Evaluation of WHO's normative function

Evaluation brief – July 2017

Objectives and scope the Evaluation

The overall purpose of this evaluation in two phases was to provide recommendations for strengthening WHO´s normative function. The first phase of the evaluation set out to review and develop a clear framework for defining aspects of normative work. The second phase of the evaluation focused on analysing selected normative products to explore if, how and why they have played a role and contributed to a normative process and towards fulfilling WHO's normative function. The evaluation focussed on ten normative products, purposively selected, covering all the five relevant categories in WHO´s Programme Budget 2014-2015, and followed them from their initiation and design to dissemination and incorporation at country level. As such, the sample of products had broad coverage and varied significantly in form and substance.

The exploration and analysis were guided by two broad questions:

- How to define WHO´s normative function in each of the products?
- What factors determine strength and effectiveness of the normative products?

Key findings and conclusions

Question 1: How should WHO define its normative function?

The term normative is not used in the WHO Constitution. However, WHO was established as an intergovernmental organisation with the authority to adopt and approve normative instruments. The Organisation's primary function is defined as acting as the "directing and co-ordinating authority on international health work".

Four options for defining the normative work of WHO were identified: (i) a legal perspective, with normative products being those endorsed by the World Health Assembly; (ii) a policy process perspective, where normative is seen as both a product and a function; (iii) a global public goods perspective, with normative being understood as global functions of salience to all Member States; and (iv) a combined perspective, with a differentiation between core normative instruments and supportive normative functions. Normative instruments include "products" encapsulating normative content in a written document, and functions, i.e. steps and activities in a normative process or in policy-making in general. The combined perspective for defining the normative work of WHO was the preferred option because it combines all the established legal instruments, Secretariat guidelines and other non-normative products (e.g. health trend assessments) with the execution of normative elements in all the core WHO functions.

Question 2: What factors determine strength and effectiveness of the normative products?

The understanding of WHO´s normative function in the ten case studies and among people interviewed varied greatly. There was not one decisive variable, but a mix of contributing factors that influence relevance and effectiveness.

The consultations leading up to a normative product were important, but again this was not true in all cases. The strategy, technical guidelines and roadmaps/implementation plans reviewed by the evaluation were all the result of extensive internal and external consultations with stakeholders. It was not possible to quantify volume and assess quality of consultations, but the case studies illustrate serious intent and commendable practice in requesting feedback and involving stakeholders in consultative processes.

The ten case studies indicate that the more scientific- and evidence-based products have a higher, more direct effectiveness (level of knowledge, uptake and incorporation) than those with a stronger legal/formal backing and providing broader policy guidance. Higher levels of quality of evidence were as such associated with increased uptake in national guidelines. The strategy, roadmap and action plans reviewed by the evaluation have evidence-based technical elements, but serve a different purpose than the technical guidelines.

Lessons learned

All ten normative products provide evidence of results, but the results are exceptionally varied. With few independent evaluations available, the documentation of results depends on internal reviews and self-reporting. There are lessons to learn and share, but each case requires its own "theory of change" and a strong implementation plan. Given the lack of structured and systematic monitoring and

independent evaluation of implementation, more results may actually have been achieved than those documented.

Recommendations

On the basis of the above analysis, the evaluation made the following recommendations:

Recommendation 1: WHO should prepare a policy paper defining its normative instruments (normative products and functions). It should also prioritize and prepare stronger and more effective normative instruments. This could mean fewer publications but, even more importantly should include an active deliberation of how to ensure their normative strength and effectiveness.

Recommendation 2: Normative instruments could be defined as follows:

- **Core normative products** are international public goods. Such products are per definition global, but the regional and country levels play important roles in their preparation, validation and application. There are several categories of normative products, each with its own characteristics:
  - *Constitutional normative products* - conventions/regulations/regulatory recommendations approved by the World Health Assembly or by an equivalent body (e.g. Codex Alimentarius Commission). Such products vary in form and substance. They are sometimes binding legal instruments. WHO adopts the normative products via its constitutional authority.
  - *Scientific and technical normative products* - norms and standards set by the Secretariat for a broad range of thematic areas, based on scientific evidence and advice from leading technical experts.
  - *Health trend assessments* such as the annual World Health Statistics, Global Burden of Disease, Risk and Injury, World Malaria Report, Maternal Mortality, Countdown 2015, etc. (international public goods).
- **Supportive normative functions -** normative elements of WHO core functions**.**

Recommendation 3: WHO should also prepare a plan for the development of normative products based on an assessment of demands and needs and in line with WHO´s corporate priorities for achieving a higher level of coherence between the normative products.

Recommendation 4: Guiding principles and agreed quality assurance procedures should be established for the design, formulation and dissemination/follow-up of all normative products. It would be appropriate if all normative products, including strategies, roadmaps and global action plans, were based on agreed standards and reviewed independently, as is the case for technical guidelines. The GRADE approach to assessing quality of evidence for recommendations could, with adjustments, be used for all normative documents – not only technical guidelines.

Recommendation 5: WHO should give equal attention to products and process and shift attention and resources from preparation of normative products to the entire normative processes, encompassing assessment of needs, initiation, design and preparation, dissemination and use, adaptation and incorporation in health policy and practices, feedback and learning. They should also be appropriately and adequately budgeted.

Recommendation 6: Normative functions in WHO should be funded through sustainable funding and not only through voluntary and more unpredictable funding. Funding of normative products exclusively through voluntary funding, including from the private sector, should be avoided.

Recommendation 7: Systems and plans for monitoring and evaluation should be more standardised and streamlined. There is a need to shift focus from assessing quality of normative products and their recommendations to documenting effects. High quality monitoring should be combined with independent evaluations.

Recommendation 8: There should be a follow up to this evaluation: (i) assessing WHO´s normative functions from a country perspective, in order to better understand how and to what extent WHO´s normative work is relevant and makes a difference in countries; (ii) assessing the global scope of WHO´s normative work in terms of size and number of normative programmes, activities and funds utilised; and (iii) assessing and analysing the actual and changing profile of what WHO does as a normative Organisation.

Contacts

For further information please contact the evaluation office at the following address: evaluation@who.int The evaluation report is available here: https://www.who.int/docs/default-source/documents/evaluation/who-normative-function-final-report-july-2017.pdf?sfvrsn=6da62ea6_2