
**Independent review of the
implementation of the WHO evaluation policy
and the framework for strengthening evaluation
and organizational learning**

Review Report

June 2017

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Acronyms

AFRO	Regional Office for Africa
DG	Director-General
DGO	Director-General's Office
EB	Executive Board
EMRO	Regional Office for the Eastern Mediterranean
EURO	Regional Office for Europe
EVL	Evaluation Office
GNE	Global Network on Evaluation
GPG	Global Policy Group
HQ	Headquarters
IEOAC	Independent Expert Oversight Advisory Committee
IOS	Office of Internal Oversight Services
JIU	United Nations Joint Inspection Unit
MOPAN	Multilateral Organization Performance Assessment Network
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
RBM	Results-based management
RD	Regional Director
SDGs	Sustainable Development Goals
SEARO	Regional Office for South-East Asia
TOR	Terms of reference
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WFP	World Food Programme
WHO	World Health Organization

Introduction

1. This report presents the first independent review of the evaluation function at WHO. It has been included in the 2016-2017 evaluation work plan presented to the Executive Board (EB) in January 2016¹ and has been identified as a priority by the Member States. It is taking place at a time of strategic changes with significant implications for the evaluation function. This independent professional review will help WHO to ensure that its evaluation function, is well positioned and equipped to make the most useful contribution to the work of the Organization and those it serves.
2. The objective of the review is twofold:
 - a. to assess the implementation of the WHO evaluation policy². This policy was developed at a time when the evaluation function was still housed within IOS and therefore needs to be updated. It is expected that the review results will inform the update of the policy thereby ensuring that WHO meets its evaluation-related reform objectives; and
 - b. to assess the implementation of the WHO framework for strengthening evaluation and organizational learning³. The review is expected to assess the various elements of the framework and provide indications of areas due for strengthening.
3. The review provides recommendations on the evaluation function to guide the new Director-General, senior management and WHO Member States to further improve the quality of the overall evaluation function in the Organization, and more specifically to inform discussions and decisions about the role, positioning, mandate and resourcing of the Evaluation Office (EVL).
4. The review applied the three core criteria identified by the United Nations Evaluation Group (UNEG) in its norms and standards, that need to be satisfied for an evaluation function and products to be considered of high quality⁴:
 - ***“Independence [Norm 4] of evaluation is necessary for credibility, influences the ways in which an evaluation is used and allows evaluators to be impartial and free from undue pressure throughout the evaluation process. The independence of the evaluation function comprises two key aspects — behavioural independence and organizational independence.***

Behavioural independence entails the ability to evaluate without undue influence by any party. Evaluators must have the full freedom to conduct their evaluative work impartially, without the risk of negative effects on their career development, and must be able to freely express their assessment. The independence of the evaluation function underpins the free access to information that evaluators should have on the evaluation subject.

Organizational independence requires that the central evaluation function is positioned independently from management functions, carries the responsibility of setting the evaluation agenda and is provided with adequate resources to conduct its work. Organizational independence also necessitates that evaluation managers have full discretion to directly submit evaluation reports to the appropriate level of decision-making and that they should report directly to an organization’s governing body and/or the executive head. Independence is vested in the Evaluation Head to directly commission, produce, publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.”
 - ***“Credibility [Norm 3] is grounded on independence, impartiality and a rigorous methodology. Key elements of credibility include transparent evaluation processes, inclusive approaches involving relevant stakeholders and robust quality assurance systems. Evaluation results (or findings) and***

¹ WHO, 2016, “Evaluation: update and proposed workplan for 2016-2017”, document EB138/44.

² <http://www.who.int/about/finances-accountability/evaluation/evaluation-policy-may2012.pdf>

³ http://www.who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf

⁴ UNEG, 2016, “Norms and standards for evaluation”.

recommendations are derived from — or informed by — the conscientious, explicit and judicious use of the best available, objective, reliable and valid data and by accurate quantitative and qualitative analysis of evidence. Credibility requires that evaluations are ethically conducted and managed by evaluators that exhibit professional and cultural competencies.”

- **“Utility [Norm 2].** *In commissioning and conducting an evaluation, there should be a clear intention to use the resulting analysis, conclusions or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning, informed decision-making processes and accountability for results. Evaluations could also be used to contribute beyond the organization by generating knowledge and empowering stakeholders.”*

5. The review included a three phased process as follows:



- Self-Assessment: undertaken by EVL covered, inter alia, the UNEG Norms and Standards against the normative framework described in TOR available in Annex A.
- External assessment: a consultant recruited on a competitive basis undertook an external assessment of the evaluation function. The assessment is mainly based on documents review and interviews. The consultant spent a week in WHO headquarters in March 2017. The report has been shared for factual comments and was used as an input to the third phase of the process (below) before being finalized.

⇒ **The external assessment is available in Part I of this report**

- Panel validation and recommendations: the third phase of the review foresaw a review of the external assessment by a high-level Panel composed of the following members:
 - Colin Kirk (Panel Chair): Director of the UNICEF Evaluation Office and Vice-Chair (Partnerships) of UNEG
 - Uma Lele: Independent Researcher, Former Senior Advisor at the World Bank, and Commissioner in the Board of the International Initiative for Impact Evaluation (3ie)
 - Paul de Nooijer: Senior Inspector, Policy and Operations Evaluation Department, Ministry of Foreign Affairs, Government of the Netherlands
 - Guy Thijs: Director of the Evaluation Office, International Labour Organization

The Panel met at WHO HQ for two days in May (agenda available in Annex D of this report) and engaged with WHO senior management on strategic issues raised in the external assessment before providing its strategic feedback.

