the recommendation are routine activities and are implemented taking into account the recommendation and its elements.				
Status	<i>In progress</i>				
Key Actions	Responsible	Timeline	Status	Comments	Update since September 2020
The Country Office is strengthening its leadership, health diplomacy and convening power by fulfilling its commitments under the Country Cooperation Strategy, while maintaining effective relationships with national health and other relevant sectors, UN	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	Despite the lack of a Cooperation Strategy, WHO on a daily basis provides leadership in the field of health. This leadership is recognized by the entire government and partners, including UN agencies. Coordination of support for the COVID-19 response has been an illustration of this leadership. WHO's leadership is affirmed on a daily basis. As leader of the technical and financial partners in health, it ensures an advisory, guidance and coordination role for health actors.	WHO, in its role as the lead technical and financial partner in the health sector, is maintaining its leadership. Resource mobilization is now assured since the recruitment in December 2020 of a staff in charge of external relations and resource mobilization.

agencies, and other non-state actors, and mobilizing resources from partners.				Resource mobilization is not yet effective outside the organization because of the lack of capacity of the office to do so. The recruitment of a dedicated staff is planned.	
The Country Office clarifies with its government partners its strategic role and minimizing the functions for which it has less comparative advantage.	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	Formal clarification is not made in the absence of an available and disseminated cooperation strategy.	The Cooperation Strategy and the new structure of the Office take into account the areas in which WHO has a comparative advantage. This will be made clear to government and development partners when the strategy is disseminated
The WHO Regional Office for Africa and the WHO Intercountry Support Team for West Africa continue to provide technical support to Senegal and promote the exchange of good practices and sharing of experiences among countries in the Region.	WHO Regional Office for Africa and WHO Intercountry Support Team for West Africa	Throughout 2020 and 2021	<i>In progress</i>	Support provided according to needs and available human and financial resources	In 2020 and 2021, Senegal has been asked by the Regional Office, and Headquarters to share its good practices in various areas (Covid-19 response, continuity of services, risk communication and community engagement, etc.). The country office has been supporting the documentation and presentation of these good practices.
WHO is strengthening the alignment of its functional responsibilities at all levels of the Organization and ensuring the participation of Country Office staff and national partners in relevant regional activities, in order to optimize their monitoring by the Country Office.	WHO Representative, Senegal	Throughout 2020 and 2021	<i>In progress</i>	Slower participation of Country Office staff and national partners in relevant regional activities due to COVID-19.	As part of the response to the COVID-19 pandemic and the Ebola Virus Disease response, the Country Office members have been empowered for certain functions. They receive guidance from the regional office, facilitate implementation at the country office and country level. This is also observed in the area of resource mobilization.

<p>Recommendation 3: The WHO Secretariat should ensure that the WHO Country Office in Senegal has the necessary human and financial resources to provide critical support to Senegal as it implements the Country Cooperation Strategy. It is recommended that:</p> <ul style="list-style-type: none"> i. the WHO Secretariat review its resource allocations to Senegal at both Country Office and Regional Office levels, based on the country's needs, to ensure the full implementation of the Strategy, and the funding of a critical mass of staff, managing finances in a realistic and predictable manner; ii. the WHO Country Office structure the funded activities on the basis of a logical framework, defining goals and targets with indicators and metrics, including building up exit strategies as needed in order to manage its support more effectively, and ensuring appropriate monitoring and performance assessment; iii. the WHO Country Office review its human resource capacity to ensure the adequate skill-mix required for the successful delivery of the Strategy; within financing constraints, there should be a balance between international and local staff as well as sufficient administrative support staff; iv. the WHO Country Office implement the outstanding recommendations of the Functional Review that are relevant to the implementation of the Strategy, including establishing a streamlined structure to relieve the WHO Representative from certain staff and project management supervisory roles in order to focus on the more strategic and leadership roles associated with the position; and v. the Regional Office for Africa adequately fund regional activities performed by the WHO Country Office on its behalf. 					
Management Response		Accepted The recommendation will be implemented in collaboration with the WHO Regional Office.			
Status		In progress			
Key Actions	Responsible	Timeline	Status	Comments	Update since September 2020
The WHO Secretariat reviews resource allocations at the Country Office level, as well as at the Regional Office level, based on country needs to ensure full implementation of the Strategy and funding for a critical mass of staff, while managing funding in a realistic and predictable manner	Regional Office (Planning, Budget, Monitoring and Evaluation Department - PBM/AFRO)	Throughout 2020 and 2021	<i>Implemented</i>	Several interactions took place with the Regional Office planning unit (PBM/AFRO) to jointly analyze the funding of the work plan, including the salary plan for the period 2020-2021. The challenges identified were discussed and gaps identified have been filled to date. However, the problem is likely to arise in subsequent years in the absence of predictable resources.	A significant improvement in resource allocations was noted in 2021. This results in less strain on the implementation of the salary plan.
The Country Office structures funded activities on the basis of a logical framework, defining objectives and targets using indicators and other metrics, developing exit strategies where necessary to manage its support more effectively,	WHO Representative, Senegal	2020-2021 Workplan	<i>Implemented</i>	This recommendation is being implemented whereby a workplan is developed on the basis of available guidance from WHO headquarters and the Regional Office. Its implementation must be rigorously monitored so as not to deviate from the priorities defined.	No update required.

while allowing for adequate monitoring of performance.					
The Country Office is reviewing its human resources in order to ensure the necessary competencies to successfully implement the Strategy; taking into account financial constraints; there should be a balance between international and local staff, as well as an adequate number of administrative support staff	WHO Representative, Senegal	Q4 2020 according to the finalized Cooperation Strategy	<i>In progress</i>	Readjustments will be made following the revised functional review and the availability of the Cooperation Strategy.	The new structure of the office being implemented ensures, through a minimal presence and financial realities, the necessary skills for the proper implementation of the Cooperation Strategy; it improves the balance between international and local staff.
The Country Office implements all outstanding recommendations of the Functional Review that are relevant to the Strategy, considering the implementation of a simplified structure that could free the WHO Representative from certain staff and project management oversight roles in order to focus fully on the more strategic and leadership roles associated with this position	WHO Representative, Senegal	March 2020, but rescheduled to Q4 2020 due to the Covid-19 crisis	<i>In progress</i>	It was planned that the functional review would be revisited in order to strengthen the "matching" between the technical needs arising from the priority areas for support to the country and the expertise available within the office. This readjustment would make it possible to better address the recommendations contained in the Evaluation of the Office.	The recruitment of staff members for strategic areas, in particular the "Program Manager Officer", and the implementation of a streamlined system allow to improve the functionality of the office and to better address the strategic challenges that arise.
The Regional Office provides adequate funding to support the regional activities carried out by the Country Office on its behalf.	Regional office (relevant departments)	2020-2021	<i>Not initiated</i>	Nothing to add	RAS

3.4 Country office evaluation – Rwanda

3.4.1 The evaluation of the country office in Rwanda covered the period of the Country Cooperation Strategy (CCS) 2014-2017. This was the first country office evaluation to be undertaken in the WHO African Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in Rwanda. This included not only the results of the country office but also contributions from the regional and global levels to the country programme.

3.4.2 Since the last evaluation consolidated annual report of management responses, the Country Office has proceed in its development of the 4th CCS. The emergence of Covid-19 and CO support to response has delayed some actions.

Management Response

Evaluation Title	Country Office Evaluation – Rwanda
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	http://www.who.int/about/evaluation/rwanda_country_office_evaluation_report.pdf?ua=1
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for response	WHO Country office Rwanda
<p>Overall Management Response:</p> <p>The WHO Rwanda Country Office Evaluation Report and Annexes were received. All the recommendations were accepted. Four out of five recommendations are being implemented.</p> <p>Most of the recommendations address the need to develop the 4th Country Cooperation Strategy (CCS) for Rwanda which is a top priority for WHO Rwanda. The development of the 4th CCS is in progress and has benefited from the process of operationalization of the 13th General Programme of Work; including the Theory of Change training and orientation of the new results hierarchy conducted 16 to 20 April 2018, the prioritization process and development of the Strategic Results Notes (SRNs) for the 13th GPW Outcomes, the orientation of the 13th GPW new planning process 10 to 11 May 2018, the WCO Functional Review process 4 to 8 June 2018, the various consultations with Ministry of Health and stakeholders, and the experiences from the implementation of the UN Reform since January 2019.</p>	
First Management Response Status <i>In Progress</i>	Updated Management Response Status: <i>In Progress</i>
First Management Response Date <i>30 April 2020</i>	Updated Management Response Date: <i>12 May 2021</i>
Overall update on the actions taken since April 2020	

Recommendations and Action Plan

<p>Recommendation 1: The new Country Cooperation Strategy and the associated WHO country office programme of work should be developed to ensure a good strategic fit with the unmet needs of Rwanda, the directions set by its Government in the Fourth Rwandan Health Sector Strategic Plan, the 13th General Programme of Work and WHO's comparative advantage. It is recommended that the new Country Cooperation Strategy be more focused and that the WHO country office should continue to strengthen its role working at the strategic level.</p> <ul style="list-style-type: none"> i. Specifically, the WHO country office should provide leadership and policy advice support at the strategic level; ii. Likewise, the WHO country office should strengthen its advocacy and resource mobilization functions in view of the Sustainable Development Goal agenda, looking strategically beyond the health sector and, in, championing the complex, multifaceted and multi-sectoral noncommunicable disease agenda; iii. The WHO country office needs to recognize the Government of Rwanda's ambitious development agenda and offer more innovative, flexible, proactive and technically sound responses; iv. The WHO country office should be strategic, considering a more focused approach: do less, do it better, building on collaboration with other United Nations agencies as part of the Delivering as One approach, working at the upstream level, providing policy and technical/normative options and advice. 					
Management response	<p>Accepted.</p> <p>The development of the new Country Cooperation Strategy (CCS) for Rwanda was initiated in 2018. The development stalled with a 7-month absence of a substantive WHO country representative. The work was reactivated in 2019 by the incoming WHO Representative. The first draft is expected to be available by the end of May 2020. The timeline for further consultations, finalization and launching may be affected by the return to normal operations post-COVID-19 outbreak in Rwanda.</p> <p>The Road Map for development of the new CCS was endorsed at the Staff Retreat in February 2018. During 2018, A CCS working Group was appointed on 28 February 2018. WHO Rwanda had the Theory of Change training and prioritization process on the 13th GPW from 16 to 20 April 2018. The WCO Evaluation was carried out 30 April to 8 May 2018 and served the same purpose as the review of the CCS 2014-2018. Thereafter the WCO Functional Review was conducted 4th to 8 June 2018. The Functional Review also provided information on key priorities for government, the views of stakeholders and areas of focus for WHO in the medium term. The progress subsequently stalled upon departure of outgoing WR in September 2018. The incoming WR re-started the process in September 2019 with discussions with AFRO and Headquarters on new CCS guidance including draft prototype CCSs in line with the 13th Global Programme of Work. The CCS working group has been reactivated and work is in progress. In 2020, The Ministry of Health has also officially provided a focal person who will work with WHO team on this work.</p>				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020

Update the Road Map for development of new CCS to indicate the new timelines	Daniel Ngamije	October 2019	<i>Implemented</i>	AFRO/HQ provided updated guidelines and the prototype for new country cooperation strategies. The roadmap was completed by the then focal point for this, Dr Daniel Ngamije. At the end of February 2020, the timelines had to be amended following the departure of Dr. Daniel Ngamije who was appointed as the new Honourable Minister of Health for Rwanda. In April 2020, the roadmap had to be further updated due to the COVID-19 outbreak that disrupted the implementation of the workplan.	No update required
Develop the new Country Cooperation Strategy aligned to GPW 13	CCS Working Group	Timeline revised to June 2020	<i>In progress</i>	Support was provided by CCU/HQ as discussed in September 2019 A working session was held with Mr. Hyobum JANG, CCU/HQ on mission in Rwanda on 2 March 2020 with the following agenda <ul style="list-style-type: none"> • Briefing by WCO team on CCS 2020-2024 development • HQ presentation on global CCS guide and CCS prototype • Sharing good CCS practices from other regions/countries • Discussion on CCS priorities and way forward CCS Working Group held a working retreat from Monday 9 to Wednesday 11 March 2020 at the WCO Rwanda Country Office	
Consultations on the draft CCS	WR	Timeline revised to June 2020	<i>Planned</i>	In 2020, the Ministry of Health appointed a Focal Point from the Planning Unit to facilitate consultations within the Ministry of Health Consultations on the draft CSS4 may be affected by when operations will return to normal post-COVID-19	
Finalization of CCS	CCS Working Group	Timeline revised to June 2020	<i>Planned</i>		
Launch of signed CCS	WR	June 2020	<i>Planned</i>	The new CCS will be launched by June 2020	

<p>Recommendation 2: Recommended strategic priorities for inclusion in the new Country Cooperation Strategy are:</p> <ul style="list-style-type: none"> i. Support efforts to identify options to secure the financial sustainability of the Rwanda health system in support of Universal Health Coverage; ii. Facilitate the institutional development of Rwanda's health system, including the strengthening of institutions such as the Food and Drug Regulatory Authority and the planning of health services at the district level; iii. Further strengthen information systems, civil registration and vital statistics, the National Health Observatory and improve data quality in general, in consideration of Sustainable Development Goal monitoring requirements; iv. Strengthen the quality of health service delivery, the fostering of evidence-based healthcare and consider the opportunity of adopting digital health approaches; v. Strengthen work on noncommunicable diseases and nutrition; vi. Consider assessing Rwanda's needs for mental health services; vii. Emphasize the role of gender, human rights and equity as social determinants. 					
Management response	<p>Accepted.</p> <p>The Theory of Change training, prioritization process and the development of the Strategic Results Notes aligned to 13th GPW facilitated the identification of priorities for inclusion in the new CCS which are also aligned to the Recommendation 2.</p>				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Review the Strategic Results Notes and update as needed	Juliet Bataringaya	November 2019	<i>Implemented</i>	10 Strategic Results Notes were drafted and submitted to AFRO in November 2018 The comments received from AFRO were incorporated in the Strategic Results Notes	No update required
Review the draft Country Brief to align with new CCS priorities	WHO Rwanda technical Team Leads (Jules, Juliet and Theopista)		<i>In progress</i>	The Country Brief outlines further prioritization for country support and impact	
WHO office review of strategic priorities for new CCS	WR	March –April 2020	<i>Implemented</i>	Engage all staff in this exercise to facilitate ownership of the new CCS A meeting was held with staff on Monday 9 March 2020 to agree on the strategic priorities and ensure alignment with national and health sector strategic documents as well as the UNDAF II	No update required

				All available staff were engaged during the week of 21 April 2020. The staff provided inputs by proposing the focus areas based on the strategic priorities	
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Recommendation 3: WHO's upcoming Country Cooperation Strategy needs to be articulated showing the causal path (Theory of Change) from all country-level activities and outputs to expected outcomes (in relation to achieving the WHO's triple billion goals) and finally to the expected impact on Rwanda's health. In particular:

- i. The Country Cooperation Strategy results framework and biannual workplans need to clarify indicators and targets for each corporate output or outcome that are relevant for Rwanda;
- ii. The WHO country Office's strategic priorities and workplans need to be properly and effectively communicated to Rwanda's stakeholders, clarifying WHO's role and functions within Rwanda's health landscape, as well as the WHO country office's goals and expected outcomes;
- iii. The WHO country office should set up an internal monitoring framework to measure WHO's progress towards targets over the Country Cooperation Strategy implementation period and consider inclusion of indicators relating to gender and other social determinants of health.

Management response	Accepted.				
Status	<i>Not initiated</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Review CCS monitoring guidance from CSU/HQ	CCS Working Group	Timeline revised to May-June 2020	<i>Planned</i>		
Finalize selection of results measures relevant for new CCS in Rwanda	CCS Working Group	Timeline revised to May-June 2020	<i>Planned</i>		
Draft CCS monitoring framework	CCS Working Group	Timeline revised to May-June 2020	<i>Planned</i>		

Consultations on the draft CCS	WR	Timeline revised to May-June 2020	<i>Planned</i>	Support will be provided by AFRO and CCU/HQ as discussed in September 2019	
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Recommendation 4: Going forward, the WHO country office, in collaboration with the Regional Office for Africa, should review the office capacity and human resource and management plans in order to ensure that the new Country Cooperation Strategy priorities are adequately covered with the necessary financial and human resources:

- i. The WHO country office staffing and skill-mix need then to be assessed in the light of the new Country Cooperation Strategy priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the needs of the country;
- ii. The WHO country office should align and review the portfolio of its staff members with an aim to rationalize their burden of work and improve the coherence of their individual mandates, matching staff skills with their roles and responsibilities to the extent possible. Furthermore, polio transition efforts should also be taken into consideration.
- iii. The WHO country office's capacity in terms of enabling functions, including procurement, project management and communications also needs to be assessed and strengthened where needed. Here, innovative solutions already being pursued, such as the use of United Nations Volunteers, could be a model for wider adoption. In other instances, support from the intercountry support team, the Regional Office for Africa or headquarters could be resourced in a timely manner.
- iv. WHO should explore options to increase the funding base of the WHO country office in Rwanda.

Management response	Accepted.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Implementation of the new structure following the Functional Review	WR	2020-2021	<i>In progress</i>	The results of the Functional Review were introduced to the staff on 16 September 2019. The Human Resource recommendations of the functional review are in process of being implemented. The new structure for WHO Rwanda was adopted. A matching exercise of newly designed posts in the structure with available staff skills and competencies was done by 20 September 2019. Approvals of final matching results are awaited from AFRO.	

Resource Mobilization to implement the new structure	WR	2020-2021	<i>In progress</i>		
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Recommendation 5: WHO needs to strengthen mechanisms for coordinating and consolidating the provision of technical support from the three levels of the Organization, in order to increase its effectiveness and efficiency, and the organizational responsiveness to meet the needs and demands of Rwanda in accordance with the country cooperation strategy and the WHO-Ministry of Health agreed plans of work.

WHO should promote regional initiatives aimed at facilitating country collaboration for shared health issues, including cross-border epidemics, common threats and emergencies, as well as the sharing and exchanging of best practices and joint learning at regional and subregional level.

Management response	Accepted. WHO collaborates with Ministry of Health and other Social Cluster ministries				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Continue strengthening the collaboration across the three levels of the organization through joint planning and implementation of support to the government	WR	Ongoing	<i>In progress</i>	The use of technology (teleconference, WebEx, Skype) is being optimized. Making presentations at in-country workshops via Skype, etc Consultations with Inter-country Support Team, Regional and Headquarter counterparts to ensure alignment of Country work plans with other levels conducted by respective Programme Officers and areas of joint Technical support identified.	
Support cross border initiatives for disease prevention and control : <ul style="list-style-type: none"> Joint Road Map with DRC on the Ebola Virus Disease in the context of the ongoing EVD Outbreak in DRC 	WR	Ongoing	<i>In progress</i>	Ongoing resource mobilization for the DRC-Rwanda cross border collaboration for EVD preparedness and Operational Readiness plan The cross border EVD preparedness activities are being implemented as part of the national EVD Contingency Plan January to June 2020	

• Great Lakes Initiative (EAC plus DRC) for Malaria	Jules Mugabo	Ongoing	<i>In progress</i>	The strategic plan has been drafted	
• Intercountry initiative on strengthening nutrition interventions	Chantal Gegout	Ongoing	<i>In progress</i>	As part of the One UN Nutrition programme in Rwanda (FAO, UNICEF, WFP and WHO) and with funding from the Swiss Development Cooperation, it is planned to organise an intercountry (Great Lakes region) workshop aiming at sharing experiences and best practices from Rwanda, Burundi and DRC to address malnutrition, especially chronic malnutrition. The workshop will be conducted in 2020.	

3.5 Evaluation of online language training

3.5.1 The decentralized initial evaluation of online language training instituted by WHO starting in 2013 was conducted in late 2018. The aim of this review is to assess the extent to which training : (a) responded to stakeholders' expectations regarding the accessibility and quality of training; (b) met the Organization's expectation regarding equitable access, quality and sustainability; and (c) to make relevant recommendations for the way forward.

3.5.2 Since the last evaluation consolidated annual report of management responses, the GLP has been ongoing with no disruption. New courses and delivery formats have been piloted and implemented to better meet WHO staff needs. In addition, Berlitz has implemented a new platform aiming to facilitate navigation and accessibility for the users and removed Adobe Flash Player as a technical requirement. Work has begun on the two remaining open actions (a new policy on WHO language scheme and language allowances, and to ensure that the new WHO Learning Strategy includes language learning, in conjunction with the new WHO Academy).

Management Response

Evaluation Title	Review of the WHO Global Language Programme (GLP)
Commissioning Unit	WHO Staff Committee and Senior Management
Link to the evaluation	https://www.who.int/docs/default-source/documents/evaluation/review-global-language-programme-2018.pdf?sfvrsn=e451728b_2
Evaluation Plan	Organization-wide evaluation workplan for 2018-2019
Unit Responsible for providing the management response	HRT/TAM
<p>Overall Management Response:</p> <p>WHO welcomes the comprehensive report on the review on the WHO Global Language Programme (GLP) and fully accepts the recommendations. WHO acknowledges the high value of the data collected in a strong and transparent process. WHO is pleased with the overall finding that, despite the technical issues in certain regions, “the current GLP delivered by Berlitz provides good equity of access to staff in all offices” Other key positive findings include:</p> <ul style="list-style-type: none"> • Accessibility: The number of participants able to access language courses is significantly higher than the previous face to face programme. • Flexibility: both the enrolment process and learning solutions offered adapt better to individual circumstances. • Satisfaction: results show good levels of satisfaction with the quality of the programme, the overall learning experience and individual progression. <p>Following the inception of the external review, WHO took the following actions:</p> <ol style="list-style-type: none"> 1. Designed and implemented a new communication system with involved more clear information documents for participants and supervisors: flyers, registration forms, course description in ilearn, etc. 2. Set up and implemented a new monitoring and evaluation system following the Kirkpatrick model in ilearn. 3. Increased the offering of language courses, learning solutions and pedagogical approaches. 4. Improved the offering of the less demanded languages (Arabic, Chinese and Russian) by creating intensive courses and reviewing critical courses when needed. 5. Started a process of modification and update of WHO policy regarding the organization language scheme and language incentives. <p>WHO acknowledges that the review also identified a number of areas for improvement to strengthen the Global Language Programme. WHO continues to implement the recommendations of the external evaluation report as detailed on the following sections.</p>	
First Management Response Status: <i>In progress</i>	Updated Management Response Status: <i>In progress</i>
First Management Response Date: April 2020	Updated Management Response Date: 11 May 2021
Overall update on the actions taken since September 2020	The GLP has been ongoing with no disruption. New courses and delivery formats have been piloted and implemented to better meet WHO staff needs. In addition, Berlitz has implemented a new platform aiming to facilitate navigation and accessibility for the users and removed Adobe Flash Player as a technical requirement.

Recommendations and Action Plan

Recommendation 1: Redesign the current WHO organizational strategy for career development and learning as related to the GLP to ensure the following elements are developed or embedded into the learning culture of the organization: <ul style="list-style-type: none"> a. Increased awareness of the value of language learning within the WHO b. Increased understanding of the importance WHO places on providing language learning to all staff c. Promote and advocate online learning as an organizational approach. 					
Management response	Accepted. Since the review was received, WHO has taken several actions to increase awareness of the value of languages and of the importance of Multilingualism in WHO. Online learning possibilities has also increased with better resources and state-of-the-art online learning tools, such as LinkedIn Learning. As the WHO Academy is put in place, a new learning strategy is being developed and language learning will be part of it.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Provide information and details about the GLP to the UN Joint Inspection Unit (JIU) for their Review on Multilingualism	Juan Garcia-Araez (TAM)	by July 2019 / on demand of the JIU	<i>Implemented</i>	The WHO position towards Multilingualism has been described in many internal official documents. The current JIU review "A.445: Multilingualism in the United Nations system" aims to describe different approaches and implementation status of multilingualism across UN organizations. Update on Multilingualism in WHO (including the GLP) was provided to the JIU for this review.	No Update Required
Enhance and promote online learning	Jennifer Velez (TAM)	by 2020	<i>Implemented</i>	WHO has integrated into ilearn the online training offer provided by LinkedIn Learning. WHO staff (and non-staff) have access via our LMS to a wide offer of online trainings via both their desktop and mobile.	No Update Required
New policy on WHO language scheme and language allowances	HRT TAM/HPJ	by December 2020	<i>In Progress</i>	GLP includes facilitating the participation to different language proficiency examinations. Those are required when applying for a language allowance. The policy needs to be updated and amended in order to ensure coherence and equality among regions.	In progress
Ensure that the new WHO Learning Strategy includes language learning.	HRT WHO Academy	By December 2020	<i>In Progress</i>	Language learning should be an important component of the new learning strategy associated with the WHO Academy.	In progress

Recommendation 2: Develop and implement an effective ongoing communication strategy for regularly disseminating information about the courses on offer to all staff globally.					
Management response	Accepted. Fluid and effective communication with participants, supervisors and service providers is crucial in the GLP. The number of actors regularly involved in the GLP is very large and dissemination of unclear or misleading information about the programme could generate frustration and eventually lead to drop outs.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Design and implement new internal communication strategy.	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	Excessive communication with participants via email created confusion and misinterpretation of the resources available for participants. Berlitz has been asked to reduce the number of emails during the duration of the language training and reminders via ilearn has been set up to provide direct links in crucial moments. A new notification system using ilearn has been established including reminders and direct links to the registration form. New flyers to be included in crucial communications with participants have been also designed.	No Update Required
Request Berlitz to create new and friendlier learning guides and course descriptions	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	The analysis of recurrent issues and common participants' demands helped to identify the key information that was missing in the existing learning guides and course descriptions. After several versions, the provider's proposal was validated by WHO and included in the introductory message that participants received at the beginning of each course. Blended courses include also a virtual guide accessible in Berlitz e-learning platform.	No Update Required
Improve intranet announcements and update regional focal points on the GLP.	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	A template in HTML has been created and shared with focal points to be adapted in their regional intranets. Focal points were informed about the learning solutions provided in the GLP, administrative mechanisms, eligibility, etc. Special emphasis was made about key aspects such as enrolment system and the learning solutions and regional focal points are regularly contacted with updates and/or provided with regional GLP reports if requested.	No Update Required

Recommendation 3: Provide support or guidance for Supervisors to increase understanding of the needs of staff taking GLP courses with WHO, including time management for learning.					
Management response	Accepted. WHO accepts that enhanced communications with supervisors on GLP course formats and requirements will be beneficial and has already taken steps. The revised communication approach to involve more supervisors has been implemented as part of the ongoing GLP communication strategy. It is worth to point out that a number of Information notes and policies on training and WHO language schemes were already available for supervisors (Resolution WHA71.15 on Multilingualism, Corporate Framework for Learning and Development 2014-2020 or the Multilingualism report by the Director-General EB144/38, among others).				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Communicate supervisors key information about the GLP.	Juan Garcia-Araez (TAM)	by January 2019	<i>Implemented</i>	Intranet announcements include information about the conditions of participation in the GLP. In the new enrolment process, both supervisors and participants are notified about the language course request and informed about the course, duration, commitments, requirements, etc. Supervisors are also reminded that language training needs to be agreed with the participant and reflected in the staff member's PMDS.	No Update Required
New policy on WHO language scheme and language allowances	HRT TAM/HPJ	by December 2020	<i>In progress</i>	The policy needs to be updated and it should include a reference to the WHO training and professional development framework.	Not initiated

Recommendation 4: Ensure that joint planning sessions with Berlitz and WHO staff take place regularly to identify potential areas for development within the current GLP programmes (e.g. technical language sessions, more appropriate class scheduling for regional time zones, UN exam preparation, facilitated 'online conversation sessions' on organizational topics as separate to classes).					
Management response	Accepted. Since October 2018, several meetings have been arranged with Berlitz to address topics related to effective communication with participants, new intensive courses in several languages, deal with technical / connectivity issues, syllabus design and other related pedagogical issues. External experts and GLP participants were invited to some of the meetings. The outputs of these sessions include a reviewed Arabic programme, communication solutions for one-to-one lessons in remote duty stations or countries with phone/skype limitations or measures to tailor courses to WHO staff specific needs.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Organize regular update sessions with Berlitz	Juan Garcia-Araez (TAM)	Ongoing	<i>Implemented</i>	GLP focal point and Berlitz representatives have updating sessions via phone or teleconference at least once a week	No Update Required

				to address individual requests, schedule conflicts, platform related issues and other urgent administrative matters.	
Organize GLP evaluation meetings with Berlitz and external experts.	Juan Garcia-Araez (TAM)	Ongoing	<i>Implemented</i>	At least twice a year, Berlitz presents GLP results and provides information about the situation to assess the programme and address challenges.	No Update Required
Find solutions for poor communication cases and access to learning materials.	Juan Garcia-Araez (TAM)	By March 2019	<i>Implemented</i>	A number of participants were unable to follow the one-to-one lessons due to communication restrictions in their respective duty stations. As requested by WHO, Berlitz was able to find alternative solutions for those cases.	No Update Required

Recommendation 5: Develop an ongoing coordinated approach between Berlitz, and WHO headquarters and regional technical teams to address general and contextual technical issues.					
Management response	Accepted. WHO accepts that a coordinated approach between Berlitz, HQ and regions is crucial for an effective and consistent development of the GLP. Also, HQ Staff Union representatives have been involved in important decision-making processes regarding the GLP.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Communication strategy for regional focal points update.	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	Focal points are informed regularly about the GLP, namely about inscription periods and deadlines, new course offering, administrative requirements and exceptional cases. Regional focal points can also access the GLP records in ilearn and request regional GLP reports.	No Update Required
Include regional focal points and Staff Union representatives in the RFP for distance language training in WHO.	Juan Garcia-Araez (TAM)	by February 2020	<i>Implemented</i>	The contract with the current provider finished in December 2020. Out of the five members of the Technical Evaluation, two are regional focal points and one is a member of the current Staff Union Committee.	No Update Required

Recommendation 6: Work with Berlitz to develop targeted resources and support mechanisms aimed at addressing basic digital literacy.					
Management response	WHO welcomes the recommendations and partially accepts them. WHO asked Berlitz to create and adapt resources to support participants less technologically aware or experiencing technical issues. The Terms of Reference in the contract with the provider, however, do not include other training than language and communication, but Berlitz has put into place several communication channels to address technical problems and navigation issues and provides individual solutions on demand.				
Status	<i>Implemented</i>				

Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Design and implement a friendlier registration system.	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	Ilearn is a strong LMS but the nature and flexibility of the current GLP required more elaborated system to reflect GLP results with accuracy. Staff members can submit their participation request using a Datacol form hosted in WHO intranet and embedded in ilearn. The form can be hyperlinked and directly accessed.	No Update Required
Request Berlitz to create new and friendlier learning guides and course descriptions	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	Recurrent technical requests from participants included navigation, access to certificates, session booking and enrolment issues. Berlitz included in the new learning guides clear and short instructions with the essential actions to be able to perform when participating in an online course.	No Update Required

Recommendation 7: Establish a formal network with other UN agencies language training focal points to share learning from the GLP and improve awareness of different approaches, practices and challenges of online learning across UN agencies.					
Management response	Accepted. WHO has identified and contacted language training focal points across UN system entities and has integrated existing training networks. This kind of environment facilitates exchanges of best practices and allows sharing administrative processes with language training providers.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Identify language training focal points in across UN System entities.	Juan Garcia-Araez (TAM)	by March 2019	<i>Implemented</i>	Communication has been established with language training focal points in UNHQ, UNOG, WIPO, FAO, WFP, ILO, OIM, UNHCR and other UN System entities.	No Update Required
Integrate the Geneva Learning Network	TAD members	By November 2018	<i>Implemented</i>	The Geneva Learning Network (GLN) is a forum open to UN professionals involved in learning, training and staff development. The GLN is an active community and a space for exchange of experiences and approaches in the field of learning in the UN system.	No Update Required

Recommendation 8: Establish an internal yearly survey aimed at current GLP participants to annually review the accessibility and quality of the programme.					
Management response	Accepted. Using ilearn WHO evaluates the GLP at levels 1 and 2 of the Kirkpatrick model. In addition, Berlitz collects feedback from participants straight after the completion of the course. The data collected from the above-mentioned sources is analysed and discussed with Berlitz on a regular basis. By monitoring the reaction of the participants, GLP managers can take immediate corrective actions so to improve the organization, format and content of future language courses.				

Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
Set up a Monitoring and Evaluation system.	Juan Garcia-Araez (TAM)	by October 2019	<i>Implemented</i>	The Global Learning and Development Committee (GLDC) requested the design and implementation of a Monitoring and Evaluation System for the Staff Development and Learning activities founded by the GLDC. Several questionnaires have been created in ilearn and have been activated for the GLP.	No Update Required
Collect and analyse data in order to assess the GLP and take the necessary corrective actions	Juan Garcia-Araez (TAM)	Ongoing	<i>Implemented</i>	In 2019 several improvements were made after analysis of the feedback collected from GLP participants. The main actions included the creation and diffusion of new learning guides, redefinition of the enrolment system, review of the Arabic programme (course materials, learning objectives, assessment...) and offering of new courses (intensive two-week courses in Arabic, Chinese and Russian, Writing for Professional Purposes offered in UNOG).	No Update Required

Decentralized evaluations

3.6 External evaluation of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (2013-2017)

3.6.1 At its 29th meeting in 2016, the HRP Policy and Coordination Committee (PCC) requested that “...an independent external evaluation of HRP covering the period 2013-2017” be carried out, under the direction of the PCC Chair. The evaluation comprised the second half of the 2012/13 programme of work and those of the following two biennia, 2014/15 and 2016/17. Four previous external evaluations of HRP were commissioned by the Policy and Coordination Committee (PCC), the governing body of HRP, starting in 1990. The full report of the Evaluation was submitted to PCC at its 32nd meeting in March 2019.

3.6.2 The objective of the 2013-2017 HRP external evaluation was to provide information on the relevance and fulfilment of HRP's objectives vis a vis the broader context of the promotion of Sexual and Reproductive Health and Rights in developing countries and beyond in particular and of Global Health and Wellbeing more in general, its efficiency and effectiveness, its comparative advantage within the (reforming) UN-system and beyond and the impact and sustainability of its work. In addition, the evaluation assessed the Programme's governance process and management, and to identify lessons for continuous incorporation into the decision-making process of both the Special Programme and, its cosponsors, Member States in PCC, and other cooperating parties. The evaluation covered nine areas of work contained in the 2013-2017 strategy: a) Creating new knowledge, b) Synthesizing research evidence c) Strengthening research and technical capacity d) Strengthening the research/policy dialogue e) Developing evidence-based guidelines, implementation tools and policy statements f) Advocacy, communication and partnership, g) Governance, h) Management, and i) Finance.

3.6.3 Since the last evaluation consolidated annual report of management responses, last year's management response was presented to the HRP Policy and Coordination Committee and the PCC provided feedback. Recorded in the update, where relevant below. management response at its 33rd meeting on 25 March 2020, with actions identified for each, as noted below. Implementation status, and updates, are provided for each of the 22 recommendations, as noted in the table below.

MANAGEMENT RESPONSE TO THE RECOMMENDATIONS OF THE HRP EXTERNAL EVALUATION, 2013–2017

https://www.who.int/reproductivehealth/about_us/hrp/HRP-Evaluation-Report-Vol-1.pdf?ua=1

Original Management Response Date: 25 March 2020 Update Date: As of 24 March 2021

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	Creating new knowledge		
1.	HRP should urgently upgrade and organise its documentation system, assuring that approved research protocols (RP2 decisions) as well as all published and unpublished research outputs can be readily retrieved from a central server. (Rabbit)	<p>Since 2016/17 the RP2 secretariat has been using an intermediary archiving system for submitted research protocols, while awaiting development of a fully automatized system. This RP2 reviewing and submission system will be linked to the HRP e-ARCHIVE system for data management; work will start in early 2020, aiming for a fully integrated RP2 and data management HRP e-ARCHIVE system before mid-2021.</p> <p>The HRP e-ARCHIVE system was developed in 2019 on the WHO Enterprise Content Management platform as an electronic repository for all essential HRP study documents and research data. This system is integrated into the WHO servers and sits behind the UN International Computing Centre firewall for data security.</p> <p>Development of the system has been completed and migration of research documents and data has begun. Project-related meta-information from TRIMS coversheets, approved research protocols, and publications for all HRP projects since 1990 are currently being uploaded into the system, with a projected completion date of June 2020. Migration of research data for HRP projects completed since 2008 (when HRP research data collection began on a web-based platform), is expected to be completed by December 2020.</p> <p>Access to this archival system is currently available to the RHR secretariat by sign-on with their individual WHO credentials. All content in the system is searchable based on meta-data parameters and upload, download, and modify functions are available based on user-specific security levels.</p>	<p>Implemented</p> <p>The HRP e-ARCHIVE system, developed in 2019 on the WHO Enterprise Content Management platform, was launched in 2020 and is now fully operational.</p> <p>The archiving system was originally designed to incorporate all documentation relating to each research project, including confidential of RP2 documents. Since 2016/17 the RP2 secretariat has been using an intermediary archiving system on (SharePoint) for submitted research protocols and approvals, while awaiting development of a fully automatized system. This RP2 reviewing and submission system was initially aimed to be linked to the HRP e-ARCHIVE system for data management per above. In 2020 needs assessment and mapping revealed that the functionality needed to capture external research reviewing makes integration with e-archive less suitable. The RP2 secretariat has instead upgraded the SharePoint archive and have made a preliminary agreement with the Benchpress software company to develop a tailormade automatized review programme for the secretariat. The system was operational in 2020.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
2.	<p>HRP should strengthen its research proposal screening and approval processes and mechanisms to ensure that issues of gender, equity and human rights are effectively mainstreamed in the portfolio of HRP-supported research.</p> <ul style="list-style-type: none"> Middle management of all three research teams should be accountable for the effective integration of gender, equity and human rights in research. Guidelines for gender, equity and human rights mainstreaming should be disseminated and HRP staff should be coached to ensure stronger integration of gender, human rights and equity issues during the research design process. Relevant research projects to be selected with participation of the GAP should be reviewed by the GAP during the design and approval stage. (Rabbit) 	<p>WHO is embarking on an organization-wide effort to mainstream gender equality, human rights and equity, and the department will align its approach with that of the organization. This will include requiring indicators to track these issues to be reported on annually. A new position of Gender Adviser has been created to complement that of the Human Rights Adviser and will strengthen mainstreaming of gender equality in HRP's work.</p> <p>Starting in 2020, a checklist has been developed that will be implemented at the early planning stage for all new products to ensure that issues of gender equality, human rights and equity are addressed during the initial planning of any research, normative or implementation related product. A proposed new product may not be approved if these issues are not satisfactorily addressed through the checklist.</p> <p>Related to this, the RP2 secretariat has updated the standard proposal submission forms to require information on how the research will address issues of gender equality, human rights and equitable access, and will start using them in 2020. Unit Heads are responsible for reviewing these before they are submitted to the RP2.</p> <p>As an advisory body, GAP's inputs are sought at several stages in the research process, including design and planning before being submitted to RP2 and the WHO Research Ethics Review Committee (ERC) for approval.</p> <p>HRP staff have collaborated with TDR staff to better align and strengthen efforts to integrate gender equality and human rights into research processes, including through joint dissemination of tools and capacity building of research partners. This work will be accelerated in 2020.</p>	<p>In progress</p> <p>WHO is embarking on an organization-wide effort to mainstream gender equality, human rights and equity, and HRP is aligning its approach with WHO. This will include indicators to track these issues to be reported on annually.</p> <p>The RP2 secretariat drafted an update to the standard proposal submission forms to require information on how the research will address issues of gender equality, human rights and equitable access, following iterative consultations with HRP staff. This mechanism will be finalized before mid-2021 and unit heads will be responsible for ensuring that all research proposals being submitted to RP2 have adequately and appropriately considered and integrated these issues.</p> <p>As an advisory body, GAP's inputs are sought at several stages in the research process, including design and planning before being submitted to RP2 and the WHO Research Ethics Review Committee (ERC) for approval.</p> <p>HRP staff have collaborated with TDR staff to better align and strengthen efforts to integrate gender equality and human rights into WHO's research processes, including through joint dissemination of tools and capacity building of research partners. This work will link to HRP Alliance Hubs and be accelerated in 2021.</p> <p>The newly created position of Gender Adviser, will be recruited in 2021. Once complete, both this position and the Human Rights Adviser will accelerate the mainstreaming of human rights and gender equality in HRP's proposal development process.</p>
3.	<p>HRP should implement its stated intentions of giving implementation research increasing priority in its research portfolio. Since implementation research</p>	<p>Noted. To strengthen capacity, all professional staff have been encouraged to take online courses in implementation research; moreover, the SIS team conducted a workshop on implementation</p>	<p>Implemented</p> <p>To strengthen capacity, all professional staff have been encouraged to take online courses in implementation research,</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	requires a presence at the sites of programme implementation and close collaboration with programme implementers, the effort needs to be linked to expanding the network of SRHR research partners in programme countries and to supporting their capacity to conduct research. (Rabbit)	<p>research for staff. Going forwards, the internal working group on implementation research that was created two years ago will increase its role in building internal understanding and skills on IR, and to coordinate approaches across HRP, and with the Science Division.</p> <p>The HRP Alliance is HRP's mechanism for both building research capacity, including IR capacity, at country level and for strengthening links and networking between research partners and programme implementors across countries. All of HRP's implementation research projects are implemented by national partners who are responsible for establishing and ensuring close collaboration between researchers, policy-makers and programme managers; HRP staff at HQ provide technical assistance and play a coordination role for multi-site studies.</p> <p>In the forthcoming biennium, HRP anticipates implementing at least 13 implementation research projects with a combined budget of over US\$ 4.3m. This includes using implementation research to support introduction of innovations or revised guidelines and scaling up interventions that have been implemented on a pilot basis.</p> <p>Implementation research will be used to across many thematic areas, including contraception, maternal and perinatal health, integrated HIV services, violence against women, sexual and reproductive health (SRH) for adolescents, and digital health systems.</p>	<p>and a task team to ensure a unified approach to such research has been created.</p> <p>The HRP Alliance is HRP's mechanism for both building research capacity, including IR capacity, at country level and for strengthening links and networking between research partners and programme implementors across countries. All HRP's implementation research projects are implemented by national partners who are responsible for establishing and ensuring close collaboration between researchers, policy-makers and programme managers; HRP staff at HQ provide technical assistance and play a coordination role for multi-site studies.</p> <p>Implementation research is being used across virtually all of HRP's thematic areas, including contraception, safe abortion, maternal and perinatal health, violence against women, FGM, sexual and reproductive health (SRH) for adolescents, self-care interventions and digital health systems. HRP anticipates expanding this effort in the forthcoming biennium, with at least 13 research projects This includes using implementation research to support introduction and scaling-up of proven innovations, or adaptation of new and revised guidelines.</p>
4.	In its emerging research agenda of SRHR in the context of migration and in humanitarian settings HRP should include the documentation of data gaps and the development of tools for estimating and monitoring the incidence and prevalence of key SRHR issues in such populations or situations. (Rabbit)	A draft monitoring and evaluation framework and common core set of indicators have been developed in collaboration with multiple partners working in humanitarian settings, with the intention of facilitating better and standardised measures and data gathering from various data collection systems. The draft framework is currently being tested in a number of fragile contexts with different characteristics and should be finalized by mid-2020.	<p>In progress</p> <p>The draft monitoring and evaluation framework and common core set of indicators has been tested in four different fragile contexts with different characteristics and is planned to be finalized by mid-2021.</p>
5.	In developing its portfolio of research activities in SRHR	Noted.	In progress