⇒ **The strategic feedback of the panel is available in Part II of this report**

PART I: External assessment

Executive summary

Background

6. This review was commissioned by the Director-General's office (DGO) in the WHO, as one of the priority evaluations approved by the EB, to assess progress on developing the evaluation function in WHO. This is in a context of wider reforms of the organisation. The main messages and recommendations are set out below, with a fuller discussion in the main body of the report.

Findings

7. Evaluation in WHO – **in overall terms** – has been making real progress. The drive towards putting evaluation on the map in WHO which started with the policy in 2012 and continued with creating the EVL in August 2014 has been bearing fruit. Significant steps have been taken in creating the institutional framework, building links between the regional evaluation functions through the Global Network on Evaluation (GNE) and getting a solid program of independent, corporate evaluations established.
8. While the process of developing evaluation to a mature stage in WHO requires sustained effort over at least 5-10 years, progress is clearly continuing at some speed. There has been evident leadership from the DG, regional directors (RDs) and senior staff to create momentum. Working with the regional evaluation focal points, EVL has also shown leadership and established its credibility within a relatively short space of time. It has already delivered a useful portfolio of corporate evaluations on relevant and timely areas that matter for WHO and its partners.
9. At the **corporate level**, there has been particularly notable change in the development of the evaluation function in a relatively short space of time. The EVL is a small but credible and professional team who are steadily making evaluation more visible and central to WHO's work and have created an impressive portfolio of evaluations on relevant and strategic topics. Their access into the centre of the organisation through the DGO and the personal authority and profile of the DG Representative, himself a long-standing senior manager from within WHO, is a major asset.
10. The **decentralised** evaluation function in WHO is particularly important, given how WHO works, and its federated structure. This is an area that management have started to focus on but where the level of ambition also really needs to be as high as possible. Some regions (such as PAHO) have given evaluation attention in different ways for many years. Others such as AFRO are now putting concerted efforts into giving it high priority. This is encouraging but there is more to be done. It has not been possible in this review to look at this issue in the depth it merits, but our strong impression is that **the decentralised function is comparatively underdeveloped** relative to the needs of WHO with its unique way of working, and that attention in this area is strategically important. A full-time evaluation officer in each region would help greatly in this respect. In taking this forward, WHO could usefully consider the experiences – both best practice and traps to avoid – of building up decentralised evaluation functions in other large UN agencies, since this is well-trodden ground in several other agencies.
11. In fact, there is a strong case to be made that a genuine transformation in evaluation in WHO to the best practice level that is required, will need concerted effort **at several levels together**, i.e. a combination of a very clear policy environment, excellence in evaluation at regional level and high quality support from the centre. To tackle this challenging but important goal will require sustained leadership and focus from RDs and other senior staff, backed up by staff in headquarters (HQ) and EVL. Given the necessary core script, senior managers can help the DG representative and EVL to champion evaluation very actively.

12. The review found that the process of developing an “**evaluation culture**” has some way to go. It was described by most people interviewed – whether at regional level, at HQ or external stakeholders - as emerging or nascent. Among senior managers and RDs there are signs of growing awareness of what the organization needs to achieve on evaluation, and elements of evaluation functions exist in varying degrees in different regions. However, achieving full awareness of policy standards among staff and embedding evaluation into the DNA of the organization takes time.
13. One obvious area of progress is the rapidly increasing visibility and profile of the EVL and its stable of corporate evaluations. On the other hand the level of implementation of the policy more broadly is rather uneven – nor are the agreed policy standards being used as a driver of change directly, which leads to a rather ad hoc understanding of agreed definitions and standards in different parts of WHO. To some extent this reflects the fact that resources in EVL are fully committed on producing evaluations and on follow up, which does not leave much time and human resources for other things including policy advocacy and communication.
14. This is not helped by the fact that EVL is currently responsible – and putting in about 25% of the time of an evaluation manager – into an additional area of work which should not be in EVL. That is, the team is providing the corporate liaison for WHO with the United Nations Joint Inspection Unit (JIU). This should be housed elsewhere in WHO within a corporate management team, freeing up the resource to focus on evaluation.
15. In any case, changes within WHO’s approach and important changes in the environment and best practice standards on evaluation in the UN since 2012 mean that an **update of the evaluation policy and related guidance** is now essential. This would provide the opportunity also to discuss and address two key issues, among others:
 - Ensuring that the **quality of evaluations is consistent right across WHO**, including at regional level. What counts as an evaluation in WHO – and is therefore published as such – should be unambiguous and well understood. The quality of an evaluation should not depend on where it has been commissioned. Mechanisms are required to support staff to deliver this quality and to check against agreed policy standards.
 - To clarify **some important points on governance** (e.g. the process of appointing the head of evaluation and terms and mandate, how the budget is set) to comply with accepted best practice, it would also give new impetus and much greater clarity on key issues such as coverage of evaluations and what is expected both for corporate and decentralised evaluations.
16. Significant progress has been made in **repositioning evaluation** including making it more relevant to organizational learning (having previously been identified more with audit and compliance) and to give it a clear and separate identity and to explain its role. Strengthening the capacity and skills at regional level would naturally play to this agenda, since it will make a difference by positioning more of the evaluation capability and work program closer to the operational and technical staff that actually need to implement the learning from evaluations in program design.
17. There are many other ways evaluation can make a difference corporately. Most obviously, evaluation can and should play a big role to contribute to WHO’s approach to **results and performance**. At present the important progress being made on program budgeting, planning and performance is proceeding in parallel with evaluation and they appear to be passing each other much like ships in the night. There is scope for much more synergy between the two areas, and this report makes some specific suggestions on that front.