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	in humanitarian settings, HRP should assure that it balances its plans to fill existing research gaps with an appropriate allocation of human and financial resources. (Turtle)		
	Synthesising research evidence		
6.	HRP should continue to give priority to evidence synthesis and consensus building in SRHR as a work area in which it occupies a unique leadership role and has established a record of excellent performance. (Owl)	HRP continues to publish a wide range of evidence syntheses on virtually all sexual and reproductive health and rights (SRHR) issues. In 2019, HRP published 27 systematic reviews.	<p>Implemented</p> <p>HRP continues to publish a wide range of evidence syntheses on virtually all sexual and reproductive health and rights (SRHR) issues. In 2020, HRP further expanded this work and published 40 systematic reviews.</p> <p>PCC management response: PCC agrees that HRP has unique leadership role in evidence synthesis. This is a priority, whilst recognizing the need for a balance with HRP core research activities.</p> <p>In the new Theory of Change and corresponding indicators, evidence synthesis was strengthened in 2021.</p>
	Strengthening research and technical capacity		
7.	HRP should with some urgency develop and widely communicate a comprehensive strategy for the development of the HRP Alliance in close collaboration with the established HRP hubs and key partners among the WHO Collaborating Centres. This should include a timed implementation plan and the mobilisation of sufficient human resources to implement it. (Rabbit)	<p>The HRP Alliance originally developed a strategy in 2016 and began implementation in 2017/18 through the selection of sub-/regional Hubs for research capacity strengthening (RCS). Four institutions were selected in 2017, one in 2018, and two in 2019. Currently all WHO regions have at least one HRP Hub, except for EURO, for which a mapping exercise is under way to determine the best approach for this region, which includes central Asian countries.</p> <p>Work plans for the Hubs have been individually developed, tailored to the capacity of each Hub and the needs in the (sub) region, including the Hub's own RCS needs. Hubs are implementing partners in HRP research.</p> <p>A brief strategic framework, together with Standard Operating</p>	<p>Implemented</p> <p>Regarding the HRP sub/regional HRP Hubs, the current EURO strategy involves plans for working with several institutions to support the lower resourced central Asian countries.</p> <p>A commentary by Hub PIs and HRP officers depicting the HRP Alliance strategy was published in 2020.</p> <p>Communicating HRP Alliance's work continues via the SRH departmental monthly newsletter, a HRP Alliance closed LinkedIn group and a dedicated e-mail listserv for all members. An additional HRP staff, as recommended, is currently being recruited and will be in place in 2021.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
		<p>Procedures (SOPs), have been developed under guidance from the HRP Alliance Advisory Board and shared with HRP Alliance partners and HRP staff. In addition, a brochure and newly designed website, which are updated as needed, are being used to communicate the main components of the strategy. Key WHO Collaborating Centres are involved in RCS support through multi-country research projects, as well as in organization of trainings.</p> <p>HRP Alliance work is included in the RHR monthly newsletter. The HRP Alliance has a closed LinkedIn group and a dedicated e-mail listserv for all members which is used for sharing news and updates.</p> <p>The need for additional HRP staffing for supporting the HRP Alliance has been highlighted and new positions will be recruited in 2020.</p>	
8.	<p>To build sustained capacity for research and technical expertise in adolescent SRHR, in SRHR among migrants and in humanitarian settings, HRP should expand the HRP Alliance network through strategic engagement with regional research partners that have proven strengths and track records in research on adolescent health as well as in working with migrants and populations affected by humanitarian crises. (Turtle)</p>	<p>The HRP Alliance supports RCS across the broad spectrum of SRHR issues. The African Population and Health Research Centre (APHRC) Hub in Kenya has significant expertise and experience in SRHR for adolescents and is collaborating with HRP staff to pilot and disseminate research tools for this issue, initially for use in the Sub-Saharan Africa region with expansion to other regions through engaging other Hubs planned.</p> <p>In September 2019 a joint call for small research grants to respond to the recent mass migration crisis in the Americas was launched in collaboration with TDR and AHPSR. The call is being implemented by the CEMICAMP Hub in Brazil, which is coordinating and disbursing the funds and is supporting grantees technically during protocol development, implementation and results dissemination, including through training courses and mentorship. Together with TDR and AHSPR, a similar call addressing RCS in relation to migration and health, in the WHO EMRO region is planned with the newly recruited Hub at the Aga Khan University in Pakistan.</p>	<p>In Progress</p> <p>The joint work and strategy was presented at the Health System Global conference in 2020, and HRP and GAP authors have written a commentary on HRP work on migration and SRHR that will be published in the WHO Bulletin in 2021.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
9.	HRP should continue and expand its collaboration with the Tropical Disease Research Programme (TDR) and eventually also the Alliance for Health Policy and Systems Research (AHPSR) in developing and delivering a curriculum of short research training courses in parallel and within the strategy for the HRP Alliance network. (Rabbit)	<p>Since 2018, the HRP Alliance Hubs have been providing short training courses in implementation research in collaboration with the TDR research training centres and using the tool kit for implementation research developed by TDR.</p> <p>Together with TDR, HRP is developing a strategic document to define core competencies in implementation research; this has been drafted, vetted with potential users in the networks of both Special Programmes, and will be piloted among HRP Alliance partners in 2020.</p> <p>An implementation research handbook is under way as a joint initiative with TDR and AHPSR, within the frame of the Implementation research and delivery science (IRDS) coalition.</p>	<p>In progress</p> <p>The HRP Alliance Hubs' provision of short training courses in implementation research in collaboration with the TDR research training centres will be expanded to specifically include gender and IR in a collaboration between TDR and HRP.</p> <p>The HRP/TDR strategic document defining core competencies in implementation research was vetted with potential users in the networks of both Special Programmes and was validated among HRP Alliance partners in 2020.</p>
	Strengthening the research/policy dialogue		
10.	HRP should continue to exercise its role and consolidate its niche for driving the policy dialogue at global, regional and national level for the adoption of policies and programmes in sensitive areas of SRHR that promote gender equality, social equity and human rights. (Owl)	<p>HRP participated in policy dialogues and outreach with multiple Member States and missions in Geneva and New York during the course of 2019, including during negotiations for the Universal Health Coverage (UHC) Declaration at the UN General Assembly 2019, the UHC Resolution adapted by the Inter-Parliamentary Union (IPU), and preparations for the ICPD@25 Nairobi Summit. HRP participated in a briefing hosted by the current HRP Chair on SRHR issues for all PCC members in January 2020 in preparation for discussions at the WHO Executive Board.</p> <p>In Nov 2019 and Feb 2020, HRP staff participated in an annual dialogue hosted by the Governments of Denmark and Georgia and organized with IPPF for mission representatives from 25 Member States involved in negotiations related to SRHR. In 2019, the focus was on violence against women.</p> <p>HRP Staff engaged with members of low- and middle-income countries at the UNHCR on a dialogue for strengthening SRHR normative standards through the UNs Human Rights Procedures.</p>	<p>Implemented</p> <p>HRP participated in a briefing hosted by the current HRP Chair on SRHR issues for all PCC members in January 2020 in preparation for discussions at the WHO Executive Board.</p> <p>In Feb 2020, HRP staff participated in an annual dialogue hosted by the Governments of Denmark and Georgia and organized with IPPF for mission representatives from 25 Member States involved in negotiations related to SRHR. In 2019, the focus was on violence against women.</p> <p>HRP, in collaboration with WHO's External Relations Division, has continued to coordinate the WHO engagement with Parliaments at the global, regional and country level. Agreement and workplans have been developed with major parliamentary platforms in coordination with WHO regions, and in collaboration with partners including cosponsors. The work has been aligned to the COVID-19 priorities and the role that Parliaments play in terms of legislation, advocacy,</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
		<p>In 2020, HRP is planning to engage in various global policy efforts related to commemoration of the Beijing + 25 platform for action on women for which two of the lead pillars on gender-based violence and SRHR. HRP is working with UNU and other partners to publish a special supplement of the BMJ on women's health for the Beijing + 25 activities.</p> <p>HRP has also been asked to co-participate with TDR in a side event at the WHA in 2020 focusing on experiences in addressing gender equality in health research.</p>	<p>accountability and budget allocation.</p> <p>PCC management response: PCC agrees that HRP has an important role in driving the policy dialogue at global, regional and national level, and a continued focus on gender equality, social equity and human rights is strongly encouraged.</p> <p>PCC will follow up through the Theory of Change (ToC) and related indicators, which is also to be used as a reference for planning activities. Progress as well as an overview of the current situation shall be reported at PCC and in the annual technical report.</p> <p>PCC encourages HRP to remain ambitious with cosponsors to jointly drive policy dialogue, and to identify opportunities for policy dialogue based on evidence at country-level.</p>
11.	To achieve sustainable changes in national policies and programmes for adolescent sexual and reproductive health and rights, HRP should intensify its engagement with implementing organisations, including the UN cosponsors and INGOs, with the aim of strengthening the financial and technical support they provide to governments with the evidence generated by the research of HRP and its research partners. (Turtle)	<p>HRP is making concerted efforts to engage with cosponsors and others to achieve greater impact in terms of adolescent SRHR in countries. In 2019, HRP initiated an ambitious Technical Assistance Coordination Mechanism to support countries, continued strengthening district-level 'learning-by-doing' in India and Ethiopia, and supported evidence-based interventions in multi-country initiatives (e.g. UNFPA-UNICEF Global Programme on Child Marriage, FP2020, GirlsNotBrides, Muskoka Initiative and the Adolescent Girls/Young Women Initiative of the Global Fund). HRP is also collaborating with UNFPA to support implementation research in five countries that seeks to expand access to comprehensive sexuality education for out-of-school adolescents.</p> <p>HRP formalised an agreement with the European Parliamentary Forum on Sexual and Reproductive Rights (EPF) to promote policy dialogue and parliamentary engagement on SRHR, including for adolescents.</p>	<p>In Progress</p> <p>HRP continues to engage intensively with cosponsors and others to achieve greater impact in terms of adolescent SRHR in countries. In 2020, HRP continued to implement the Technical Assistance Coordination Mechanism (established in 2019) to support countries, continued strengthening district-level 'learning-by-doing' in India and Ethiopia, and supported evidence-based interventions in multi-country initiatives (e.g. UNFPA-UNICEF Global Programme on Child Marriage, FP2020, GirlsNotBrides, Muskoka Initiative and the Adolescent Girls/Young Women Initiative of the Global Fund). HRP is also collaborating with UNFPA to support implementation research in five countries that seeks to expand access to comprehensive sexuality education for out-of-school adolescents.</p> <p>PCC management response: PCC agrees that HRP should intensify its engagement with local, national, regional and global implementing organizations, including cosponsors and NGOs at country-level in order to achieve sustainable changes in policies and programmes. PCC members may contribute to</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
			<p>catalysing this engagement at country-level, when considered relevant by HRP.</p> <p>For inspiration and greater engagement by PCC, PCC member states as well as cosponsors and INGOs may share progress in their respective countries at PCC meetings.</p> <p>Based on the new system for systematically documenting all research efforts by HRP, PCC recommends HRP to provide an interactive database of engagements per country and region, so that member states may identify opportunities for cooperation or future engagement.</p>
	Developing evidence-based guidelines, implementation tools and policy statements		
12.	<p>The RHR Department, in collaboration with the WHO Guideline Development Group, should explore means and procedures for more rapid development of practical guidelines for programme implementers. (Turtle)</p>	<p>The Department, in consultation with the WHO Guidelines Review Committee, has established a ‘living guidelines’ approach to rapidly respond to impactful research evidence and maintain an up-to-date portfolio of WHO recommendations in maternal and perinatal health. To ensure rapid dissemination of the corresponding recommendations for practical use by target audiences, including policy makers and programme implementers, the Department is exploring the use of an online publishing and dissemination platform (MAGICApp) which has features for developing recommendation-specific job aids and practical issues relating to implementation. The Department has similar “living guideline” procedures in place for the family planning MEC and for the SRHR self-care interventions guideline.</p> <p>During 2019, the Department rapidly coordinated the process of reviewing and updating WHO’s guidance concerning the use of contraceptive methods by women at high risk of HIV. The entire process, including systematic reviews and other preparatory activities as well as the convening and reviews processes of the WHO Guideline Development Group (GDG) and the WHO Guidelines Review Committee (GRC), took only six months.</p>	<p>Implemented</p> <p>Drawing directly from the Department’s experience with developing various approaches to living guidelines and living recommendations, WHO’s Science Division is now promoting a living guideline approach to be the standard approach to developing and communicating WHO’s formal guidelines and recommendations. The Department is collaborating with the Quality, Norms and Standards (QNS) Department in the Science Division, under the leadership of the Chief Scientist, to develop standard operating procedures for living guidelines, drawing primarily from the department’s experiences with maternal and perinatal health and contraception. The two departments are also collaborating to transition the Cervical Cancer screening guideline to a living guideline, and all other guidelines supported by the department, and drawing from HRP’s research, will also transition during the near future.</p> <p>To ensure rapid dissemination of the corresponding recommendations for practical use by target audiences, including policy makers and programme implementers, the Department is exploring the use of an online publishing and</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
		As part of the transformation process, WHO is revising its standard guideline development procedures, which will impact on how the Department supports the development of GRC-approved guidelines and other guidance going forwards.	dissemination platform (MAGICApp) which has features for developing recommendation-specific job aids and practical issues relating to implementation. The Department has similar “living guideline” procedures in place for the family planning MEC and for the SRHR self-care interventions guideline.
13.	HRP should continue to maintain its strong profile in supporting the development and the implementation of policy guidance at global, regional and national levels in areas where it has built its strength and where few other international agencies are active such as in abortion safety, gender-based violence and sexual rights. (Owl)	<p>HRP continues to support the development and implementation of multiple guidance on these issues; recent examples include medical management of abortion, the RESPECT framework for preventing violence against women, the inter-agency statement on eliminating virginity testing, responding to children and adolescents who have been sexually abused, and the new chapter on sexual health in ICD-11.</p> <p>At country level, HRP is currently supporting a policy implementation study with Ireland’s Health Services to examine factors that account for implementation, scale-up and sustainability of expanded access to safe abortion following law and policy reform in the Republic of Ireland.</p>	<p>In progress</p> <p>HRP continues to support the development and implementation of multiple guidance issued by WHO and other UN agencies, including cosponsors, on these issues; recent examples include medical management of abortion, the RESPECT framework for preventing violence against women, the inter-agency statement on eliminating virginity testing, responding to children and adolescents who have been sexually abused, and the new chapter on sexual health in ICD-11.</p> <p>PCC management response: PCC agrees and encourages HRP to maintain its strong profile in supporting the development and the implementation of policy guidance at global, regional and national levels in areas of strength and where few other international agencies are active. PCC will monitor progress through the annual reports.</p> <p>PCC will use advice from the STAG reports for further and/or future prioritization of areas.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	Advocacy, communication and partnership		
14.	<p>HRP should continue to exercise its recognised role as a global leader in SRHR research based on its close association with WHO. At the same time, it should work on gaining more visibility at country level by increasing its engagement with the WHO Regional Offices and with the appropriate structures (Regional or Country) of the cosponsoring agencies. (Turtle)</p>	<p>One of the central strategic shifts in WHO's transformation is strengthening of 3-level approaches to improving health for all at country level. The Department is fully engaged in this process through holding intensive discussions with multiple WHO country offices and focal points in all regional offices. Through these discussions, integrated country plans are emerging that will strategically improve HRP's impact in countries through more systematically identifying national SRHR needs and coordinating responses from the Department and with other Departments; these efforts include engagement with cosponsors where appropriate. Moreover, four HRP projects support approximately 20 staff based in WHO regional and country offices, providing national and regional resources to respond to country-identified SRHR needs.</p> <p>HRP, in collaboration with WHO's External Relations Division, has coordinated WHO's engagement with parliaments at global, regional and country level. This includes regular coordination with all regional offices, and country offices as needed. The collaboration with parliaments has also been shaped in close collaboration with key partners, especially UNFPA. HRP is also seeking to strengthen interactions between national parliaments and ministries of health to improve access to SRH.</p>	In progress

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
15.	When negotiating designated contributions, HRP should consider adding a communications budget. This would provide resources to increase the number of influential followers of HRP's social media messages, to ensure consistent strategic social media communication during conferences and meetings and to effectively track and respond to results of social media engagement indicators. (Turtle)	HRP has a dedicated communications budget line in the 2020-2021 budget, which will cover the maintenance of HRP's internet presence, social media implementation and monitoring, international conference support, design, printing, translation, and dissemination of key HRP documents. Work will begin in 2020 on developing an updated communications strategy including development of HRP's social media activities.	<p>In Progress</p> <p>HRP has a dedicated communications budget line in the 2020-2021 budget, which will cover the maintenance of HRP's internet presence, social media implementation and monitoring, international conference support, design, printing, translation, and dissemination of key HRP documents. Work begun in 2020 to develop an updated communications strategy including development of HRP's social media activities will be completed in 2021.</p> <p>One example of successful communication from HRP in partnership with WHO/DCO was the launch of a WHO wide self-care month to mark the publication of the guideline on self-care interventions and a film that was viewed 120k times within days.</p>
	HRP Governance		
16.	HRP should continue to seek greater engagement of cosponsors through the Standing Committee and this should be supported vigorously by the PCC, especially by the donor representatives who, in the majority, represent governments that are donors and key members of governing committees of cosponsoring agencies and who should use this leveraging power. (Rabbit)	In 2018/2019 HRP actively worked to enhance engagement of cosponsors, including calling regular meetings of Standing Committee of Cosponsors, development and update of the Cosponsor engagement plan, and the organization of an informal scientific exchange meeting alongside meeting of PCC. In conjunction with the next meeting of the Standing Committee, hosted by UNFPA, Director HRP will facilitate a seminar with technical staff of UNFPA in order to reach out for enhanced engagement; if successful this will be duplicated at other cosponsor agencies. These activities will continue to be strengthened in 2020.	<p>In progress</p> <p>Since 2018/2019, HRP secretariat has actively worked to enhance engagement of cosponsors, including development and update of the Cosponsor engagement plan and the organization of an informal scientific exchange meeting alongside meetings of PCC. This is given high prominence in the HRP Theory of Change and result framework, so in the 2020 performance report 169 cosponsor and UN partner engagements are reported at both international and national level, and by thematic area. The plan includes 60 engagements with WHO, 41 with UNFPA, 20 with UNICEF, eight with the World Bank, five with UNDP, and 33 with other UN partners. Detailed statistics on this are included in the performance report.</p> <p>PCC management response: PCC agrees and greatly encourages greater engagement of the cosponsors. PCC</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
			<p>members (in particular those who also fund cosponsors) are urged to lobby for greater engagement globally, and in particular through channels at country-level.</p> <p>High-level representation of cosponsors in Standing Committee is advised by PCC.</p>
17.	<p>The PCC should review and revise its procedures to increase its effectiveness as an organ of governance assuring that HRP in its activities is fully accountable to programme and donor countries. Steps should be taken to increase the space for meaningful strategy discussions between the Programme and its PCC. (Rabbit)</p>	<p>The Chair of PCC has organized a series of virtual meetings of PCC donor countries aimed at increasing PCC's effectiveness as an organ of governance. These deliberations are ongoing as of December 2019, and the PCC Chair will report on them at the 2020 PCC meeting. In order to enhance this dialogue, an informal meeting of PCC Members will be held the day preceding PCC in 2020.</p>	<p>In progress</p> <p>PCC management response: PCC agrees, and a PCC sub-committee was formed to address PCC's effectiveness as an organ of governance, and will continue to address emerging issues. Recommendations shall be presented at the next PCC. An intersessional virtual PCC is encouraged so that outstanding issues are addressed (no decisions are taken).</p> <p>A pre-PCC-meeting is planned in connection to PCC-meetings, where various issues are discussed and clarified, whilst not including formal decision-taking on those issues, so that the actual PCC-meeting gives space for meaningful strategy discussions.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
	HRP Management		
18.	<p>HRP should revise its results framework in a participatory process aimed at adopting a more structured approach based on a Theory of Change and an associated performance management and reporting framework. Output targets and reports should not be based on just counting as many outputs as possible but rather on presenting meaningful outputs organised by theme and importance. Indicators and targets should be defined at the outcome level and reported systematically.</p> <ul style="list-style-type: none"> For HRP's work on global monitoring and indicators, the Programme should report performance separately for, (i) outputs related to the global indicators for which it is the custodian, (ii) outputs related to global indicators for which it provides input and support to other agencies, (iii) outputs of research into new global indicators, and (iv) outcomes of its work in global monitoring and indicators in terms of improved global accountability for SRHR. To ensure effective gender, human rights and equity integration, outputs and outcomes should be disaggregated by sex wherever relevant and targets should be included for results with a primary focus on gender, equity and human rights. (Rabbit) 	<p>In response to this recommendation, HRP has undertaken a wide-reaching process to develop a new Theory of Change. Working with a highly experienced consultant, the process has included interviews with HRP stakeholders in late 2018, multiple internal individual consultations, and a retreat with all HRP staff during 2019. A new HRP Theory of Change was drafted and was shared with the Standing Committee in December 2019, and with GAP and STAG in February 2020, and with PCC in March 2020. The next step of this process will be the development of a new results framework for the new Theory of Change.</p>	<p>In Progress</p> <p>In 2020 the results framework was implemented, leading to the development of the first HRP Performance report, which was presented to PCC in 2021.</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
19.	The PCC should urge WHO to increase its fund-raising efforts for undesignated and designated financing of programme development for reproductive health (PDRH) so this programme can become more effective in fulfilling its role of facilitating the translation of HRP-generated evidence into programmes and policies at country level. (Rabbit)	Funding for WHO's core work in sexual and reproductive health programme development is included as a part of WHO's Organization-wide efforts to increase flexible funding for its three-level programme of work. The WHO Director-General has prioritized strengthening WHO's impact at the country level, and this emphasis is firmly embedded in the 13th General Programme of Work that was approved by the World Health Assembly. With this orientation, it is likely that additional flexible funding will be prioritised for allocation to WHO country offices, which are in the best position to improve SRHR and have impact at the country level.	<p>In progress</p> <p>Funding for WHO's work in sexual and reproductive health programme development, including normative guidance, global leadership and country support, is included within WHO's Organization-wide efforts to increase flexible funding for its three-level programme of work. The WHO Director-General has prioritized strengthening WHO's impact at the country level, and this emphasis is firmly embedded in the 13th General Programme of Work. With this orientation, it is likely that additional flexible funding will be prioritised for allocation to WHO country offices for country support, which are in the best position to improve SRHR at the country level. The SRH department will continue to negotiate internally for additional funding to support its leadership and normative functions within WHO.</p> <p>PCC management response: PCC agrees, and members are encouraged to address it through dialogue with the WHO.</p>
20.	The PCC should engage with the ADG FWC of WHO to find a better structural solution for joint work in maternal and neonatal health between HRP and the MCA Department that avoids working across departmental boundaries. This should include a review of the portfolio of activities in maternal, perinatal and adolescent health of the RHR and MCA Departments of WHO as well as a clear division of responsibilities of the two departments for global monitoring and indicator development. These deliberations should consider the lessons learnt from the efficiency of RHR in the area of contraception, where the entire value chain from evidence generation to the development of norms and research to support their implementation is located within one department. (Rabbit)	<p>With the transformation of WHO, the RHR Department (now renamed the Sexual and Reproductive Health and Research (SRH) Department), including HRP, is now located in the UHC-Life Course (UHL) Division, headed by an Executive Director (ExD). This maintains the department's close relationship with MCA and greatly strengthens its relationship with those departments that support health systems strengthening, primary health care and UHC. Consequently, the department's work will benefit from increased opportunities to collaborate with a broader range of departments undertaking work that can strengthen guidance development globally and delivery of SRH services at country level.</p> <p>In relation to maternal and perinatal health, the ExD requested the department directors to develop a new way of working so that the multiple resources in both departments could be more strategically planned and managed to improve country impact and global leadership. A new cross-department group has been formed,</p>	<p>In progress</p> <p>Governance of HRP within WHO is the responsibility of the Chief Scientist. The Chief Scientist is the Executive Director of the Science Division (SCI), which comprises three WHO departments (Research for Health; Quality, Norms and Standards; Digital Health Interventions) and the three research entities within WHO (HRP; TDR; AHPSR). The HRP Director is a member of the Senior Management Teams in both the UHL and SCI divisions</p> <p>WHO has recently established a Strategic and Technical Advisory Group of Experts (STAGE) to systematically review evidence and provide strategic guidance on priority areas, actions, interventions, delivery mechanisms and stakeholder accountability for maternal, newborn, child and adolescent health and nutrition. The SRH department is part of the secretariat and ensures alignment of the maternal and</p>

	RECOMMENDATIONS	MANAGEMENT RESPONSE	Update since March 2020
		numbering more than 20 staff, with expertise in a wide range of maternal and perinatal health issues, to jointly plan and implement an integrated maternal and perinatal health strategy. This group meets weekly and is in the process of finalizing a logic model to operationalise WHO's work across the three levels. The group has also supported a scoping review of maternal health issues to guide achievement of UHC for maternal and perinatal health through PHC across stages of the obstetric transition, and will convene an expert meeting early in 2020 to develop a joint vision and approach to maternal and perinatal health through agreeing on priority actions at global, regional and country levels, and plans on how to take these actions forward.	<p>perinatal health and adolescent SRH aspects of STAGE's work. WHO's normative work for maternal and perinatal health and adolescent SRH remains the responsibility of the SRH department, and HRP's research agenda on these issues continues to be guided by HRP's STAG.</p> <p>PCC management response: The result of WHO's institutional reform benefits a continued close relationship between MCA and SRH/HRP, and instead PCC should encourage a continuous relationship with various WHO departments as well as WHO's Science Division. A formalization of the interaction between HRP and Science Division is recommended. PCC shall be cautious so that the still unfolding organizational structure neither creates an increased administrative burden for HRP, nor challenges HRP's full financial, scientific and programmatic autonomy as a Special Programme focused on research.</p>
	HRP Finance		
21.	The PCC should continue to monitor the levels of designated contributions to the HRP Trust Fund to be able to react in time before the proportion of designated funds reaches a level where it could seriously distort the portfolio of HRP activities. (Owl)	The levels of designated contributions to the HRP Trust Fund are continuously monitored by the Secretariat and are reported at every meeting of PCC.	<p>Implemented</p> <p>PCC management response: PCC agrees and urges that HRP notifies PCC Chair when major changes take place. HRP reports on HRP Trust Fund at PCC meetings.</p>
22.	PCC delegates from cosponsoring agencies and from donor countries should work together on lobbying for a greater financial engagement in HRP of the cosponsors as well as of the GFF through programmatic cooperation rather than undesignated funding. (Turtle)	Noted.	<p>In progress</p> <p>PCC management response: PCC agrees, and the PCC sub-committee offer to prepare clear cut messages to be delivered by their respective representatives or, even preferably, collectively in the boards of the different organizations.</p>

3.7 Evaluation of tobacco control through MPOWER measures in the South-East Asia Region

3.7.1 The purpose of this decentralized evaluation, conducted between September 2017 and July 2018, was to evaluate the progress of implementation and impact of tobacco control policies and programmes in the South-East Asian Region (SEAR) Member States after more than a decade of implementing the WHO FCTC treaty; and to assess the role of WHO support to assist countries in their tobacco control efforts to achieve national targets, including use of the WHO MPOWER technical package. The evaluation provided a learning opportunity for WHO and its partner governments of the SEAR Member States. Specific objectives included (a) reviewing existing tobacco control policies and programmes; (b) identifying enabling factors, opportunities, challenges and threats in implementing the tobacco control policies and programmes, (c) recommending concrete strategies adapted to the political situation of the respective country, to strengthen and accelerate the implementation of the WHO FCTC, and (d) reviewing WHO's supporting role and to make recommendations to strengthen tobacco control infrastructure at the country level.

3.7.2 Since the last evaluation consolidated annual report of management responses, all SEAR countries have tobacco control laws/legislation in place and are implementing WHO MPOWER package and Best Buys for tobacco control. Bangladesh, India and Indonesia are also in the process of amending existing laws to plug the loopholes and make these comprehensive. The Global Youth Tobacco Survey (GYTS) was implemented in the 4 target countries. Several actions for recommendations have been delayed due to the Covid-19 crisis. Regarding ratification of the FCTC protocol to eliminate illicit trade, the Regional Office is touch with the FCTC Secretariat to plan actions to revive country level negotiations. However, the challenge of COVID-19 pandemic still exists. A new tool to support for prevention of tobacco use among youth is being tested.

Management Response

Evaluation Title	Evaluation of tobacco control policies and programmes including implementation of the WHO MPOWER technical package in SEAR Member States
Commissioning Unit	SEARO NDE/TFI
Link to the evaluation	https://www.who.int/docs/default-source/searo/evaluation-reports/mpower-tobacco-report.pdf?sfvrsn=c37300dc_2
Evaluation Plan	
Unit Responsible for providing the management response	SEARO NDE/TFI
<p>Overall Management Response: The Regional Office has accepted all the recommendations from the independent evaluation agency. Evaluation of tobacco control policies and programmes including implementation of the WHO MPOWER technical package in South-East Asia Region Member States has provided important insights for the Regional Office as well as WCOs. The same have been posted on the SEARO Technical Unit web page and shared with the TFI focal points of all countries. Regional Office has taken note of the recommendations to WHO and countries have been encouraged to start implementing the recommendations for strengthening tobacco control policies and programmes including accelerating WHO FCTC and MPOWER implementation. The report has an overall assessment of the status of implementation of tobacco control measures by SEAR Member States at the country level including the challenges involved and way forward. The entire exercise of evaluation was conducted in close collaboration and coordination with respective WCOs who in turn engaged with their respective Ministries of Health under the overall supervision and guidance of the Regional Office (RO).</p> <p>It is expected that WCOs take a serious note of the recommendation and discuss the same with their respective government counterparts and other stakeholders at the country level to enhance involvement of WHO in effective tobacco control to meet the national and global targets. The report provides an opportunity to learn from regional best practices to strengthen national level tobacco control initiatives.</p>	
First Management Response Status: <i>In progress</i>	Updated Management Response Status: In progress
First Management Response Date: <i>15 April 2020</i>	Updated Management Response Date: 12 May 2021
Overall update on the actions taken since April 2020	All SEAR countries have tobacco control laws/legislation in place and are implementing WHO MPOWER package and Best Buys for tobacco control. Bangladesh, India and Indonesia are also in the process of amending existing laws to plug the loopholes and make these comprehensive.

Recommendations and Action Plan

Recommendations pertaining to WHO's role in strengthening tobacco control policies, institutions, implementation and monitoring

Category: Approach

Recommendation 1: Review and strengthen the MPOWER package and add supply control measures to it.

After a decade of MPOWER implementation, WHO should strengthen the MPOWER package (put in place in 2007 and revisited in 2017) to address new challenges, such as aggressive marketing strategies of the tobacco industry targeting adolescents and tobacco industry violations of promotion bans. A renewed package should also include measures that focus on control of tobacco cultivation, informal markets, and illicit trade. More specifically the WHO should:

- integrate the WHO FCTC resolutions that focus on supply control in the MPOWER package ("best buys");
- focus more on the implementation of the "best buys", as implementation of the policies and legislation is more of a problem than policy and legislation development. Implementation guidance is needed;
- scale up efforts, particularly with respect to (i) enforcement of and compliance with bans on sponsoring and advertisements; (ii) alternate livelihoods; (iii) control of illicit trade; and (iv) youth campaigns (in collaboration with UNICEF);
- promote best practices in cessation counselling, such as cessation manuals and the use of dental clinics in India;
- develop and promote policies and programmes for tobacco growers in adapting economically viable alternative livelihood options (Article 17 of WHO FCTC) (in collaboration with FAO);
- prioritize high-level advocacy and well-crafted media campaigns with national and international champions and testimonials with tobacco victims.

Management Response

Accepted.

All SEAR countries are implementing WHO MPOWER technical package to reduce demand of tobacco. A biennial progress report is published by WHO HQ to monitor implementation of MPOWER strategies at the country level. Many of these strategies involve implementing Best Buys for tobacco control. All SEAR Member States are now strengthening MPOWER and Best Buys implementation.

RO published a progress report on MPOWER package implementation in SEAR in 2018 to support countries in monitoring MPOWER implementation at the country level, identify the challenges, take note of the learnings, review the opportunities and strengthen ongoing efforts.

Inclusion of supply control measures in MPOWER package is a policy decision which rests with HQ. However, we will bring this to the notice of HQ after clearance from the senior management.

Protocol to eliminate illicit trade in tobacco is a supply reduction measure. Sri Lanka and India have ratified the Protocol.

SEAR Member States are progressing with MPOWER implementation with some countries like Thailand having achieved the highest score in all MPOWER strategies.

There has been considerable progress in monitoring of tobacco use prevalence and tobacco control policies. Many SEAR Member States are initiating surveys under Global Tobacco Surveillance System (GTSS) with support from RO, HQ and partners (CDC and CDC Foundation). Global Youth Tobacco Survey (GYTS) was conducted in five countries – Bhutan, India, Indonesia, Maldives and Timor-Leste in 2019-20. Tobacco use and tobacco control

	<p>policies were captured in WHO STEPS surveys conducted in Nepal and Sri Lanka in 2018-19. Global Adult Tobacco Survey (GATS) is underway in Sri Lanka (2019-20) and is being planned for Indonesia in 2020. Bangladesh and Nepal are also planning to have GYTS in 2020-21.</p> <p>The Region has recorded excellent progress in implementing Graphic Health Warnings (GHW) on tobacco packs, setting a global benchmark. Thailand became the first country in Asia to implement Plain Packaging and Sri Lanka and Nepal are making progress to implement the same. All SEAR countries except DPR Korea are now implementing GHW on tobacco packs. Countries have strengthened implementation of smoke-free policies, have implemented anti-tobacco mass media campaigns. The work on tobacco tax reforms and tobacco cessation is also progressing. Member States are focusing on Best Buys implementation.</p>				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since April 2020
1.1 Building capacity in tobacco cessation	RA, TFI/WCOs Nepal, Maldives, Bhutan, DPR Korea and Timor-Leste	June 2019	<i>Implemented</i>	National Training-of-Trainers workshops for building capacity in tobacco cessation were completed in Bhutan, DPR Korea, Maldives, Nepal and Timor-Leste in 2019.	No update required
1.2 Completing agro-economic reports on tobacco crop/alternative livelihoods	RA/TFI, WCOs India/Indonesia	August/September 2019	<i>Implemented</i>	The Indonesia report was finalized in Bhasa and Bangladesh report is under review.	No update required
1.3 Scale up efforts to enforce TAPS bans	RA, TFI	September 2019	<i>Implemented</i>	The regional meeting was held in September 2019 at Kathmandu, Nepal. Regional and international experts participated in the workshop. Country action plans to strengthen TAPS ban policies were prepared.	No update required
1.4 Ratification of the Protocol to eliminate illicit trade in tobacco	RA, TFI/HQ/FCTC Secretariat	December 2020	<i>In progress</i>	RO is making efforts to encourage Member States for ratification of the Protocol. 2-3 more Member States will be supported to ratify the Protocol. The efforts did not make progress in view of the COVID-19 pandemic.	RO is in touch with the FCTC Secretariat to plan actions to revive country level negotiations. However, the challenge of COVID-19 pandemic still exists.

Recommendation 2 : Promote a multi-sectoral approach.

WHO should (i) foster synergies between stakeholders, for example between MoH and other relevant ministries of the government; and (ii) collaborate with other UN-agencies, in particular FAO, UNDP, and UNICEF.

At the country level, WHO should strengthen and broaden their strategic partnerships with CSOs and the private sector (e.g. sensitizing banks to refuse credit to the tobacco industry) and facilitate and support anti-tobacco alliances.

Management Response	<p>Accepted</p> <p>RO and WCOs are supporting multi-stakeholder response to implement Best Buys and tobacco control policies in close collaboration with HQ.</p>
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	<p>Support for tax reforms is being provided to member states in collaboration with TCE team at HQ which works closely with RO, WCOs, Ministries of Health and Finance, partners and the Global Hub on taxation.</p> <p>Under the FCTC2030 initiative, RO and Member states work in close collaboration with the Secretariat and UNDP to develop investment cases for the countries.</p>				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since April 2020
1.1 Tax reforms initiatives in Bangladesh, India, Indonesia, Nepal, Sri Lanka and Myanmar	RA, TFI/ TFI Focal point at WCOs	ongoing	<i>Implemented</i>	Under the Bloomberg Initiative and FCTC2030 project, SEAR Member States are working on this Best Buy of raising taxes on tobacco products. High level missions were conducted for Bangladesh, India and Indonesia. Guidance documents for tax reforms were prepared for Bangladesh and Indonesia.	No update required
1.2 FCTC2030 projects implementation in Nepal, Myanmar and Sri Lanka	RA, TFI/ TFI Focal point at WCOs	2021	<i>In progress</i>	Multi-sectoral platforms will be created to implement Best Buys for tobacco control at the country level including UNDP, FAO, CSOs and other partners.	Project end date extended from end March 2021 to end March 2022 in view of the COVID-19 pandemic. No cost extension.
1.3 Support to promote alternative livelihoods for tobacco farmers and workers	RA, TFI/ TFI Focal point at WCOs	2021	<i>In progress</i>	<p>A project to support bidi workers for alternative livelihoods is ongoing in India in collaboration with Ministry of Labor. The Ministry of agriculture is also supporting projects for shifting tobacco farmers to grow other crops. Research on the subject is being supported in Bangladesh and Indonesia.</p> <p>The RO is planning a workshop on supply side issues to strengthen country capacity in reduction of tobacco supply. This was scheduled for June 2020 but will be postponed in view of COVID19 pandemic.</p>	<p>Bangladesh project completed and report published. India project ongoing. Indonesia project report finalized.</p> <p>Regional workshop did not materialize in view of the pandemic. However, RO developed a report on alternative crops and livelihoods in SEAR which is under review.</p>
1.4 Support for prevention of tobacco use among youth	RA, TFI/HPN	2020-2021	<i>In progress</i>	An intervention tool has been developed and published to prevent NCD risk factors among school children including tobacco. It will be pilot tested in 1-2 countries depending on the post COVID-19 situation.	The pilot testing of the tool could not be undertaken as schools are mostly closed. However TFI is in touch with adolescent health division for the same.