18. If used strategically and focused on the most important issues, the work of the EVL can also make a vital contribution to **strategic priority setting** and articulating the **role and value added of WHO**.
19. This could be particularly useful in helping with managing expectations with donors and defining and measuring WHO's expected contribution in areas which are harder to measure. An example might be on **normative work, policy making and leadership**. Naturally, expectations on WHO are driven by a complex set of political issues – yet better evidence and analysis could help to improve the quality of discussion at every level. All of this implies a major advocacy and communication effort from EVL and from senior managers. This ambitious agenda would however have major payoffs for WHO.
20. This does not come without a price tag. Given the size, complexity and scope of the work that WHO covers, **the financial and human resources for evaluation being made available at the centre and at regional level are considerably smaller than in comparable agencies**. This is leading to choices on quality and coverage which are not desirable or consistent with the stated policy objectives. Current **resourcing** of evaluation at around 0.1% of budget and only 6 staff in EVL is well out of line with accepted UN benchmarks and quite obviously unrealistically low for a large and important organisation with ambitious policy and organisational aims. It is simply inadequate to deliver on the priorities set out in the 2012 policy, let alone to reach its full potential in helping WHO to develop.
21. The **quality and credibility** of corporate evaluations has got off to a good start. They demonstrate a good degree of independence - behaviourally at least - and have generally been done to an adequate and sometimes high standard. This is despite the fact that staff have been learning on the job, all but one recent recruit not being professionally trained evaluators by background.
22. On the other hand, the lack of **professional training and specialisation** does at times show through and evaluators themselves have to make time for their own learning and professional development, to do a good job. If it had more time and resources EVL would greatly benefit from being able much more outward looking which would allow it to engage more frequently with other experienced evaluators across the UN system and elsewhere to learn what is possible. Its staff are currently doing this where possible, at the margin. As it matures, the corporate evaluation function can strengthen its own professional development - the appointment of a new chief evaluation officer with considerable experience in UN evaluation is a key step here - and be better positioned to help WHO staff with professional leadership on evaluation.
23. Finally, despite their undoubted relevance in choice of topics, the **utility** of the current crop of evaluations, would be improved if there were sustained and hands-on **follow up and engagement** with operational teams on recommendations. The basic systems are in place to check what is happening with recommendations after the evaluations are completed, but that is only the bare minimum. A high quality dialogue with teams during and after the reports are issued and as they follow up on evaluations is essential for real learning (in both directions). This would be **greatly helped by stronger capacity at regional level on decentralised evaluations**, since the staff embedded in the regions could help to provide more of a conduit for evaluation follow up and dissemination.
24. This type of engagement is what one sees and what one would typically expect in a larger and more mature evaluation function. It is not surprising that in a team of only six people in EVL, if choices are made they currently would tend to focus mainly on engaging in commissioning and delivery of evaluation reports. Even that is very challenging for a small team. The approach to dissemination appears currently to be quite narrow, straightforward and focused on the reports - the process includes sharing with the DGO, the Member States and publication of all

evaluations on the web. Much more is possible and highly desirable to make the most of the evidence being generated.

25. In summary, the evaluation function in WHO is making good progress and some of the foundations are in place. **This provides a good foundation for wider progress on evaluation** in WHO. A key priority should be decentralised evaluations, including a concerted push from the regions with good support from the corporate centre. Between them, evaluators right across WHO (including of course in EVL) also needs to be able to tackle the broader range of functions that would be appropriate given the size and importance of WHO as an organization. This requires **serious intent and resourcing but would pay dividends** and help to underpin wider reforms in WHO.

Recommendations

26. The review makes the following 6 recommendations:

- Update/fully implement the evaluation policy and related documents to reflect the changed environment for WHO and current best practice across UN organisations.
- With leadership from RDs and senior managers, implement a major push on decentralised evaluations, which is strategically important for WHO.
- Expand the resources for EVL to enable it not just to produce corporate evaluations but also to provide the necessary leadership on other areas.
- Further underpin organisational independence, through revising some specifics on reporting and terms of appointment for the head of EVL, as set out in the main report.
- Position evaluation so that it can play its full role on performance and results, for example by a major evaluation on RBM (results-based management) to complement that on the WHO reforms.
- Initiate a discussion on organisational learning to clarify that this is not the same as evaluation but both should complement each other, and to help develop the function.

Introduction

Purpose and scope

27. This report provides an independent and formative assessment of progress in developing WHO's evaluation function, which in its present format is still relatively young within the organisation. The scope of this assessment includes the corporate evaluation function which was set up as a separate office two and a half years ago and the wider evaluation function across WHO including decentralised evaluations.
28. The objectives of the review are:
 - To assess the implementation of the WHO evaluation policy. How far it meets the 2016 UNEG norms and standards and how far it has so far been implemented within WHO.
 - To assess the implementation of the WHO framework for strengthening evaluation and organizational learning.
29. The review was commissioned by the WHO/DGO. The aim is to ensure that the evaluation function, as intended by the WHO reform process, is matched to WHO's evolving approach and organization. The primary audiences for the review are WHO senior management, its Member States as well as the EVL.

Timing

30. This is the first review of the evaluation function at WHO. It has been included in the 2016-2017 evaluation work plan approved by the EB in January 2016 and has been identified as a priority by the Member States. It is taking place at a time of strategic changes with significant implications for the evaluation function. As explained in detail in the attached TOR, an independent professional review is intended to help WHO to ensure that its evaluation function is well positioned and equipped to make the most useful contribution to the work of the Organization and those it serves.
31. The review comes at an important time for WHO, since it coincides with the independent evaluation stage three of the WHO reforms - of which evaluation is a pillar - and other reviews of related oversight functions. The final section of this report contain recommendations which are intended to be helpful to guide the next DG (to be elected in May 2017), senior management and WHO Member States to further improve the quality of the overall evaluation function in the Organization, and more specifically to inform discussions and decisions about the role, positioning, mandate and resourcing of EVL.
32. The starting point for the assessment is two important corporate vehicles for evaluation:
 - the WHO evaluation policy approved by the EB in May 2012;
 - the framework for strengthening evaluation and organizational learning in WHO which was developed after the DG Representative on Evaluation and Organizational Learning was appointed and was endorsed by the EB in 2015.
33. Other key parts of the institutional framework include the 2013 evaluation practice handbook, now fairly widely known and used in WHO, the biennial evaluation work plans and annual reports which are (respectively) agreed with and noted by the EB; and the GNE whereby the EVL interacts with the focal points on evaluation across WHO, who work at regional, country and HQ level.

Context and background

34. At the global level, WHO has been engaged in a major reform process since 2011 which includes three main components: programmatic, governance and managerial. Evaluation was identified as one of the managerial reforms that the Organization prioritized, with the objective of institutionalizing a corporate culture of evaluation and organizational learning. It is in that context that the WHO Evaluation Policy was approved in 2012 and the WHO Evaluation Practice Handbook was issued in 2013.
35. The external landscape for WHO and evaluation has also evolved significantly over the last few years with the focus on the Sustainable Development Goals (SDGs) and the leadership by countries of their development, country-led evaluations, joint evaluations and arrangements for UN system-wide evaluations. The wider development of inter-agency humanitarian evaluations also calls for common approaches to evaluation. Finally, stronger attention is given globally to evaluation of cross-cutting themes such as equity, gender equality, environment, climate change and resilience.
36. EVL was established in August 2014 as a separate entity within the Office of the Director-General distinct from the Internal Oversight Service (IOS) where it was co-located and integrated with other functions until then. The mission of EVL is to contribute to establishing a culture of evaluation at all levels of the Organization, so that evaluation plays a critical role in WHO in improving performance, increasing accountability for results and promoting organizational learning.

Previous assessments of evaluation in WHO

37. In 2013 the Multilateral Organization Performance Assessment Network (MOPAN) issued an institutional report on WHO⁵ which concluded that WHO has strengthened its evaluation function but there is still room for improvement in the coverage and quality of evaluations. The report also found that WHO provides consistent data on performance indicators across programme budgets, but data reliability is compromised by the absence of independent and external sources, such as evaluations.
38. In 2014, JIU classified the WHO evaluation function maturity as transitioning from level 2 (ad hoc) to level 3 (quite well defined but still primarily internally focused) within an overall spectrum across UN organisations that have both more well established (such as UNDP) and younger evaluation functions (such as WHO and UNFPA).
39. In January 2017, the UK's Department for International Development said in its performance agreement with WHO that one of the successes in WHO reforms so far has been the creation of 'a new EVL with a growing portfolio of quality evaluation reports', but the same report also points out the need for continuing reform including the need to 'establish a strong culture of evaluation and organisational learning, as evidenced by an increasing amount of corporate evaluation recommendations implemented within their designated timeframe'.⁶

Methodology

40. As explained in the TOR, the assessment is informed by the norms and standards of UNEG and is in three stages: first, a self-assessment by EVL; second, this independent review by an external evaluator leading to the draft report presented here; and third, an independent expert panel

⁵ MOPAN, 2013, "Institutional Report WHO, vol 1".

⁶ Following up on implementing evaluation recommendations is an important and necessary indicator, selected in this case by DFID presumably because of its importance in ensuring improvements and learning, and to provide a clear and recognisable marker on progress, but it is of course only one of several dimensions of establishing an evaluation culture. Other dimensions include having a shared understanding of what evaluation is; of how evaluation contributes to decision making and results; and agreed standards around independence and quality.

which will consider and validate the draft report's findings through a 1-2 day discussion and interviews with stakeholders in Geneva.

41. The UNEG framework lays emphasis on three principles: the independence, credibility and usefulness of the evaluation function. The report is structured around these key aspects and the main body of the report follows the sequence of the main areas identified in the TOR which in turn are driven by the WHO framework for strengthening evaluation and learning, agreed in 2015. These are as follows, and these topics form the structure of the rest of this report:
 - Evaluation policy and enabling environment.
 - Governance and reporting arrangements
 - Management of the EVL
 - Planning of evaluations
 - Quality of evaluations
 - Evaluation follow up and use
 - External engagement
42. The methodology used for this review is qualitative, document review, interviews with key informants and validation by experts. In total, 42 interviews were carried out with WHO staff in Geneva and the regions, Member States and other external stakeholders. These were conducted during and after a mission to Geneva in March 2017. The list of people interviewed for the evaluation is set out at Annex C. There was a very good response to requests for interview throughout the process, supported by excellent facilitation by the EVL team.

Limitations

43. Given a relatively tight budget and timescale there were some limitations. It was not possible to carry out missions to WHO regional offices or country offices, so interviews were carried out by phone with the regional and country focal points on the GNE and with various senior staff. A more in-depth study of the decentralised evaluation function would be useful in future. There was also very limited opportunity to seek views from governments and other stakeholders in Member States.