Recommendation 3: Work for results

The WHO should apply a Result-Based Management approach (for instance, linking financial support to partners to the results in the form of a variable tranche that will only be released after reaching pre-established and agreed benchmarks). More specifically WHO should:

- think globally and act locally, promoting that cessation counselling and behavioural change approaches be integrated in the work plan of health workers, community workers, and health facilities (e.g. Thailand, Nepal, Indonesia);
- Sensitize and train compliance officers to ensure strengthening of implementation of legal provisions and the WHO FCTC and MPOWER package.

Management Response	Accepted. The approach is already under implementation. Focus is on measurable outcome of various initiatives which are linked to performance. The countries supported with BI and FCTC2030 projects must meet timebound targets to be eligible for next rounds of donor funding.				
Status:	<i>Implemented</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since April 2020
1.1 Sensitization and training of compliance officers	WCO Bangladesh	December 2019	<i>Implemented</i>	Sanitary inspector's trainings are being conducted in batches to strengthen implementation of tobacco control law.	No update required
1.2 Training of Public Health Inspectors, Sri Lanka	WCO Sri Lanka, NATA, RO		<i>Implemented</i>	Four rounds of study tours have been completed when batches of PHIs from Sri Lanka conducted two tours each to India and Thailand for learning best practices for law enforcement. This initiative of horizontal collaboration is an innovation of NDE/TFI in SEARO where focus is on promoting regional best practices and mutual learning. One study tour of PHIs from NATA Sri Lanka was conducted to Singapore to promote inter-regional learnings and best practices for tobacco control law enforcement in 2019.	No update required

Category: Institutional strengthening

Recommendation 4: Coordination

The WHO should coordinate international funding for NCD and tobacco control in the region. WHO should also approach its tobacco control activities in the region as a comprehensive Tobacco control including WHO MPOWER package in SEAR Member States – Evaluation Report 50 program and establish internal program collaboration and accountability mechanisms between the various departments and offices involved, with a leading role for WHO-SEARO. More specifically WHO should:

- organise workshops for the WHO focal points and their counterparts in the MoHs to motivate them, exchange lessons learned, and strengthen their expertise in providing guidance to Member States.

Management Response	RO uses the platform of Regional meetings to train WCO and MoH focal points and review implementation of tobacco control policies and programmes in SEAR member States. During the PreCOP regional meeting in 2016 and 2018, TFI focal points were trained by conducting back to back meetings. Additional donor funding is secured for six countries under Bloomberg and FCTC2030 supported projects for Bangladesh, India and Indonesia (BI) and three countries, Nepal, Myanmar and Sri Lanka under FCTC2030 project.				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Training of TFI focal points	RA, TFI	September 2019	<i>Implemented</i>	TFI and MoH focal points were sensitized and programme implementation was reviewed during the regional workshop on TAPS ban held at Kathmandu, Nepal.	No update required
1.2 BI and FCTC 2030 projects are under implementation in Bangladesh, India, Indonesia, Nepal, Sri Lanka and Myanmar	RA, TFI/ TFI Focal point at WCOs	2021	<i>In progress</i>	The projects are being implemented in close coordination with partners and stakeholders. The same are reviewed at regular intervals by undertaking country missions and virtual meetings.	The projects are continuing and monitored at regular intervals.

Recommendation 5: Advocacy

WHO should strengthen its upstream work, in particular advocacy at all levels of government, and use for instance the results of critical studies, such as the economic cost-benefit studies.

Advocacy is a role that the stakeholders expect from WHO, not only from the COs, but also from the ROs and the secretariat in Geneva. This is because multiple layers of lobbying are needed to foster political will and encourage countries to adopt stronger policies and clear implementation rules, to enforce compliance, and to secure funding. More specifically WHO should:

- use its influence and standing to denounce the participation of high-ranking Government officials on the boards of tobacco industry. A code of conduct could be developed and adopted by WHO FCTC;
- relentlessly invite the member countries to strictly regulate and supervise the tobacco industry, be it state-owned or privately owned.

Management Response	Accepted. RO supports Member States in implementing Article 5.3 of WHO FCTC, which relates to tobacco industry interference. The information regarding tactics of tobacco industry is shared with the Member States on constant basis.				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Publication of Tobacco Industry Interference Index in SEAR countries	RA, TFI	December 2019	<i>Implemented</i>	A review was undertaken to look at tobacco industry interference in SEAR countries in partnership with WCOs and SEATCA. The findings were reviewed and published as a guidance documents. This was shared with WCOs and other stakeholders and put of TFI webpage.	No update required
1.2 Guidance to Member States on implementation of Article 5.3 of WHO FCTC	RA, TFI/WCO Indonesia		<i>Implemented</i>	Indonesia was supported in collaboration with HQ to organize a workshop on tobacco industry interference in December 2018. National workshop on T.I.I. organized.	No update required
1.3 Implementation of Article 5.3 of WHO FCTC	RA, TFI	Ongoing	<i>In progress</i>	Countries are provided support to deal with industry tactics and develop guidance documents to strengthen implementation of Article 5.3 of WHO FCTC. RO coordinates with WHO FCTC Article 5.3 hub at Bangkok for the same.	Countries are provided guidance and support in collaboration and coordination with the HQ , FCTC Secretariat and the KH on Article 5.3.

Recommendation 6: Monitoring

WHO should integrate the two biennial surveys on the tobacco epidemic into a single one to save resources. The survey should also include data on the multi-sectoral approach. WHO should also support the development of an in-country database with national statistic institutions to not only feed into the survey, but also ensure a more regular monitoring by the country itself.

Management Response	<p>Accepted</p> <p>As per practice, two biennial progress reports are produced every alternate year, one each by HQ and the FCTC Secretariat. This is as per agreement between HQ and the Secretariat. While the HQ with support from the partners produces a progress report on MPOWER – Global Tobacco Control Progress Report (GTCR), the Secretariat produces a progress report on FCTC implementation.</p> <p>Any decision to merge the reports is a prerogative of HQ.</p> <p>RO along with partners also support tobacco surveillance activities in Member States on continuous basis in collaboration and coordination with partners.</p>				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Global Adult Tobacco Survey (GATS)	RA, TFI/WCOs Indonesia and Sri Lanka	2020-2021	<i>In progress</i>	<p>GATS Sri Lanka – completed two phases of the fieldwork planned in 2019.</p> <p>GATS Indonesia – questionnaire approved by CDC, proposal being finalized by the country in consultation with RA, TFI</p>	GATS Sri Lanka completed. Report is being finalized. GATS Indonesia- data collection completed, data cleaning under process.
1.2 Global Youth Tobacco Survey (GYTS)	RA, TFI/WCOs Bhutan, Indonesia, Maldives, DPR Korea, India and Timor-Leste	December 2020	Implemented	<p>Being undertaken in partnership with CDC and HQ in Bhutan, Indonesia, Maldives and Timor-Leste. Report for Bhutan pending MoH approval, other surveys completed, data analysed and factsheets are being prepared.</p> <p>India finished field work. Data being analysed.</p>	
1.3 NCD STEPS Surveys	RA, TFI/WCOs Bhutan, Nepal and Sri Lanka/HQ	March 2020	<i>In progress</i>	Nepal and Bhutan completed, Sri Lanka will take place in 2021. Survey work completed in Bhutan, Nepal and Sri Lanka in collaboration with HQ. NCD STEPS Surveys capture tobacco use prevalence and related indicators. Factsheets published.	Sri Lanka STEPS delayed in view of the pandemic.

Recommendation 7: Resource mobilization

Looking for financing or financing mechanisms is widely seen as one of WHO's core functions, because the fight against tobacco is hampered by limited resources, especially in the smaller countries in the region (and are certainly limited compared to financial leeway of the tobacco industry). Except for Bloomberg International, tobacco control is not popular among donors, compared to other NCD programs. WHO should thus leverage funding with donors and with the Member States themselves, make sure that within NCD work, there is room for tobacco control, and develop alternative financing strategies. More specifically, WHO should:

- promote specific health funds financed by an earmarked percentage of the tobacco tax revenues (at least 10%), and by private donations, such as the "Thailand Healthy Lifestyle Promotion Foundation";
- pledge for budget lines in the countries' budgets dedicated to tobacco control;
- leverage funding for tobacco control with international funds such as the Global Fund and GFF, and pledge for an international tax on tobacco trade.

Management Response	Accepted RO advocates for additional funding to support tobacco control policies at the country level to leverage acceleration of WHO FCTC/MPOWER package implementation. Funding support is secured under Bloomberg and FCTC2030 supported projects for Bangladesh, India and Indonesia (BI) and three countries, Nepal, Myanmar and Sri Lanka under FCTC2030 project. This support has proven instrumental in boosting ongoing tobacco control initiatives by the Member States, especially in the areas where earmarked or dedicated funds were not available. Apart from Thailand, Bangladesh and India have provided for some mechanisms to secure earmarked funding to support tobacco control programmes.				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Providing support to channelize earmarked funding to NTCC Bangladesh for tobacco control	WCO Bangladesh /RA, TFI	2020	<i>Implemented</i>	Although the mechanism for earmarked funding for tobacco control has already been initiated by Bangladesh., actual funds have yet to reach National Tobacco Control Cell. Delayed in view of COVID-19 pandemic WCO along with other partners is committed to facilitate this channelization with overall guidance from the RO.	No update required
1.2 Encourage Member States to secure dedicated budget lines for tobacco control	RA/TFI with HQ TCE support/TFI Focal point at WCOs	Ongoing	<i>In progress</i>	All levels of WHO are engaged to support Member States in securing dedicated funding for tobacco control activities at the country level. Donor funding is also being secured to support capacity building for tobacco cessation including conducting trainings and procurement of NRT.	NRT support provided to India and Timor-Leste. Tobacco cessation app in final stages.

				RO is also developing an app to support tobacco cessation.	
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Recommendation 8: Support strategic studies and critical research

WHO should extend its support for critical studies, in particular those studying the medium- and long-term economic benefits of tobacco control and prevention. Politicians may change their paradigm if they know that the economic costs of smoking are much higher than the tobacco tax revenues.

Management Response	<p>Accepted.</p> <p>RO provides strategic support to WCOs and MoHs for undertaking operational research on various aspects of tobacco control including economics, agro-economics, impact of tobacco control policies etc.</p> <p>RO shares latest and updated research and evidence base with WCOs on regular basis.</p> <p>Collaboration and coordination at all WHO levels is promoted for sharing evidence to improve implementation and monitoring of tobacco control policies and programmes.</p> <p>RO also supported evaluation of tobacco control policies and programmes including MPOWER in SEAR.</p>				
Status:	<i>Implemented</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Study on economic and agro-economic burden of tobacco in Bangladesh	WCO Bangladesh. RA, TFI	December 2020	<i>Implemented</i>	The project was supported by the RO. The draft report is being reviewed.	No update required
1.2 Agro-economic studies in India and Indonesia	WCO India and Indonesia	December 2019	<i>Implemented</i>	Completed.	No update required

Category: Management and governance

Recommendation 9: Reposition WHO's support for tobacco control as a specific plan of action within Health System Strengthening (HRS) programmes.

WHO should:

- invest in the WCO focal points: more dedicated and qualified staff with requisite skill sets; training and coaching of existing staff; and mobilize/rotate the staff to avoid stagnation for long periods (which leads to lack of motivation);

<ul style="list-style-type: none"> organize regional best practice meetings where WCO and government focal points exchange and share information on best practices such as the: tobacco-free schools India, and smoke-free universities in Myanmar; tobacco free school guidelines in Indonesia; and cessation strategy in India (training manuals; use of dental clinics), training of law enforcement officials in Sri Lanka 					
Management Response	<p>Accepted.</p> <p>Tobacco control is being mainstreamed by taking various new initiatives.</p> <p>Tobacco control is now incorporated into broad objectives of the Multisectoral action plans (MSAP) of all SEAR Member States which will certainly facilitate mainstreaming and opportunities for additional resources. Tobacco cessation services are also being mainstreamed by incorporating the same into WHO PEN package and training of front-line health workers.</p> <p>RO is supporting school level interventions for prevention of NCD risk factors, tobacco control being a component of the same. This is a way forward for overall health promotion too.</p> <p>RO is also encouraging and supporting Member States to implement TB-tobacco integrated programmes which will further help build country capacity in tobacco cessation, smoke free policies and better health systems response. A Regional Response Plan was published in 2017.</p> <p>RO is supporting horizontal collaboration for wider opportunities of learning from best practices. Intercountry study tours are being supported.</p> <p>Regional Meetings provide opportunities for knowledge exchange, training and upgradation of skills for the TFI focal points in WCOs and MoH.</p> <p>Hiring and mobilization of the staff at the WCO level is prerogative of the senior management.</p>				
Status:	<i>In Progress</i>				
Key Actions	Responsible	Deadline	Status	Comments (31.03.2020)	Update since April 2020
1.1 Tobacco control incorporated in MSAPs	NDE/RO		<i>Implemented</i>		No update required
1.2 Tobacco control incorporated in WHO PEN package	NDE/RO		<i>Implemented</i>		No update required
1.3 TB tobacco integrated programmes to strengthen tobacco control policies and TB programmes	RA, TFI	December 2020	<i>In progress</i>	<p>India implemented integrated Tb-tobacco programme.</p> <p>RO is providing support to Bangladesh, DPR Korea and Nepal to implement the same.</p> <p>Likely to be delayed in view of COVID-19 pandemic.</p>	Delayed in view of the pandemic.

3.8 Regional Noma Control Programme (RNCP) Final Evaluation

3.8.1 Noma is a necrotizing disease affecting the mouth and face of young children, with a 90 percent mortality if untreated, with high prevalence in 10 African countries. The decentralized evaluation of the Regional Noma Control Programme (RNCP) in the WHO Africa Region, conducted in late 2018, reviewed implementation and progress of the programme in 10 countries between 2013 and 2017. The primary objectives were to provide lessons related to the effectiveness and efficiency of the project and its outcomes, and to inform further improvements, design, implementation and scalability of the Programme in the Region. Evaluation questions sought to review high impact/best practices and WHO AFRO coordination, development, implementation and monitoring of 10 country action plans. At the global level, the evaluation will contribute towards strengthening knowledge management on the successes and challenges of this approach in different regions.

3.8.2 Since the last evaluation consolidated annual report of management responses, the Regional Office has fully implemented an additional 10 actions for 7 (of 20) recommendations. These include developing simple and efficient monitoring and evaluation processes, conducting training and capacity building for national institutions' financial management, support for country programme workplan development inclusive of M&E frameworks, quarterly reporting systems, and enhanced indicator development/data archiving systems.

Management Response

Evaluation Title	Regional Noma Control Programme (RNCP) Final
Commissioning Unit	WHO Regional Office for Africa
Link to the evaluation	https://www.afro.who.int/sites/default/files/2019-12/Executive%20Summary_Noma%20Program%20Evaluation%20Report_%20Final-%2004042019.pdf
Evaluation Plan	
Unit Responsible for providing the management response	WHO AFRO NCD/NIM (for tracking MR: Awa Achu Mangie Samba, PBM)
<p>Overall Management Response:</p> <p>The report is an external (independent) assessment of the regional Noma control program. It documents the progress made with regards to the regional Noma control program including key lessons learnt and useful recommendations made to improve the Regional Noma program efficiency and impact. The general impression is that the evaluation process was thorough including both quantitative and qualitative method mix. The evaluation team interviewed key stakeholders, including key Noma focal persons at the MoH and across the 3 levels of the organization. The evaluation team also interacted with other partners that have been active in the Noma field. This is reflected in the good quality report that has been produced.</p> <p>Planned use of evaluation: The report will be disseminated to all stakeholders. In WHO, it will be shared with the WHO Country Offices in the 10 countries participating at the regional Noma control program as well as to the MoH in these countries. The report will also be shared with the oral health program at WHO Headquarters as well as with technical program areas whose work have some bearing on Noma control including the immunization and NTD programs. In addition, a session will be dedicated at the planned Capacity Building Workshop to Develop the National Roadmap for Implementation of the Regional Oral Health Strategy in the African Region to discussing the findings from the evaluation. In addition, there will be one day dedicated to discussing the evaluation recommendations at the annual regional workshop on Noma control. The evaluation report will also be shared with key WHO partners supporting Noma including Hilsfaktion Noma, MSF and the WHO collaborating centers on oral health.</p>	
First Management Response Status <i>In progress</i>	Updated Management Response Status: <i>In progress</i>
First Management Response Date April 2020	Updated Management Response Date: <i>23 April 2021</i>
Overall update on the actions taken since April 2020	

Recommendations and Action Plan

Recommendation 1: Establish approaches that helps countries make projections for the elimination of Noma in the country within a given timeframe (5, 10, 15 years).					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
1.1. Countries must set achievable and practicable objectives in the different stages of implementation	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>In progress</i>	At AFRO level, hold an informal meeting with PBM colleague to discuss how to make the projection of Noma elimination within a month. <u>Supporting documents:</u> Country 2020 Plans	Based on the new step by step guide, noma priority countries have been trained and encouraged to develop/modify the national noma action plan based on pre-identified seven specific objectives. In terms of making projections for eliminating of noma in the country within a given timeframe, after finalizing the oxford's systematic review, it reveals that additional information would be required to develop the modelling to make projections. Therefore, we need more time to achieve this task.
1.2. Identify the different actors and determine their role in the different stages of the timeframe	MoH and WHO Country Office	By the end of December 2020	<i>In progress</i>		In the new step by step guide, it emphasizes the importance of roles and responsibilities for each activity. Therefore, in the new/revised national noma action plan, countries will include role and responsibilities.
1.3. Develop simple and efficient monitoring and evaluation processes	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>Implemented</i>	At AFRO level, hold an informal meeting with PBM colleague to prepare for development of the new monitoring and evaluation process within a month. An M&E consultant have been hired to review and update the M&E framework for RNCP. <u>Supporting documents:</u> Country 2020 Plans	AFRO has developed the M&E for the national noma control programme and introduced this new M&E during the online noma training in March/April 2021.

Recommendation 2: Define a high-level goal and make strategic plans that focus on the number of cases treated and lives saved, taking into account gender and equity					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
2.1. Countries must define their objectives and identify the areas where the disease is most prevalent and where there is a greater need for diagnosis, treatment and capacity building to empower populations to better eliminate the disease.	MoH and WHO Country Office	By the end of December 2020	<i>In progress</i>	All countries have submitted their plans except Mali because the Mali Focal Point had retired and so for two years there has been no Noma work in Mali <u>Supporting documents:</u> Country 2020 Plans	Each country is going to develop/update the national noma action plan based on the new step by step guidance document.