Evaluation policy and enabling environment

Key finding

44. The enabling environment for evaluation in WHO has benefited greatly from the early decision in 2012 by Internal Oversight Services (IOS) to build the institutional infrastructure for a strong evaluation function. Evaluation had existed in different forms, particularly program evaluations within the organisation but was scattered and not systematic. It is interesting that this was done even prior to the creation of a separate evaluation unit. This is quite unusual as the sequence is usually the other way around in agencies. It would have been tempting to focus on commissioning big evaluations - establishing a clear policy environment with common language was a sensible strategic decision.
45. This has provided a reference point and focus for subsequent work, and also made a start on positioning evaluation correctly as part of the overall systems for results, oversight and learning in WHO. The interviews with stakeholders suggested they had also referred to the practice handbook (evaluation guidance) reasonably frequently and found it useful.
46. The profile of evaluation and its positioning has also developed further over the last 2-3 years, including with the creation of EVL as a distinct unit. An important aspect of this has been the appointment by the DG of her Representative on Evaluation and Organizational Learning- of a

senior and credible leader at D2 level who understands WHO very well and is able to advocate for and understand how evaluation can best be useful to WHO. Many staff are aware of the unit, and the distinction between evaluation and other aspects of oversight is much clearer. The review received much positive feedback on how energetic and professional the team has been in driving the agenda and creating a sense of momentum on evaluation.

47. At the request of the DG, a framework to strengthen evaluation and organizational learning in WHO was developed in late 2014. This framework, which aligns the evaluation function with UNEG, identifies the following elements to anchor the evaluation function within the Organization. The framework has six key action areas: (i) establishing an enabling environment and governance; (ii) evaluation capacity and resources; (iii) evaluation work plan, scope and modalities; (iv) evaluation recommendations and management response; (v) organizational learning; and (vi) communicating evaluation work.
48. Despite this very positive and strategic beginning, the policy and enabling environment for evaluation in WHO requires considerable further development, as discussed in the rest of this section, and it would be timely to take steps in this area as part of the follow up to this report. One issue is that while familiarity with the policy exists in some parts of HQ and among the regional focal points working on evaluation, awareness among staff at different levels and more widely across WHO of the evaluation policy is still fairly limited. Discussions with interview participants suggest it is “there in the background” but in practice it is not directly being used as an instrument to drive decisions on resources or to implement change.
49. Clearly the process of agreeing and disseminating a policy needs constant and active follow up and it appears that resources were limited both in IOS and after the creation of EVL to achieve the wide and repeated dissemination and training that would be required to really drive culture change. It is not surprising therefore, that when asked how far an “evaluation culture” has yet developed in WHO, most respondents said it was still emerging or that some progress had been made, but from a very low base.
50. A few respondents were more sceptical and said it was largely non-existent outside the corporate centre. One or two even questioned whether the concept of an evaluation culture had been explained and the need for it had even been addressed, asking “what is the problem to be solved?” Despite the clarity of definitions of evaluation and the thought that had gone into the language in the policy document itself, the interviews therefore revealed the need for consistent and sustained explanation and advocacy about evaluation. There are varying levels of understanding on the boundary between evaluation and other types of assessments.
51. In terms of content, some aspects of the evaluation policy still make sense - and were clearly thought through and in line with international standards at the time. However, the environment in WHO has changed, the organization itself has changed, and best practice on evaluation has moved forward.

Recommendation Update and fully implement the evaluation policy and related documents to reflect the changed environment for WHO and current best practice across UN organisations and take the opportunity to address key issues:

- a. Coverage of evaluations
- b. Resourcing and budget setting
- c. Reporting lines
- d. The architecture around decentralised evaluations
- e. Planning of evaluations

52. Changes to the policy in key areas are now essential, and need to be followed by a process of strong advocacy and communication so that standards are well understood and mainstreamed.
53. Part of this updating process would be about straightforward changes in language and reflecting decisions already made, most obviously where evaluation sits in the organization now that EVL exists as a separate entity and what roles people should play, particularly on driving decentralised evaluation. But the more specific and substantive changes to the policy that are required (which would also then imply changes and additions to the handbook and the priorities for implementation set out in the framework) include:
 - a) **Coverage.** the policy objective on coverage of evaluations must be explicitly stated and the necessary resource implications considered. This is actually mentioned in the policy but is not explicit nor is it being implemented. What expectations do Member States and the senior managers have on coverage of corporate evaluations, major programs and country strategies? UNEG norms and standards have benchmarks which would help. This is a major consideration which needs discussion and organization-wide agreement.

Box 1 UNEG norms and standards: what are the relevant benchmarks on coverage and resourcing and how does WHO compare?

Standards 1.1 and 1.2 of the 2016 UNEG norms and standards set out what institutional framework and policy environment is expected for evaluation. It includes the following requirements that relate to resourcing and coverage of evaluation:

The institutional framework should ensure that:

“There are sufficient and earmarked financial and human resources for evaluation, commensurate with the nature and size of the organization, in order to allow for efficient and effective delivery of services by a competent evaluation function and to enable evaluation capacity strengthening;”

The evaluation policy should include

“Benchmarks to ensure that evaluation function resources are commensurate with the size and function of the organization; resources for the evaluation function should allow for the conduct of high quality evaluation activities to meet organizational needs for learning and accountability;”

The norms and standards also explain (para 24) that

“In determining the range of funding for evaluation, small organizations will generally need to spend more in relative terms than larger organizations. Factors to be considered when determining the range of funding include the organization’s mandate and size; the types of evaluations to be considered; and the role of the evaluation function in institutionalization and support to strengthening decentralized evaluation, national capacities for evaluation and evaluation partnerships. With respect to financial benchmarking, JIU (JIU/REP/2014/6) concluded that organizations should consider a range of funding that is between 0.5 per cent and 3.0 per cent of organizational expenditure.”

These benchmarks are intended to be indicative and should not be applied mechanistically. However, they suggest that WHO’s current funding of evaluation would need to increase by a factor of 3 to reach the lower level of the range now regarded as a norm in the UN and in other large development organizations.

(Funding of the centralized function is less than 0.1% of organizational spend. For the decentralized function, reliable figures do not currently exist but a reasonable working assumption is that it is less than the centralized function, in which case one can assume that total resourcing on evaluation is 0.15% to 0.2% at most).

- b) **Governance.** As discussed in more detail in a later section of this report, the reporting arrangements and mandate of the evaluation function are to some extent mentioned or implied but now that EVL exists they should be set out more explicitly, in line with UNEG standards for achieving organisational independence.
 - c) **Evaluation planning.** The role of the DG Representative for Evaluation and organizational learning (D2 Director and Head of EVL) in formally proposing a work plan, together with a systematic process of consultation, should be brought out more fully. This would include clear and understood processes for deciding on evaluation priorities if they change within the biennium ie. allowing sufficient room for topics to be added in response to urgent priorities, as has already happened a couple of times.
 - d) **Budget setting.** There should in an updated policy be absolute clarity on how the budget is set for evaluation and it should be earmarked and separated from other management processes. At present it appears that budgets are made available as required, as part of the normal process of management of budgets within the secretariat. This is not sufficient as it is a potential way that independence, credibility and quality might be undermined.
 - e) **Decentralised evaluation.** The policy needs to be specific on how the decentralised evaluation can and should function, including ensuring that it is independent (both behaviourally and organisationally), credible and useful and that there are appropriate systems for quality assurance. Great clarity is needed on roles here – in particular the roles of RDs in leading change, the role of EVL in supporting professional development, promulgating standards and building capacity, and facilitating information sharing; together with strong implementation and adequate resourcing overall.
54. The overall message is that while the 2012 policy provided an excellent and strategic starting point for institutionalising evaluation in WHO, and the framework built on it in a very sensible way, the policy framework for evaluation now needs to be developed further and used more actively as an instrument for driving change.

Positioning of evaluation within WHO

Key Findings

- 55. Independent evaluation does not happen in a vacuum and it is at its most effective when it interacts well with effective functions elsewhere in the organisation, including performance monitoring, approaches to results-based management, organisational learning, governance and accountability, transparency and strategic decision making. It appears that these other functions are themselves - as part of WHO's reforms - still developing.
- 56. Strategic positioning of evaluation within WHO and clarity on how this interaction can work best is therefore vital. There has been some important progress in this area already. Evaluation previously been identified with audit and internal oversight in a more narrow sense but the role of the DG Representative and the move out of IOS have helped to reposition things with organizational learning in mind.

57. The evidence gathered in this review suggests however that there is a big opportunity to go further in two areas:

- a) **organizational learning**, there should be a more detailed discussion of where organizational learning sits in WHO.⁷ It should for example be clearly understood that while evaluation and learning complement each other, they are not the same thing and cannot be led by the same unit. In fact, one role of an independent evaluation function is to evaluate how well the organization is achieving organizational learning. Another way evaluation supports learning is through effective follow up on evaluation recommendations. However, organizational learning also includes, for example, staff learning and professional development, learning on the job, knowledge management etc.

Recommendation: initiate a discussion on organisational learning to clarify that this is not the same as evaluation but both should complement each other, and to help develop the function.

- b) **Results and performance.** As it matures and develops, evaluation should be able to play a major underpinning role in gathering data and providing an overall independent perspective on WHO's results and performance. When asked how these two functions relate to each other those interviewed in this study seemed to feel it was an important but not yet fully discussed topic. It appears that the functions are proceeding largely in parallel. A first step would be for EVL to commission an in-depth evaluation of RBM in the organization, following on from the evaluation of the WHO reforms.

Recommendation: position evaluation so that it can play its full role on performance and results. This should probably start with commissioning a major corporate evaluation on RBM, following on from the evaluation of the WHO reforms.

58. Two other more specific ways in which evaluation can help the wider organization are on measurement and on follow up.

59. Within the area of measurement, best practice evaluation methods may have something to contribute on methods for measurement of the contribution of WHO core functions. This was mentioned by a number of people interviewed as an area where WHO needs more help at the moment. Perhaps EVL could – building on the work it has already started in this area in the ongoing corporate evaluation of normative work in WHO – develop a niche in terms of expertise and help the organization develop stronger tools and techniques and greater clarity on this issue. This is in addition to the many other functions that WHO provides and which EVL evaluates but which are more straightforward to measure.

60. In the area of follow up, various respondents both within the secretariat and among Member States and externally commented that WHO does not have very clear and robust mechanisms for follow up on actions agreed. This is an organizational issue which is not solely about evaluation per se and is more to do with WHO's accountability and management; but evaluations of corporate mechanisms might be able to shed light on this. It is not the case that

⁷ The appropriate place for this discussion is in fact outside the specific context of evaluation, since it relates to the whole organization's approach to organizational learning. However, the decisions on how learning is intended to function globally in WHO would then lead to greater clarity on the role of evaluation which can be reflected in the updated policy.

61. there is nothing there at present, since the annual report produced by EVL sets out what has happened on evaluation recommendations in key areas – this could be developed in greater depth and would be given more clout if evaluations keep asking, what happened as a result of the last evaluation we did in this area, what changed?