Recommendation 3: Adopt a multisectoral approach within WHO and in countries that would enable the Noma programs to work with other programmes (immunization and nutrition) to improve effectiveness and integration					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
3.1 Develop strategies for multisectoral integration and establish a work plan with the various programmes that could provide support	Yuka Makino, Technical officer oral health in AFRO	30 June 2020	<i>In progress</i>	Within a few months, try to create a WHO AFRO internal task team including related clusters' staff to discuss and seek for future collaboration. A Consultant was hired to revise the step by step guide inclusive of collaboration and integration. The program worked with Polio to start the integration of Noma into their surveillance system Opened discussions with WHO HQ and Hilfsaktion to integrate Noma into the NTDs <u>Supporting documents:</u> Meeting report with Oral Health Polio	In the step-by-step guidance document, we emphasize the importance of establishing the multisectoral technical working group at the country level. During the training of the noma control programme, all 10 priority countries set the establishment of the multisectoral technical working group as part of their roadmap for development and implementation of the national noma control programme.
3.2 Leverage other WHO programs to increase the fight against Noma	Yuka Makino, Technical officer oral health in AFRO	December 2020	<i>In progress</i>	Email exchanges between AFRO, HQ and Hilfsaktion	In collaboration with various programmes in AFRO such as child health, gender, equity and human rights, health

					<p>promotion, health system strengthening, health workforce, NCDs, NTDs, nutrition, polio and PBM, the step-by-step guide to support countries to develop the national noma action plan was developed.</p> <p>In terms of integration noma into NTDs list, during EB148, Member States requested the DG "to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030". Additionally, we strengthen the collaboration with NTD team to seek possibility to integrate noma into more operational level including noma into regional TVD framework.</p>
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Recommendation 4: Encourage and invest in advanced research into the disease and increase literature on the aetiology of Noma					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
4.1 Encourage the MoH to collaborate with research institutions in their country or neighbouring countries that are able to support them in carrying out studies and strengthen their research capacities in Noma	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority	By the end of December 2020	<i>In progress</i>	<p>Research in Noma was discussed during the November 2019 intercountry workshop and there are plans to do same in the 2020 workshop. The program invited researchers to the meeting to discuss a way forward.</p> <p><u>Supporting documents:</u> Meeting Agenda</p>	<p>The step-by-step guidance document was developed in collaboration with researchers to encourage countries to implement research as part of their national noma control programme.</p> <p>Initiated discussion with the</p>

					Swiss Network for International Studies for future collaboration research.
4.2 Involve communities in Noma research activities by inviting them to collaborate with providers, especially regarding field support and information on cases that have occurred within communities	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>In progress</i>		

Recommendation 5: Work with WHO HQ Oral Health team to conduct a systematic review of Noma Literature					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
5.1 Follow up on WHO HQ Noma Systematic review and share the results as well as learnings for the MoH.	Prebo Barango, NCD/NIM, IST Zimbabwe Benoit Varenne, Oral Health, HQ	30 June 2020	<i>In progress</i>	An interim report of the results of the systematic review of the evidence- based knowledge on the distribution, associated risk factors, the prevention and treatment modalities for Noma was developed. <u>Supporting documents:</u> Draft systematic review report	The systematic review was completed. HQ has prepared to publish the results of the systematic review.

Recommendation 6: Collaborate with research teams, initiate studies to measure and document Noma as a disease					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
6.1 Identify the different local and international research institutions that have the capacity to work in the field and initiate research by developing common lines of work	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of November 2020 (for Noma meeting) By June 2020 (for Database)	<i>In progress</i>	Invited the University of Oxford, ICOH, University of Geneva, IADR and WDF to 2019 Inter-country Workshop on the Regional Noma Control Programme in Nigeria Plans to compile a database of the different actors in Noma <u>Supporting documents:</u> Meeting report	

Recommendation 7: Train the different Noma actors in research so that they can identify the different research themes and support research initiatives in their country					
Management response	Accepted				
Status	<i>In Progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
7.1 Conduct a training of Noma stakeholders on the basics of research.	Yuka Makino, Technical officer oral health in AFRO	By the end of December 2020	<i>In progress</i>	Using next-year's Intercountry Workshop on the Regional Noma Control Programme (2020), we will provide the training with the Noma stakeholders on the basis of research.	Initiated discussion with the Swiss Network for International Studies for future capacity building workshop on the basic research.
7.2 Develop a training manual with the different themes related to the fight against Noma and the research processes	Yuka Makino, Technical officer oral health in AFRO	March 2019	<i>Not initiated</i>	<u>Supporting documents:</u> Training Manual	

Recommendation 8: Support countries through advocacy by enabling them to raise funding for Noma from sources other than WHO and the need to diversify the sources of funding for Noma					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
8.1 Strengthen countries' capacities to seek funds for the financing of their Noma programme	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of March 2019	<i>In progress</i>	As part of the Capacity Building Workshop in March 2019, chief dental officers in 5 Noma priority countries (Benin, Niger, Nigeria and Senegal) was invited and provided brief introduction of the resource mobilization by a resource mobilization officer in AFRO. Using next-year's Intercountry Workshop on the Regional Noma Control Programme (2020) or using the field visit to each county, we will provide the capacity building course to strengthen the capacity of the focal points in MoH in seeking funds for the financing of their Noma control programme. Capacity Building Workshop to Develop the National Roadmap for Implementation of the Regional Oral Health Strategy in the African Region: Brazzaville <u>Supporting documents:</u> Workshop Reports	

8.2 Strengthen institutional capacities in funds management	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>Implemented</i>	Using next-year's Intercountry Workshop on the Regional Noma Control Programme (2020) or using the field visit to each county, we will provide the capacity building course to strengthen the capacity of the focal points in MoH in seeking funds for the financing of their Noma control programme.	During the online capacity building workshop, introduced the budget template to support countries to monitor and manage their funds.
8.3 Ensure the physical presence of a national or international focal point in the activities of the programme, thus enhancing the value of the programme in the countries	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	August 2019	<i>Implemented</i>	Using the Intercountry Workshop on the Regional Noma Control Programme (2020) or using the field visit to each county, we will provide the capacity building course to strengthen the capacity of the focal points in MoH in seeking funds for the financing of their Noma control programme. All countries have WHO Focal Points except Mali <u>Supporting documents:</u> Country Plans	No update required.

Recommendation 9: Work with the NNCP to advocate for commitment from the MoH through funding and coordination of all actors involved in the fight against Noma

Management response		Accepted			
Status		<i>In progress</i>			
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
9.1 Advocate for the MoH to take a greater role in the coordination of Noma activities	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe; Focal points in WCO in Noma priority countries.	By the end of November 2020	<i>In progress</i>	Planning to organize the Intercountry Workshop on the Regional Noma Control Programme in November 2019. During the workshop, we can emphasize this point with the focal points in MoH and WCO.	
9.2 Work with the MoH to create a national Noma working group in the countries affected or as a sub-group of the Oral Health working group	Focal points in WCO in Noma priority countries Zimbabwe Focal points in WCO in Noma priority countries	By the end of June 2020	<i>In progress</i>	Nigeria and Senegal have working groups/committees established.	In the step-by-step guidance document, we emphasize the importance of establishing the multisectoral technical working group at the country level. During the training of the noma control programme, all 10 priority countries set the establishment of the multisectoral technical working group as part of their roadmap

					<p>for development and implementation of the national noma control programme.</p> <p>At this moment, at least, Niger and Benin also have multisectoral technical working group to fight against noma.</p>
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Recommendation 10: Advocate with WHO Oral Health team to review the classification of Noma. The advocacy would answer the question how the Noma program would obtain benefit most within the current WHO structure (clusters, departments and units).

Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
10.1 Open discussions with AFRO and HQ Oral Health Team on the classification of Noma		By the end of December 2020	<i>In progress</i>	Within a month, hold tele-conference to discuss on the classification of Noma. Discussions underway on the possibility of moving Noma to the NTDs but retaining an independent programme.	In terms of integration noma o=into NTDs list, during EB148, Member States requested the Director-General "to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030". Additionally, we strengthen the collaboration with NTD team to seek possibility to integrate noma into more operational level including noma into regional TVD framework.

Recommendation 11: Encourage collaboration between countries by supporting study and learning trips from more fragile countries to more advanced countries in the implementation of the action plans					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
11.1 Facilitate cross country studies and learning trips for Noma countries who are less advanced in their implementation to others who are more advanced	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>In progress</i>	<p>In 2018, during the Bissau Workshop Field trips were organized for participants to learn from Bissau implementation</p> <p>In 2020, there are plans to hold field trips during the Benin Workshop</p> <p><u>Supporting documents:</u> Workshop report</p>	Due to the COVID-19 pandemic, it was difficult to organize the field visit. However, AFRO could manage to organize the online training which enabled noma priority countries to share their experience.

Recommendation 12: Invite other actors to the regional meetings including local NGOs, associations, trainers, researchers, surgeons, dentists, traditional practitioners to create an exchange framework to improve interventions at the community level for effective Noma control.					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
12.1 Conduct a learning event about Noma with key stakeholders.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of November 2019	<i>Implemented</i>	<p>Planning to organize the Intercountry Workshop on the Regional Noma Control Programme in November 2019. One of the proposed specific objectives of this workshop is: Identify the way to enhance the intersectoral collaboration.</p> <p>Host another session during the Benin Workshop</p> <p>Discussion ongoing on establishing an E-Proposal/Application: Intercountry Workshop on the Regional Noma Control Programme</p> <p><u>Supporting documents:</u> Workshop report</p>	No update required

Recommendation 13: Utilize the regional meeting platforms to improve project management skills					
Management response	Accepted				
Status	Implemented				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
13.1 Conduct training sessions in financial management, project management, M&E, fundraising and communications during RNCP inter country meetings.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	Implemented	Using the Intercountry Workshop on the Regional Noma Control Programme (2020) or using the field visit to each county, we will provide the capacity building course to strengthen programme management skills of the focal points in MoH. In the November 2019 Workshop, Results Frameworks were discussed. In the March 2019 workshop, Resource Mobilization was discussed. In the 2020 workshop, Project Management will be discussed <u>Supporting documents:</u> Workshop report	Conducted online training for focal points of national noma control programme, NTDs and surveillance focal points to 1) introduce the updated step by step guide on the national action plan for noma prevention and control, 2) improve the programme management skills and 3) support to develop the roadmap for noma plan preparation and implementation in the context of the COVID-19 pandemic.
13.2 Improve the managerial skills of the Noma focal points through project management trainings	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	Implemented	Using next-year the Intercountry Workshop on the Regional Noma Control Programme (2020) or using the field visit to each county, we will provide the capacity building course to strengthen programme management skills of the focal points in MoH in Benin. <u>Supporting documents:</u> Workshop report	

Recommendation 14: Develop action plans that describe in detail the annual targets for each activity, objectives, outputs and resources needed					
Management response	Accepted				
Status	Implemented				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
14.1 Develop workplans with specific targets per RNCP activity	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	Implemented	At AFRO level, hold an informal meeting with PBM colleague to discuss to develop the result-based annual targets within a month. A consultant was hired to review the implementation guide. <u>Supporting documents:</u> Country Plans	Based on the new step by step guide, noma priority countries have been trained and encouraged to develop/modify the national noma action plan based on pre-identified seven specific objectives.
14.2 Review country workplans and make them more realistic taking into	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina	By the end of January 2020	Implemented	At AFRO level, hold an informal meeting with PBM colleague to discuss to develop the result-based annual targets within a month. A consultant was hired	Based on the new step by step guide, noma priority countries have been trained and

consideration RNCP goals and target.	Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries			to review the implementation guide. <u>Supporting documents:</u> Country Plans	encouraged to develop/modify the national noma action plan based on pre-identified seven specific objectives.
14.3 Develop M&E plan and an Indicator Tracking Table for the RNCP and provide a quarterly update on the program activities.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of June 2020	<i>Implemented</i>	At AFRO level, hold an informal meeting with PBM colleague to discuss to develop the result-based annual targets within a month. A consultant was hired to review the implementation guide <u>Supporting documents:</u> M&E framework	Developed the planning, M&E and ITT and quarterly and semi-annual reporting templates for noma priority countries.

Recommendation 15: Improve the quarterly reporting template and ensure that it is used by all NNCP for reporting on progress made by the project

Management response	Accepted				
Status	<i>Not initiated</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
15.1 Develop a workplan that outlines the visits of the RNCP Manager to the countries outlining a results-based SoW for the visits.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority	By the end of December 2020	<i>Not initiated</i>	There are plans underway to visit all Noma countries in 2020 and 2021	Due to the COVID-19 pandemic, it was difficult to organize the field visit.
15.2 WHO Noma focal points to conduct joint field visits along with MoH.	Focal points in WCO in Noma priority countries	By the end of December 2020	<i>Not initiated</i>		Due to the COVID-19 pandemic, it was difficult to organize the field visit.

Recommendation 16: Improve the quarterly reporting template and ensure that it is used by all NNCP for reporting on progress made by the project

Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
16.1 Review and update RNCP reporting template and train the Noma focal points on how to	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso,	By the end of June 2020	<i>Implemented</i>	Developed a reporting template. The template will be improved and placed in the guide <u>Supporting documents:</u> Reporting template	Updated quarterly and semi-annual reporting templates for noma priority countries.

complete the template to ensure standardization.	Prebo Barango, NCD/NIM, IST Zimbabwe, Focal points in WCO in Noma priority countries				
16.2 Ensure that the Noma focal points use the reporting template for their report to capture basic updates on Noma.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>In progress</i>	Planning to update the reporting template by the end of December 2019 and ensure that Noma focal points to use this new template from 2020	During the noma training, informed the new reporting template with focal points.
16.3 Created and update a library of Noma documents to ensure that all focal points have access and familiar with what's happening in Noma.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2019	<i>Implemented</i>	Consulted with IT focal points to develop the online library of Noma documents Created a SharePoint and invited all Noma focal points to access the documents <u>Supporting documents</u> : SharePoint Drive	No update required

Recommendation 17: Develop standardized indicators for the Noma project that are specific, valid and measurable for all objectives of the Noma program					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
17.1 Identify new indicators and review the list of Noma indicators and ensure that they are SMART.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	June 2020	<i>Implemented</i>	At AFRO level, hold an informal meeting with PBM colleague to discuss to develop the result-based standard standardized indicators within a month. A consultant was hired to revise the project implementation guide with M&E frameworks <u>Supporting documents</u> : Consultant contract	Through the process of development of the step-by-step guidance document, we defined seven specific objectives. Under each objective, set the key activities and indicators. Moreover, set key indicators for quarterly and semi-annual report.

17.2 Collaborate with other Noma actors and partners to update the Noma manual for prevention, diagnosis and monitoring of Noma.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	June 2019	<i>Implemented</i>	Noma Training Manual updated and available in 3 languages: English, French and Portuguese <u>Supporting documents:</u> Training Manual	No update required
17.3 Adapt the Noma manual for non-medical partners in the fight against Noma.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	June 2020	<i>In progress</i>	At AFRO level, hold an informal meeting with PBM colleague to discuss to develop the result-based standard standardized indicators within a month. A consultant was hired to revise the project implementation guide with M&E frameworks <u>Supporting documents:</u> Consultant contract	The step-by-step guide encouraged national noma focal points to develop the multi-sectoral technical working group to fight against noma.

Recommendation 18: Strengthen and improve the system for providing handovers at the NNCP and RNCP					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
18.1. Ensure that Noma Focal Points (National and Regional) leave handover files and memo when being reassigned.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe, Focal points in WCO in Noma priority countries	By the end of December 2019	<i>Implemented</i>	Planning to organize the Intercountry Workshop on the Regional Noma Control Programme in November 2019. Solved by the SharePoint drive During this workshop, we will ensure all the Noma focal points to prepare the handover files and memo when being reassigned. <u>Supporting documents:</u> Workshop Report and SharePoint folder	No update required
18.2 Define a simple and efficient data archiving system as well as project documentation for the RNCP.	Yuka Makino, Technical officer oral health in AFRO	By the end of December 2019	<i>Implemented</i>	Within a month, hold an internal meeting with IT focal point in AFRO to develop the platform for data and information archiving system. Solved by the SharePoint drive <u>Supporting documents:</u> SharePoint Folder	Created the SharePoint to archive the existing document.

Recommendation 19: Encourage the RNCP to collaborate with all other actors capable to contribute in the fight against Noma such as African surgeons and other surgical teams					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
19.1. Create a database of dentists and surgeons at the local level capable of providing services to the fight against Noma.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of June 2020	<i>Not initiated</i>	Conduct the grey literature reviews (internet) in order to identify the dentists and surgeons at the local levels capable of providing services to the fight against Noma	
19.2 Develop a database of all Noma actors in the world including surgical teams who intervene in Noma related programs.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2020	<i>In progress</i>	Develop the online database using by WHO EZcollab or any other platform - Noma prevention and control group	
19.3 Develop communication tools that enables them to have information on the RNCP's activities.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2021	<i>In progress</i>	Develop the online database using by WHO EZcollab or any other platform - Noma prevention and control group	
19.4 Develop activities that involves other stakeholders by allocating roles to them (e.g. the Dental Association can oversee capacity building or monitoring activities in the field).	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe	By the end of December 2021	<i>In progress</i>	Invited other Noma actors to workshops and meetings in 2019, 2018 and 2020.	

19.5 Invite Noma Stakeholders including surgical teams to the RNCP intercountry meetings including the Noma hospitals and clinics	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Barango, NCD/NIM, IST Zimbabwe	By the end of December 2021	<i>Not initiated</i>	Invited other Noma actors to workshops and meetings in 2019, 2018 and 2020.	
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Recommendation 20: Define clearly and precisely the roles and responsibilities of the Regional Programme and the IST regarding the support to be provided to countries, as well as establish a work schedule and a method of communication and above all ensure that countries are informed of this support in order to know who to contact as needed.

Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
20.1. Meet with NCD, Noma Focal Points and IST to define the role of IST in the RNCP.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of September	<i>Implemented</i>	Within a month, hold the internal meeting with AFRO and IST to define the role of IST in RNCP. Based on the above meeting, develop and circulate a memo defining the IST role	No update required
20.2 Develop and circulate a memo defining the roles of the IST to the RNCP	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of October	<i>Implemented</i>	<u>Supporting documents:</u> Note for the Record of the meeting	No update required
20.3 Develop and disseminate a detailed workplan including communications channel that shows the IST support to the RNCP in the countries.	Yuka Makino, Technical officer oral health in AFRO, Ould Sidi Mohamad, NCD/NIM IST Burkina Faso, Prebo Brango, NCD/NIM, IST Zimbabwe Focal points in WCO in Noma priority countries	By the end of December 2019	<i>Implemented</i>		No update required

3.9 Mid-term evaluation of the Programme Management Officer (PMO) mechanism in the WHO Region for Africa

3.9.1 The 65th WHO Regional Committee for Africa endorsed the *Transformation Agenda of the WHO Secretariat in the African Region: 2015-2020*, which aimed at transforming the Secretariat into a more responsive, effective and transparent organization, with four focus areas: (i) pro-results values; (ii) smart technical focus; (iii) responsive strategic operations; and (iv) effective communication and partnerships). To enhance essential programme management to realise the four areas, AFRO developed a pilot Programme Management Officer (PMO) mechanism in 2017-2018. The decentralized, mid-term evaluation assessed the pilot after one year of operation during May-June 2018 in three WHO Regional Office for Africa (AFRO) Country Office Budget Centres (DRC, Ethiopia and South Africa (covering Botswana, Lesotho and Eswatini)). The evaluation took a participatory approach with in-depth discussions with WHO Representatives, in-country colleagues, the planning budget, monitoring team at the Regional Office and the DPM. Its objectives were to: (a) understand the implementation enablers and inhibitors of the PMO mechanism at the regional and budget centre level; (b) assess the PMO contributions and value addition to the programme management functions of the WCO ; (c) derive lessons for further strengthening of the implementation of the mechanism, and planning for its continuity and scale-up in the region.

3.9.2 Since the last evaluation consolidated annual report of management responses, the Regional Office fully implemented the remaining few actions, and thus the entire MR plan, in December 2020. The actions included: systematic induction training for PMOs once recruited; creation of a network of PMOs in the Regional Office; and induction visits for newly recruited PMOs.