Governance arrangements

Key findings

62. In any large agency, the specifics around the reporting and governance arrangements for evaluation are a crucial underpinning to help ensure the independence, credibility and therefore the utility of the function. (See box 2 on relevant UNEG norms and standards). At present WHO is in a transitional position on this - it has some elements of organizational independence in place but also has other aspects which are more associated with an internal function with less clout and lower perceived or actual independence. It is also important that the access which is already there in practice is to a degree underpinned by formal policy standards and mechanisms where required, so it is sustained and protected in future.
63. There are many **positive aspects** already in place. For example, the seniority and personal authority of the DG Representative for Evaluation and Organizational Learning and the reasonably direct access to the DG provide some “clout” and a good route for communicating with the rest of the organisation. However, this is not necessarily enshrined or guaranteed in the policy environment, since it mainly comes from the background and seniority of the current individual holding the post.
64. Equally important are the established mechanisms for direct reporting to the Board on planning the evaluation work program, annual reporting on what has been achieved, and on specific reports. There is also the relationship with the Independent Expert Oversight Advisory Committee (IEOAC), although this is not yet as strong and well developed for evaluation as it is for the audit, compliance/risk and comptroller functions. Within WHO, the role of the Global Policy Group (GPG), which includes both the DG and the Deputy DG and RDs, is very important. The growing attention from GPG in discussion of evaluation topics and reports is a vital way that evaluation can ensure continued relevance, credibility and utility. It also provides an opportunity to have a serious discussion with leadership about strengthening decentralized evaluation (see the discussion below). This should be nurtured and developed further.
65. Another way that independence is assured is through the clear standards in the evaluation policy and the practice handbook that define that evaluations should be commissioned to independent external evaluators (but see further discussion below on how evaluations are being managed in practice).
66. The interviews also demonstrated that the DGO, the member states, donors and the EB are currently very supportive for evaluation to develop quickly and to be independent, as part of the wider reforms. Also, in terms of behavioural independence, most staff who expressed a view seemed to view the EVL team as demonstrating a high level of professionalism, integrity and independence in how they approach their work.

67. The areas where **gaps** start to emerge are perhaps at a more detailed level, but are nevertheless significant and need to be addressed, as follows:

Box 2

UNEG norms and standards: governance and reporting arrangements of evaluation functions, to ensure independence

Norm 4 of the 2016 UNEG norms and standards sets out clear requirements on behavioural and organizational independence. There is also an underpinning reference in standard 1.1 to direct reporting for the head of evaluation. Some of the relevant text in the norms and standards is extracted as below:

“Behavioural independence entails the ability to evaluate without undue influence by any party. Evaluators must have the full freedom to conduct their evaluative work impartially, without the risk of negative effects on their career development, and must be able to freely express their assessment. The independence of the evaluation function underpins the free access to information that evaluators should have on the evaluation subject.

“Organizational independence requires that the central evaluation function is positioned independently from management functions...[and] that evaluation managers have full discretion to directly submit evaluation reports to the appropriate level of decision-making and that they should report directly to an organization’s governing body and/or the executive head. Independence is vested in the Evaluation Head to directly commission, produce, publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.”

“The evaluation function is independent of other management functions in order to facilitate an independent and impartial evaluation process. The head of evaluation should report directly to the governing body and/or the executive head of the organization;”

Recommendation: further underpin organisational independence, for example by establishing a clear process and TOR for appointing and managing the head of evaluation so that the reporting is direct to the DG with Board input and there is a single non-renewable term in future.

68. First, the exact reporting arrangements could be further considered and refined. Evaluation in WHO already has a form of reporting to the EB, which is important, but it is mainly in terms of approving the work plan and noting the reports and summary findings. In terms of real accountability, the first line supervisor of the head of evaluation in WHO is the Executive Director within the DGO, who in turn reports to the DG. While this makes sense for day-to-day management purposes, a formal agreement that the head of evaluation reports direct to the DG and meets her/him at least once a year for performance purposes would help to build credibility and would be worth considering.
69. Second, the terms and conditions and the arrangement for appointing the head of evaluation in WHO need to be considered further. The UNEG norms and standards are fairly broad in this respect and simply state (norm 13) that

“The governing body and/or the executive head are responsible for appointing a professionally competent head of evaluation”

without elaborating in great detail on what that means in practice. It would be possible and desirable to tap into expertise from other agencies that have learned what works and what does not work in this area. The JIU report on evaluation in the UN and best practice in well-established evaluation functions in multilaterals now points to a single term non-renewable appointment with no return to working in the organization.

70. In UN organizations the appointment decision itself is typically made by the executive ie. the DG in this case. This makes sense but there should also be a formal opportunity for discussion with and input from the governing body. This needs to be done carefully and in a way which brings in genuine technical expertise and assessment of the merit of the candidate, rather than political factors and geographical loyalties.
71. Third, the IEOAC's role as already stated is very helpful but as already noted it could be deepened to match what happens on compliance functions - or perhaps better still it could be supplemented by an Evaluation Advisory Group with members who have specific expertise in evaluation. This is a sensible option which is already under discussion in EVL and should be explored further.
72. Finally, best practice among evaluations includes regular independent assessment and peer review of the function. The decision to commission this present review is a sign that the organization takes this seriously. It would be useful to build on this by committing in an updated evaluation policy to periodic reviews (roughly every five years) and to continue to involve UNEG to ensure learning from best practice elsewhere.