Management Response

Evaluation Title	Mid-term evaluation of the Programme Management Officer (PMO) mechanism in the WHO Region for Africa (AFRO)
Commissioning Unit	WHO Regional Office for Africa
Link to the evaluation	https://intranet.who.int/afro/pbm/eval/index.shtml
Evaluation Plan	
Unit Responsible for providing the management response	Katayama Francisco (for tracking MR : Awa Achu Mangie Samba, PBM)
<p>Overall Management Response:</p> <p>The report is an independent assessment of the Programme Management Officer (PMO) mechanism pilot in three Budget Centres (DRC, Ethiopia and South Africa (covering Botswana, Lesotho and Eswatini). The evaluation took a participatory approach with in-depth discussions with the WRs, in-country colleagues such as the Operation Officers or Assistant, some colleagues at the Regional Office, the planning budget, monitoring team at the Regional Office and the DPM. The findings are reflected in the report produced.</p> <p>Planned use of evaluation: The report will be disseminated to all the stakeholders. At the WHO, it would inform the maintenance, continuity and scalability of the PMO mechanism in the region. The implementation of the recommendations would be used to improve the functioning of the PMO mechanism.</p>	
First Management Response Status <i>In progress</i>	Updated Management Response Status: <i>Implemented</i>
First Management Response Date April 2020	Updated Management Response Date: 15 December 2020
Overall update on the actions taken since September 2020	Three <i>in-progress</i> actions (1.2, 4.1, 15.1) fully implemented

Recommendations and Action Plan

Recommendation 1: PMOs need to possess strong skills/experience in resource mobilization (PD of PMO may need to be revised), indicators development, CCS development and operationalization, and programme monitoring in addition to other programme management skills. Induction training should be provided to the newly recruited PMOs based on their background and country needs and for them to master GSM before joining their duty station					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
1.1. The PD of PMOs would be revised	Francisco Katayama	By the end of March 2019	<i>Implemented</i>	A revised PD has been approved by the RD <u>Supporting document(s)</u> : New PD	No update required
1.2. Systematic induction training will be provided once PMOs are recruited	PBM Team	By the end of December 2020	<i>Implemented</i>	Training materials being developed, and training would be carried out with the recruitment of PMOs	<u>Supporting documents</u> : Virtual Indication Nov & Dec 2020

Recommendation 2: The role and function of the PMO, OO, AO, BFA and other focal points (MPN, PBM, etc.) need to be clarified. It is further recommended that some of the focal point roles be abolished.					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	
2.1 Review the PD to clarify the role and functions of the PMO.	Francisco Katayama	By the end of March 2019	<i>Implemented</i>	A revised PD has been approved by the RD <u>Supporting documents</u> : New PD	

Recommendation 3: The role of the PMO in resource mobilization and budget management needs to be better defined					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	
3.1. Review the PD to clarify the role and functions of the PMO.	Francisco Katayama	By the end of March 2019	<i>Implemented</i>	A revised PD has been approved by the RD <u>Supporting documents</u> : New PD	

Recommendation 4: The AFRO region would benefit from the development of a PMO network as it would assist in optimising existing resources and develop a mechanism to provide backup support to PMOs in WCOs					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
4.1. Once Senior management approves the continuation of PMO and PMOs on board, a network will be established	PBM Team RO	By the end of December 2020	<i>Implemented</i>	There is a network of PMOs with the pilot PMOs. This will be expanded with the newly recruited PMOS.	No update required

Recommendation 5: A programme management cluster should be formed within the country office to facilitate the programme management work and to ensure that all technical units follow the Organization's programme management guidelines					
Management response	Partially accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	
5.1. The PMOs will be part of the office of the Country Director and will not be a cluster on its own.	PBM team	December 30, 2020	<i>Implemented</i>	The Functional Review has included this position as part of the Country Director's Office. <u>Supporting documents:</u> FR report	

Recommendation 6: In addition to their alignment with technical programmes, PMOs should pay attention to the alignment between national plans, CCS, HSTP (health sector transformation plan) and UNDAF. The responsibility of the PMO in UNDAF needs to be clarified					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	
6.1. This recommendation has been included in the revised PMO post description.	PBM Coordinator	February 11 2019	<i>Implemented</i>	Revised PDs approved by the Regional Director <u>Supporting documents:</u> New job description	

Recommendation 7: In-country programme management networks should be organized within budget centres to facilitate planning, budget management, implementation and monitoring and reporting.					
Management response	Partially accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	
7.1. Institute a region-wide network of PMOs.	PBM Coordinator	March 15 2019	<i>Implemented</i>	There is an existing network of PMOs. <u>Supporting documents:</u> Meeting notes between PBM and PMOs	

Recommendation 8: The grading of a PMO may vary, taking into consideration both the quantity and complexity of the work and responsibilities of the position.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
8.1. Grade the PMOs for all 47 Budget Centers	PBM Coordinator and FRT	December 2019	<i>Implemented</i>	The FRT have classified the levels of the PMOs functions for all WCO <u>Supporting documents:</u> WCO FR Report

Recommendation 9: The issue of how to finance and sustain the PMO position at a WCO needs to be resolved, perhaps in a joint meeting between AFRO senior management and the WRs.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
9.1. Include this as an agenda item during the Senior Management Meeting	PBM Coordinator	May 31 2019	<i>Implemented</i>	PMO is considered a priority position and would be financed by flexible funds <u>Supporting documents:</u> Operational Planning Guide

Recommendation 10: Re-structuring of the WCOs should take into consideration the role and function of the PMO.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
10.1. WCO FRT restructuring would assess the importance of the role for each budget centre	PBM Coordinator and FRT	December 2019	<i>Implemented</i>	FRT has included the PMO as an important role for the WCO <u>Supporting documents:</u> FRT report and PB 2020/2021, and Operational Planning Guide

Recommendation 11: Authority of the PMO in the GSM approval process should be re-examined.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
11.1. Give the PMO more access rights in GSM	PBM Coordinator	February 11 2019	<i>Implemented</i>	All PMOs have increased access rights and approval authority is defined by each budget centre <u>Supporting documents:</u> GSM report

Recommendation 12: All of the current PMOs are graded as P3. It is recommended that AFRO reconsider this decision and perhaps allow some of the country offices to have more senior PMOs, based on the complexity and quantity of work involved. Furthermore, it is recommended that some PMOs be given an assistant to help reduce their workload.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
12.1. Review the grading of the PMO according to the country context	PBM Coordinator	December 2019	<i>Implemented</i>	FRT has reviewed the PMO grade in line with the country context <u>Supporting documents</u> : FRT report

Recommendation 13: The experience and lessons learned and shared by WPRO in managing the PMO mechanism/network will be very useful for AFRO to set up its own PMO mechanism.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
13.1. Regular discussions amongst PMOs to share experiences	PBM Coordinator	December 2019	<i>Implemented</i>	Meetings amongst PMOs to share experiences are held regularly <u>Supporting documents</u> : Meeting minutes

Recommendation 14: There is a need to establish certain criteria to determine how many country offices (large and small) a PMO can effectively support, with and without one or more programme assistants.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
14.1. Request that the FRT assess the maximum number of WCOs a PMO could support	PBM Coordinator	December 2019	<i>Implemented</i>	FRT have recommended the WCOs that would have a shared mechanism <u>Supporting documents</u> : FRT report

Recommendation 15: For PMOs assigned to multi-budget centres, the PMO should carry out induction visits to their responsible budget centres as soon as they are posted- and this should be facilitated by AFRO and recipient BCs.					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since April 2020
15.1. Schedule induction visits for newly recruited PMOs	PBM Coordinator	December 2020	<i>Implemented</i>		No update required

Recommendation 16: The PMOs' responsibilities in the countries they cover need to be prioritized if the PD cannot be customized.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
16.1. Revise PD to ensure PMO roles are clearly articulated	PBM Coordinator	February 11 2019	<i>Implemented</i>	Revised PDs approved by the Regional Director <u>Supporting documents:</u> New job description

Recommendation 17: The responsibilities of the PMO within the country's regional offices should be defined.				
Management response	Accepted			
Status	<i>Implemented</i>			
Key actions	Responsible	Timeline	Status	Comments
17.1. This recommendation has been included in the revised post description of the PMOs	PBM Coordinator	February 11 2019	<i>Implemented</i>	Revised PDs approved by the Regional Director <u>Supporting documents:</u> New job description

3.10 2018-2019 Evaluation of the Strategic Advisory Group of Experts (SAGE) on Immunization

3.10.1 The evaluation of the Strategic Advisory Group of Experts (SAGE) on Immunization 10 years after an initial review of SAGE and related normative functions in 2008, guided by an external advisory body (EAGSE), provided management with invaluable recommendations to ensure SAGE continues to function as a high-level policy and strategy advising body. This decentralized evaluation, carried out during 2018/19, addressed key objectives to : (a) ascertain SAGE's role as principal normative and strategic advisory body on immunization in an evolving global public health agenda; (b) ensure relevance and impact of SAGE recommendations at global, regional and country level; (c) ensure effective links with other WHO immunization and public health advisory bodies; (d) confirm optimal coordination with WHO regions, as well as with key partners and stakeholders; and (e) ensure highest quality working mechanisms and effective dissemination strategies. The timing of the evaluation was optimal in relation to the development of a new 10-year immunization strategy (IA2030) and WHO's transformation agenda.

3.10.2 Since the last evaluation consolidated annual report of management responses, due to the heavy involvement of the SAGE secretariat in the Covid-19 response, no actions could be taken in the past 6 months regarding the five actions in progress.

Management Response

Evaluation Title	Evaluation of the Strategic Advisory Group of Experts (SAGE) on Immunization
Commissioning Unit	Independent Expert Advisory Group on SAGE Evaluation/WHO Department of Immunizations, Vaccines and Biologicals (IVB)
Link to the evaluation	https://www.who.int/immunization/policy/sage/sage_wg_evaluation_may2018/en/
Evaluation Plan	
Unit Responsible for providing the management response	UHL/IVB
<p>Overall Management Response: WHO and the SAGE Secretariat welcome and accept the recommendations of the evaluation (all but one sub-recommendation).</p> <p>The evaluation of SAGE 10 years after an initial review of SAGE and related normative functions in 2008, guided by an external advisory body (EAGSE), has provided management with invaluable recommendations to ensure SAGE continues to function as a high-level policy and strategy advising body. The main areas of advice cover the scope of SAGE in a changing and evolving environment for vaccination, measures to ensure relevance, reach and optimal impact of recommendations, and recommendations related to the effective functioning of the committee. The timing of the evaluation was optimal in relation to the development of a new 10 year immunization strategy (IA2030) and WHO's transformation agenda.</p> <p>The management is in process of taking on board most of the recommendations, and a number have already been fully implemented (e.g. the agenda setting process); others will take more time. A major conduit for the implementation of the recommendations is the revision of the terms of reference (ToR) and standard operating procedures (SOP) for both SAGE as well as its subgroups, the SAGE working groups. This work has in essence been completed and is under final review by the WHO Department on Quality, Norms and Standards (QNS). In parallel, IVB is updating and expanding its guide for the development of evidence-based recommendations that describes SAGE's on approaches for developing policy guidance, but also for advice on systems-related and strategic questions. Various measures to improve work effectiveness have been implemented, some triggered by the COVID pandemic and the need to optimally use electronic channels of communication, which have been applied to SAGE.</p> <p>An important consideration is the continuous assessment of impact and relevance of the advice provided by SAGE. For certain products resulting from SAGE advice, such as policy recommendations on vaccine use, the information is routinely monitored. For other recommendations, impact measures would need to be developed, such as approaches to better understand implementation challenges. The IVB Department will take this work forward.</p> <p>Lastly, adequate human and financial resourcing remains a considerable challenge and avenues need to be found to support core normative work in a stable and independent manner.</p>	
First Management Response Status: <i>In progress</i>	Updated Management Response Status: <i>in progress</i>
First Management Response Date: September 2020	Updated Management Response Date: <i>11 May 2021</i>
Overall update on the actions taken since September 2020	Due to the heavy involvement of the SAGE secretariat in the Covid-19 response, no actions could be taken in the past 6 months.

Recommendations and Action Plan

Recommendation 1 (*SAGE goals, mandate, mission and scope*)

A. WHO IVB to modify the SAGE ToR to more clearly reflect the primary goals and scope of SAGE as part of the broader WHO Programme of Work and the global post-2020 immunization strategy. This should include a focus on:

- immunization across the life course;
- impact at country level;
- achieving high and equitable vaccination coverage;
- integration into UHC and PHC

B. WHO IVB to modify SAGE's objectives for enhanced focus and clarity with specific reference to:

- Evidence-based recommendations on the use of vaccines and immunization to reduce the burden of vaccine-preventable disease over the human life course;
- The use of vaccines and immunization to respond to public health priorities, including the use of vaccines in the context of vaccine shortages and public health emergencies;
- Challenges to achieving and sustaining high and equitable vaccination coverage, including vaccine-preventable disease (VPD) surveillance, data quality and birth registration;
- Monitoring and evaluation of the adequacy of progress towards the achievement of the goals of VPD control worldwide in light of GVAP and the post-2020 strategy and establishment of an accountability framework;
- Engagement of WHO in partnerships that will enhance the achievement of global immunization goals;
- Integration of immunization into the broader context of Sustainable Development Goals, UHC and PHC.

Management response	Accepted Agreed that SAGE ToR needed update to reflect the priorities of the coming decade in immunization; stronger emphasis on systems issues, reference to the new 10-year strategy on immunization (Immunization Agenda 2030, adopted by WHA in 2020)				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
SAGE ToRs modified reflecting alignment with WHO GPW13 and global post-2020 immunization strategy	IVB	Q4 2020	<i>In progress</i>	SAGE ToR as well as SAGE working group ToR have been completely revised and are currently under final review by WHO norms and standards team. Finalization anticipated by end of 2020. They emphasize the scope of SAGE in relation to guidelines, strategies, monitoring of progress and strategic advice. Standard operating procedures have been updated for effectiveness, simplicity and compliance with organizational rules. Exchange of information and coordination at secretariat level with relevant high-level	ToR and SOPs are still under revision

				advisory committees established (MCA STAGE, STAG-IH, MPAG malaria) Health systems and other relevant considerations considered in SAGE working group ToR	
SAGE Objectives and Scope of Work clarified	IVB	Q4 2020	<i>In progress</i>	Have been developed and cleared in IVB; under final review QNS	No update required

Recommendation 2 (SAGE in the next decade):

SAGE to ensure that emerging systemic issues in the context of the sustainable development goals such as urbanization, humanitarian emergencies, migration, ageing populations, climate change and a shift of focus from mortality to morbidity reduction are taken into account in its work of making evidence-based recommendations.

Management response	Accepted Action taken through the revision of SAGE ToR and Scope of work, as well in the work of subgroups as relevant				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Emerging systemic issues in the context of the sustainable development goals (e.g. urbanization, humanitarian emergencies, migration, ageing populations, climate change and a shift of focus from mortality to morbidity reduction) considered by SAGE when making recommendations.	IVB/APS and technical units	2020	<i>Implemented</i>	Items relevant to emerging systemic issues (such as urbanization, humanitarian emergencies, migration, ageing populations) are addressed at a technical level in the SAGE working groups. Their TORs have been updated. Secretariat increasing its explicit consideration of systems issues in vaccine policies	No update required.
Considered in the development of terms of reference for policy updates and their plans of work; and in the prioritization of agenda items;	IVB/APS and technical units	Continuous	<i>Implemented (in conjunction with new working groups)</i>	The recommendation made by the evaluation is in line with priorities highlighted in the new immunization agenda, and is reflected both in the priority setting process, and in the technical work to prepare policies; the SAGE working group on COVID-19 vaccination being a good example	No update required.

Recommendation 3 (Research and Development):

SAGE to establish mechanisms to ensure the identification of knowledge gaps requiring further upstream vaccine and operational research to enable SAGE to fulfil its functions. This is to be done in close alignment with other WHO immunization advisory groups (e.g., on product development, implementation research and immunization practices), and with relevant immunization partners.

Management response	Accepted Under the areas of advice for SAGE, the following area has been added: “Strategic foresight and innovation – This consists of identifying research needs and areas that require innovation in order to achieve VPD control targets more effectively.”
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	In addition, A SAGE representative to attend both product research and implementation research specialized advisory groups and report back to SAGE as needed (this measure was already in place)				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Mechanisms established, in close alignment with other WHO immunization advisory groups, to ensure identification of knowledge gaps requiring further upstream vaccine and operational research	IVB/APS and IVB/IVR	Continuous	<i>Implemented</i>	SAGE Working Groups systematically identify knowledge gaps from their review of evidence, including an assessment of needs for future products/ products in the pipeline. High level research needs outlined systematically in vaccine position papers. One SAGE member serves as liaison to related technical advisory bodies on product development and implementation research.	No update required.

Recommendation 4 (SAGE and other WHO immunization advisory committees): WHO IVB to ensure complementary mandates, functions, roles and responsibilities of all WHO HQ immunization advisory groups as well as their contribution to the SAGE process of evidence review for recommendations. In particular: <ul style="list-style-type: none"> • SAGE to proactively seek technical inputs from the relevant WHO immunization advisory groups through the IVB Director or the SAGE Secretariat. • SAGE to ensure that the relevant reports of the immunization advisory groups to SAGE be integrated into the corresponding SAGE sessions and linked to SAGE recommendations. 					
Management response	Accepted Work processes have been improved, Management is reviewing scope and mandates of related technical advisory bodies to ensure complementarity				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Increase complementarity of mandates, functioning, roles and responsibilities of different WHO HQ immunization advisory committees with SAGE	Director IVB	By Q1 2021	<i>In progress</i>	Terms of reference and scope of other technical advisory bodies on immunization, reporting to the Director of IVB are being reviewed and streamlined. One committee has been closed (immunization practices). Work processes have been aligned through departmental planning processes. Clarification has been provided on which needed evidence elements for SAGE deliberations require review by a technical advisory body.	ToR and SOPs are still under revision

Recommendation 5 (Principles of working with regions and countries): WHO IVB in collaboration with Regional Offices to strengthen existing channels or develop new ones to ensure appropriate consideration of all regional and country needs in defining the SAGE agenda and in formulating SAGE guidance, including those for low, middle and high-income countries.					
Management response	Accepted Management agreed to a more pro-active engagement with regions for agenda setting, and on monitoring implementation challenges				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Strengthened process for considering regional and country needs in defining SAGE agenda/formulating SAGE guidance, including for LMICs.	IVB	Q1 2020	<i>Implemented</i>	A more formal consultative process for SAGE agenda setting involving regional offices has been developed and implemented. Regular department-level consultations with regional offices being implemented, including considerations for normative guidance. Practical measures being taken to improve day to day interaction with regional offices. Regional offices systematically asked for input on the definition of scope of work of new SAGE working group, with the invitation to participate (Actions also related to Recommendation 6)	No update required.

Recommendation 6 (SAGE-RITAG-NITAG policy-making chain): A. WHO IVB in collaboration with Regional Offices to define a framework describing roles, responsibilities and linkages between SAGE, RITAGs and NITAGs. B. WHO IVB to work with Regional Offices to set up an institutional mechanism or platform for regular interaction with RITAGs and NITAGs to allow for country and region specific questions to be proposed for SAGE advice and for provision of feedback on the implementability of SAGE recommendations. C. WHO IVB to encourage Regional Offices and RITAGs to include a standing agenda item for discussion of SAGE recommendations in RITAG and inter-country EPI managers meetings.					
Management response	Accepted. Management is taking forward this recommendation in conjunction with an intensified and more regular communication with regional offices. Management is also coordinating activities in support of country level decision-making, including the policy-related tasks.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
IVB work with Regional Offices to set up an institutional mechanism or platform for regular interaction with RITAGs and NITAGs to allow for country and region-specific questions to be proposed for SAGE advice and for provision of	IVB /Regional Offices, RITAGs	Q1 2020	<i>Implemented</i>	In addition to the points mentioned under Recommendation 5, the following steps are being taken to enhance the relevance of SAGE's work for regional decision-making through RITAGs and national decision-making through NITAGs. - HQ setting up a process to systematically collect RITAG recommendations to HQ and to coordinate follow-up (under development)	No update required.

feedback on the implementability of SAGE recommendations.				<p>Regional offices systematically invited to participate in SAGE preparatory teleconferences</p> <p>Interaction with NITAGs: while interaction with NITAGs are the primarily the role of regional offices, NITAGs are systematically invited to attend SAGE meetings (and side events are being organized).</p> <p>Support of NITAGs coordinated between global and regional level: HQ global coordination processes for NITAGs have been connected to SAGE by inviting the chair of Global NITAG Network to SAGE meetings, and by pro-actively disseminating relevant SAGE documents through a NITAG online platform (NITAG resources Centre NRC). During onsite SAGE meetings, Global NITAG Network side meetings are organised to obtain feedback from countries and allow interaction between SAGE members and NITAGs.</p>	
Regional Offices and RITAGs to include a standing agenda item for discussion of SAGE recommendations in RITAG and inter-country EPI managers meetings.	IVB Regional Offices/RITAGs	Q1 2020	<i>Implemented</i>	SAGE agenda setting includes a consultation process with regional offices; most RITAG meetings have a scheduled slot for interaction with HQ on normative matters	No update required.

<p>Recommendation 7 (Relations with global stakeholders):</p> <p>A. WHO IVB to define rules of engagement of SAGE with stakeholders and individual subject matter experts, including the ‘key technical partners’ and WHO focal points, to ensure the provision of highest quality input while avoiding undue influence.</p> <p>B. SAGE to engage in regular dialogue with relevant global immunization stakeholders to have a current understanding of their priorities, plans, and challenges. Such dialogue should ensure timeliness and relevance of SAGE recommendations, as well as optimizing the ability of recommendations to shape stakeholder planning and commitment of resources, and to be implemented.</p>					
Management response	<p>Accepted</p> <p>The revised SOP’s for SAGE and its subgroups (“SAGE working groups”) make specific reference to the role of partners, private sector etc, in accordance with Organization-wide rules (e.g. FENSA); regular discussions with key technical partners (Gavi, UNICEF, CDC) on policy needs have been put in place</p>				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Develop SAGE SOPs for engaging stakeholders, experts and technical partners for obtaining input and avoiding undue influence.	<i>IVB CRE</i>	<i>Q4 2020</i>	<i>Implemented</i>	Standard operating procedures of SAGE have been revised with due consideration or organizational rules. <i>SOPS under final review.</i>	No update required.

SAGE regular dialogue with global immunization stakeholders, and tracking of SAGE recommendation uptake/implementation.	IVB	Q1 2020	Implemented	Secretariat of SAGE engages in regular consultations within WHO (e.g. Medicines department) and key technical partners (e.g. Gavi) on policy needs and policy implementation challenges.	No update required.
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Recommendation 8 (SAGE membership and chair selection):

A. SAGE to ensure access to all relevant expertise in its decision-making process in light of the enlarged scope of the immunization agenda, specifically covering the fields of ethics, health economics, social sciences, communication sciences and maternal health.

B. WHO IVB to establish ToR for the SAGE chair and vice-chair to address the issue of high work load and the need to delegate some of the chair's tasks.

Management response	Accepted Reflected in the updated SAGE ToR and SOP's and gradually being implemented as SAGE membership rotates.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Review/adapt SAGE membership in reference to different expertise/skill mix (e.g. ethics, health economics, social sciences, communication sciences, maternal health)	IVB	Q4 2020	<i>In progress</i>	Expertise mix has been defined in the updated SAGE ToR & SOP; and is being considered when new members are being selected to join SAGE	ToR and SOPs are still under revision
SAGE ToRs for Chair, Vice Chair reflecting workload balance and respective roles and responsibilities	IVB	Q4 2020	<i>In progress</i>	ToR/attributes for SAGE Chair and Vice Chair have been developed, and are in internal clearance.	ToR and SOPs are still under revision

Recommendation 9 (SAGE Agenda Setting):

A. WHO IVB to ensure systematic interaction with Regional Offices and RITAGs for identification of topics for the SAGE agenda in close consultation with NITAGs and country offices.

B. WHO IVB to consider establishing a Steering Committee for the collection, triaging and prioritization of agenda topics.

C. SAGE to focus its agenda on 'for decision' and 'for discussion' items and to reduce the time spent on 'for information' sessions.

Management response	Partially accepted (A and C). The SAGE Secretariat has enhanced its processes for collecting, triaging and prioritizing agenda topic. All final decisions on the agenda and workplan rest with Director IVB. For that reason, management did not follow up on the recommendation (B), and relies on an enhanced consultative process for agenda setting as described below. Emphasis in plenary meetings is on recommendations and not information.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020

Agenda setting process enhanced (with interactions with Regional Offices, RITGS, NITAGS, Country Offices)	IVB(RO)	Q1 2020	<i>Implemented</i>	Transparent and inclusive SAGE agenda setting process has been established and web-posted; entails a consultative step with regional offices, and input from key stakeholders. SAGE now keep a list of items that constitutes its plan of work that is posted on the web ("shortlist").	No update required.
Clarify nature of agenda decision points	IVB/APS	Q1 2020	<i>Implemented</i>	SAGE agenda emphasises decision/recommendation items over information items.	No update required.

Recommendation 10 (*Decision-making and Working Group processes*):

- A. SAGE to communicate more clearly the decision-making criteria used for the development of SAGE recommendations and to more clearly link GRADE and Evidence to Recommendation tables to specific sessions and resulting reports.
- B. WHO IVB to shorten the lead times for establishment of WGs and to update their SOPs to allow for comparable functionality.
- C. WHO IVB to assure that the establishment and functioning of SAGE WGs is done independently of donor and funder support.
- D. SAGE to establish a process for the timely revision of and update to its position papers in case of minor policy changes.

Management response	Accepted. However, management agrees with the recommendations but notes that implementation may be constrained by resources limitations and conflicting priorities.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
SAGE decision-making criteria communicated and based on evidence.	IVB	Q1 2020	<i>Implemented</i>	The SOPs of SAGE working groups have been updated to emphasize the evidence-based decision-making process. All relevant documents are web-posted. SAGE guidance for evidence-based decision-making is being updated.	No update required.
SAGE WGs independent functioning ensured, including updating their SOPs to allow for comparable functionality	IVB	Q1 2020	<i>Implemented</i>	Secretariat ensures comparable functionality of working groups; SAGE interim recommendations, or SAGE emergency meetings outside the scheduled bi-annual meetings increase flexibility and responsiveness of working. (Interim recommendations have been issued for yellow fever, Ebola, influenza, and are under preparation for COVID)	No update required.
SAGE process for timely revisions and updates to position papers (minor policy changes)	IVB	Q1 2020	<i>Implemented</i>	SOPs allow for simplified processes for minor policy updates.	No update required.

Recommendation 11 (*SAGE meeting setup and modus operandi*):

- A. The SAGE Secretariat to ensure appropriate preparation of meetings, curation of topics and presentations, e.g., by use of standard templates, and strengthened time management.
- B. The SAGE Secretariat to establish longer closed briefing sessions for SAGE members allowing for in-depth review of more complex issues prior to the open SAGE meetings.

<p>C. The SAGE chair to proactively encourage participation of all SAGE members in plenary discussions.</p> <p>D. The SAGE Secretariat to establish a procedure to assess the meeting agenda and process, including the quality of presentations, materials and discussions immediately after a meeting, e.g., through a representative survey of registered meeting participants.</p> <p>E. The SAGE Secretariat to explore and pilot utilization of state-of-the-art communication and IT technologies for SAGE and its Working Groups to improve efficiencies, allow for better and more frequent interaction and potentially reduce the need for travel.</p> <p>F. WHO IVB to explore holding a third SAGE meeting per year via web-conference to allow discussion of matters of importance and to decompress the SAGE face-to-face meeting agenda.</p>					
Management response	Accepted Management overall agrees with recommendations and implements them in a process of continuous quality improvement, regularly surveying SAGE members and other meeting participants; management has also introduced technology changes which have been precipitated through the COVID pandemic.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Enhanced process for meeting preparation, curation of topics and presentations, e.g., by use of standard templates, and strengthened time management.	IVB/APS	Q1 2020	<i>Implemented</i>	SAGE Secretariat developing specific process improvements, including attention to time and information flows, questions to guide SAGE members' deliberation, and use of standard templates to summarize session objectives and expected outcomes.	No update required.
SAGE deliberative process enhanced, including virtual methods (ref: recs, 11B and 11E)	IVB	Q1 2020	<i>Implemented</i>	Precipitated by COVID, SAGE has been using virtual TC gatherings for management meetings, technical briefing but also plenary meetings. We remain committed to decision-making in plenary meetings, though. Electronic workspaces have become the norm, and all meeting materials are circulated electronically.	No update required.
SAGE Chair proactively encourages participation of all SAGE members in plenary discussions.	IVB	Q1 2020	<i>Implemented</i>	Short guidance for Chair on moderation of meeting discussions prior to a decision session being developed and discussed.	No update required.
Learning and assessment of meeting agenda and process, quality of presentations, materials and discussions immediately after a meeting	IVB	Q1 2020	<i>implemented</i>	Brief survey to selected registered meeting participants for meeting evaluation is implemented after plenary SAGE meetings.	No update required.
Possible third SAGE meeting per year via web-conference	IVB	Q2 2020	<i>implemented</i>	Virtual meetings have been held to develop interim recommendations, and others are in planning. A third scheduled virtual meeting of SAGE has not yet been decided.	No update required.

Recommendation 12 (<i>Conflict of interest management</i>): WHO IVB to refine the scope of what constitutes a Col according to WHO-wide Col policies, including interests beyond industry relationships, e.g., academic, intellectual, regional, and national interests, and upgrade the process for Col management.					
Management response	Accepted Management is proceeding in consultation with CRE; more specific guidance on conflict of interest typical for clinical researchers has been developed and approved by CRE.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Update and apply WHO Col policies and procedures to SAGE context and needs	IVB CRE LEG	Q1 2020	<i>Implemented</i>	In collaboration with CRE, IVB has developed more specific guidance on the definition of conflict of interest in the field of vaccines and immunization, and developed criteria on the management of conflict of interest.	No update required.

Recommendation 13 (<i>Communication and dissemination of SAGE output</i>): A. WHO IVB to explore additional communication channels in collaboration with Regional Offices and RITAGs, i.e., in addition to ‘Weekly Epidemiological Records’ and ‘Vaccine’ publications, for dissemination of SAGE outputs. B. WHO IVB to broaden its engagement and communication with multiple stakeholders including e.g., national immunization programme directors, professional associations and other immunization partners, and ensure the appropriate tailoring of communication messages and tools according to target audiences.					
Management response	Accepted Management agrees in principle with more pro-active communication on SAGE’s work and deliberations in accordance with WHO’s rules and procedures. IVB’s engagement with stakeholders will mostly remain at global level or through regional offices. Tailored communication to national bodies is beyond IVB’s resources.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Increase dissemination of SAGE outputs/products, including identification of new communication channels	IVB	Q2 2021	<i>In progress</i>	Work in progress in conjunction with WHO corporate revision of its website. Meanwhile, meeting reports and policy is being published in the “Weekly Epidemiological Record”, and all relevant background materials are web-posted.	SAGE uses dedicated web pages and NITAG resource center to disseminate information
Plan to broaden targeted communication and engagement with multiple stakeholders	IVB	Q2 2021	<i>In progress</i>	Initial efforts include a) survey key stakeholders b) explore creation of new email lists to reach other audiences (e.g. professional associations) and c) dispatch information via the Global Nitag Network, Technet, Global Immunization Newsletter.	

Recommendation 14 <i>(Secretariat role and resources):</i>					
A. WHO IVB to perform an assessment of the resources required to implement the recommendations proposed by the EAGSE and to ensure a sufficiently staffed SAGE secretariat to facilitate the necessary processes.					
B. WHO IVB to ensure that SAGE, SAGE Working Groups and SAGE Secretariat resources come from WHO core funding.					
Management response	Accepted Management has conducted a comprehensive review of the departmental priorities and structure, in conjunction with Organization-wide reform. Resources requirements have been assessed, and funding opportunities explored.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Update since Sept 2020
Resources (financial and staff) needs assessed for SAGE Secretariat to implement recommendations	IVB	Q2 2020	<i>implemented</i>	Funding needs have been assessed in conjunction a comprehensive departmental review.	No update required.
Financial resources for SAGE identified	IVB ADGO/UHL CRM	Q2 2021	<i>In progress</i>	Securing core funds for normative work represent a significant hurdle and more work is needed. If disease specific funding is used for working groups, particular attention is given that independence from any external agendas is assured.	Funding situation unchanged

3.11 Evaluation of SEARHEF-10 year milestone

3.11.1 The decentralized evaluation was implemented on the 10-year completion of the South-East Asia Regional Health Emergency Fund (SEARHEF), a funding mechanism that allows for rapid response to disasters from natural and human generated hazards in the region, and first phase response needs. SEARHEF was created following the Asian Tsunami 2004 by Member States at the Sixtieth Session of the WHO Regional Committee for South-East Asia in 2007 (SEA/RC60/R7). The specific evaluation objectives were to:

- Evaluate the relevance of the fund in country context of the region by analyzing the occurrence of emergencies vis-à-vis the available funding mechanisms for immediate emergency response
- Evaluate the effectiveness of the fund by reviewing the utilization, adequacy and efficacy of the fund
- Evaluate the efficiency of WHO's systems and processes for ensuring the smooth functioning and management of the fund as per the business rules set in SEARHEF policies, guidelines and procedures
- Assess the impact of the fund in responding to the immediate needs of an emergency
- Determine the sustainability of the fund by identifying lessons that can be learnt from events supported by SEARHEF, which include best practices as well as areas of improvement for future

3.11.2 Since the last evaluation consolidated annual report of management responses, response to the ongoing COVID-19 pandemic has delayed an exclusive M&E framework for SEARHEF related emergency support. There is however, a good M&E framework of COVID-19 Response itself which is being implemented. And since the recent use of SEARHEF has been in the context of COVID-19 only, there is significant overlap already. It will be reviewed later in 2021 for necessary actions to strengthen SEARHEF.

Management Response

Evaluation Title	Evaluation of SEARHEF-10 year milestone
Commissioning Unit	WHE/SEARO
Link to the evaluation	https://www.who.int/docs/default-source/searo/evaluation-reports/evaluation-of-searhef-10year-milestone.pdf?sfvrsn=3680f725_4
Evaluation Plan	
Unit Responsible for providing the management response	WHE/SEARO
<p>Overall Management Response:</p> <p>On completion of 10 years of SEARHEF, an evaluation study has been commissioned by WHO-SEARO with the specific objectives to:</p> <ul style="list-style-type: none"> • Evaluate the relevance of the fund in country context of the region by analyzing the occurrence of emergencies vis-à-vis the available funding mechanisms for immediate emergency response • Evaluate the effectiveness of the fund by reviewing the utilization, adequacy and efficacy of the fund • Evaluate the efficiency of WHO's systems and processes for ensuring the smooth functioning and management of the fund as per the business rules set in SEARHEF policies, guidelines and procedures • Assess the impact of the fund in responding to the immediate needs of an emergency • Determine the sustainability of the fund by identifying lessons that can be learnt from events supported by SEARHEF, which include best practices as well as areas of improvement for future <p>Based on the evaluation findings, the four recommendations were made by the evaluators. WHO has fully accepted three of them while the fourth recommendation on enhancing multi-sectoral collaboration is cross-cutting, already being implemented across the three levels of the organization and is beyond the scope of SARHEF <i>per se</i>. WHE/SEARO will prioritize them into actionable interventions and implement them in a phased manner as described below. WHE/SEARO will coordinate, lead and monitor the activities needed to address the recommendations.</p> <p>The need for increasing the corpus amount of SEARHEF was raised during various Working Group meetings to respond to the emerging needs of the region and respond effectively. All these factors point towards the need to make dedicated efforts to increase the corpus.</p> <p>The evaluation findings suggest that while efforts towards standardization in the form of templates for proposal requisition or utilization reporting have been made, more specifically, there were several concerns, in the form of incomplete information and inconsistencies in interpreting the template requirements, which resulted in unavailability of comparable information, with regard to utilization reporting. For these reasons, the format for the utilization report has been re-visited and a new template has been suggested to address the issues. It was also suggested that regular sensitization workshops be organized by the country offices specifically for MoH officials responsible for managing SEARHEF funds.</p>	

One of the key gaps in the management of the Fund appears to be the lack of output and outcome data for use of SEARHEF. The basis for monitoring and evaluation activities of any development programme is the evaluation framework of the programme. For this reason, it is important to develop a monitoring and evaluation framework for each emergency that was supported through SEARHEF, including the development of a key set of indicators to measure outcomes. WHE/SEARO is already utilizing opportunities at regional and country level to further enhance the multisectoral collaboration to improve response to health emergencies, the COVID-19 pandemic response is testament to this.

First Management Response Status: <i>In progress</i>	Updated Management Response Status: <i>In Progress</i>
First Management Response Date: September 2020	Updated Management Response Date: 30 April 2021
Overall update on the actions taken since September 2020	Response to the ongoing COVID-19 pandemic has delayed an exclusive M&E framework for SEARHEF related emergency support. There is however, a good M&E framework of COVID-19 Response itself which is being implemented. And since the recent use of SEARHEF has been in the context of COVID-19 only, there is significant overlap already. It will be reviewed later in 2021 for necessary actions to strengthen SEARHEF.

Recommendations and Action Plan

Recommendation 1: Need for strategic efforts to increase the SEARHEF corpus					
Approach	Strengthening Resource Mobilization efforts				
Management Response	<p>Accepted</p> <p>The Secretariat holds regular SEARHEF working group meetings annually, and the need for increasing the corpus for SEARHEF has been also recognized by all Member States. SEARO has engaged with various International Financial Institutions such as ADB and World Bank and other Donors to discuss possible contributions to SEARHEF. At the 9th SEARHEF Working Group meeting held virtually on 18 Aug 2020, during the tour de table working group members provided updates on discussions being undertaken with countries' respective ministries of finance and planning on contributing to SEARHEF. In particular, delegates from India, Bangladesh, Nepal, Bhutan mentioned the ongoing discussions at country-level on potential voluntary contributions to SEARHEF.</p>				
Status:	<i>In Progress</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since Sept 2020
1.1 Resource Mobilization Strategy for WHE and its operationalization	WHE and PIR	Ongoing	<i>In progress</i>	A resource mobilization strategy for WHE has been developed, and now this needs to be operationalized not only to increase the corpus for SEARHEF but also for WHE as a whole in the SEA Region. Need for approaching the identified donors to build strong relationships, diversifying the donor base by identifying new potential donors	Platform like Partners' Meeting & Donors Outreach related to COVID-19 response have been utilized for advocacy & resource mobilization.
1.2 Communication and advocacy on comparative advantages and impact of SEARHEF	PIA and WHE	Ongoing	<i>In progress</i>	Advocacy efforts have been initiated by WHE and PIA SEARO, in order to inform about the comparative advantages for the contributors. This steps involve development of a proper communication plan and quality communication material. Tools such as brochures, flyers, posters, press releases, special events, speeches, videos, websites and social media have been planned to be used for effective advocacy	Many of the planned exclusive advocacy efforts for SEARHEF have been postponed due to COVID-19 emergency response. However, synergies have been explored and utilized while doing advocacy for COVID-19 response.

Recommendation 2: Effective utilization of standardized templates and improved internal communication					
Approach	Development and roll out of new reporting templates				
Management Response	<p>Accepted.</p> <p>The evaluation findings suggest that while efforts towards standardization in the form of templates for proposal requisition or utilization reporting already existed, the usage of these templates varied from country to country. Specifically, with regard to utilization reporting, there were several</p>				

	concerns in the form of incomplete information, inconsistencies in interpreting the template requirements which resulted in unavailability of comparable information. For these reasons, the format for utilization report has been re-visited and a new template is suggested to overcome the issues mentioned above.				
Status:	<i>In progress</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since Sept 2020
2.1 New template for reporting on SEARHEF	EMO/WHE	Dec 2020	<i>In progress</i>	A draft template was developed during the evaluation, this needs to be reviewed, updated, pilot tested as needed and then rolled out to all WCOs.	Postponed due to ongoing COVID-19 response (staff of RO and WCOs have been busy with professional work and personal emergencies)
2.2 Regular follow up on reports for SEARHEF	EMO/WHE	Ongoing	<i>In progress</i>	Need for regular follow up after SEARHEF disbursements on receiving the reports, consider establishment of a portal for reports to be uploaded and viewed.	Postponed due to ongoing COVID-19 response (staff of RO and WCOs have been busy with professional work and personal emergencies)

Recommendation 3: Improvement in monitoring, reporting and evaluation					
Approach	Development of M&E indicators				
Management Response	<p>Accepted.</p> <p>One of the key gaps in the management of the Fund appears to be the lack of output and outcome data for use of SEARHEF. The basis for monitoring and evaluation activities of any development programme is the evaluation framework of the programme. For this reason, it is important to develop a monitoring and evaluation framework for each emergency that was supported through SEARHEF, including the development of a key set of indicators to measure outcomes.</p>				
Status:	<i>Not initiated</i>				
Key Actions	Responsible	Deadline	Status	Comments	Update since Sept 2020
3.1 Monitoring, Reporting and Evaluation- a set of indicators to be developed	EMO/WHE	Dec 2020	<i>Not initiated</i>	One of the key gaps in SEARHEF management appears to be the lack of output and outcome data for use of SEARHEF. Need to develop a set of indicators and key questions to be answered for each of the planned activities and related indicators	Postponed due to ongoing COVID-19 response (staff of RO and WCOs have been busy with professional work and personal emergencies)