Linkages with decentralised evaluation

Key findings

73. The GNE - a network of focal points on evaluation across WHO, convened by EVL - was set up even before EVL existed and is a key part of the overall architecture for evaluation in WHO. All large UN organizations have recognised that having a strong decentralised evaluation function is vital, and some such as UNICEF and WFP have put considerable time and effort into developing it over a number of years. WHO could learn from this experience and aim for a similar level of capacity.
74. The GNE was intended to provide a conduit between staff working on evaluation in the regions, clusters and elsewhere and those working centrally and initially had a very ambitious agenda which has since had to be reined back and focused. Staff involved expressed a strong appreciation for the concept of the GNE. Having this network is clearly vital, given the federated structure of WHO and the fact that it consists of seven major components with the HQ playing an equal role with the regions.
75. They appreciate the recent efforts to rejuvenate the GNE, which had been less active before that while it was being refocused. It provides an important channel of information on corporate and decentralised evaluations and could be even more important in various other aspects, such as in training and professional development.
76. The practicalities of meeting across such a broad network have been a real challenge. There is an opportunity to learn from how other functions in WHO handle these challenges (differences in location, time zones, availability for meetings, resources). Several members of the network would like the network to meet more regularly and one or two staff in HQ who had been involved previously asked what had happened to it, perhaps because the process of refocusing the meetings and agenda had reduced their involvement.

77. One of the main constraints is resources relative to the task in hand. Building a more systematic and capable decentralized evaluation function is a major process of change management. The focal points are typically trying to cover evaluation as just one of many areas that they cover, such as planning, performance or program leadership.

Recommendation: with leadership from RDs and other senior managers, implement a major push on decentralised evaluations:

- Sustained communication until staff outside HQ start to develop a common understanding of WHO evaluation policy standards, what evaluation can do for them and how it will benefit the organisation
- This should include recruiting at least one full time evaluation specialist and coordinator in every region, reporting at line management level to the RD and on a professional basis to EVL.

78. If decentralized evaluation is really going to be a major part of how evaluation works in WHO, as it obviously needs to be, **a full-time coordinator and evaluation specialist in each region** is required, able to give evaluation 100% attention and with strong links to each other both directly and through professional (dotted line) reporting to EVL combined with day to day reporting into and line management by the RDs. In addition, it requires a full-time coordinator within EVL.
79. There are various things to build on here. For example, AFRO is currently in the process of recruiting an evaluation lead, and has sought involvement from EVL along the way. Learning from models in other organizations, these regional coordinators would play an important role in promulgating standards, professional leadership and training, protecting independence when evaluations are commissioned, knowledge management and learning.

Management of the evaluation office

Key findings

80. The Geneva mission interviews conducted for this review, and scrutiny of reports and other documents, indicated that EVL in WHO is a small and efficient unit which is delivering a considerable program of evaluations. It was an even smaller unit when evaluation was led from within IOS, but has grown from 2 or 3 staff to 6, with a budget of \$5m per biennium (ie. \$2.5m per annum) or rather less than 0.1% of the organization's overall costs and staffing). See earlier comment in Box 1.
81. Most staff have been recruited from within WHO and have operational and technical skills gained in the organization and have transferred their skills and knowledge into commissioning and managing evaluations from independent evaluators, with some experimentation recently with hybrid models where EVL staff take part in the evaluation team. EVL has also in the last 12 months bolstered its professional expertise considerably and visibly, since it has appointed a chief evaluation officer with professional evaluation experience in the UN.
82. Not surprisingly, this has required all staff to go through a steep learning curve since EVL was created 2 ½ years ago. Despite this, the management arrangements, working procedures and the internal organization of EVL have already developed to a reasonable level, to the extent where the quality and timeliness of reports being produced is also good and there is a

commendable process of feeding back reports to the EB and follow up on specific recommendations.

83. The responsibility for who should follow up and deliver change in response to recommendations is something which many organizations struggle with and needs clarification, since it is really a management function but often lands up with the evaluation team. One approach is that DGO or similar central function takes on this formal responsibility in a visible way, so there is no confusion or possible conflict of interests, and this backed up by regular compliance checking through audit.
84. The role of EVL would be then to focus on making sure the recommendations are well crafted, relevant and have ownership in the first place (something which depends on a well-designed evaluation process); and that there is high quality dialogue with stakeholders, dissemination backed up by learning events, and ongoing engagement with technical programmes and administration so that the evaluations are well understood by technical programmes and administration, and vice versa.
85. Feedback from the majority of professional evaluators working with the unit described them as thorough and competent and highly collaborative. Several also mentioned that there had been signs of learning on the job and that tight resourcing and timescales had sometimes meant that there were problems and inefficiencies, for example in the process of carrying out surveys. One aspect which is vital for the effective management of the unit is that they are able to ensure that evaluators have good access to staff for interviews and relevant data. In both areas, those interviewed commended the team for the amount of effort and trouble they put into facilitating access. This was also very evident in the process for this review, where excellent facilitation was provided and the quality of interview responses was equally high.
86. Nevertheless this was not always 100% successful (which is perhaps not surprising as this is a perennial problem for any evaluation function). Two of the evaluation teams had had more mixed experiences, including delays in surveys and slow start up. Some respondents commented that processes could be clearer and this would help to support and ensure the quality of the evaluation. These are opportunities for learning and further improvement, but this is not unexpected at this stage in the development of the function, which is still relatively young.
87. A key role for the EVL is to safeguard independence and ensure quality of evaluations during the process, including checking for conflicts of interest at the outset, appointing consultants with necessary skills and making sure that WHO staff being interviewed understand their roles.
88. On the whole, this is being done rather well, given the size and experience of the team. As mentioned above, there is a lot respect for and goodwill towards EVL staff in how they are conducting themselves on a professional basis.
89. In purely process terms however, respondents in the interviews suggested that again there is room for greater clarity on some specifics around independence, for example the “rules of the game” - how the people being interviewed are selected, when and where EVL staff are present during interviews and what role they play, and who plays what role in the administering of surveys and gathering data, who the draft reports are sent to for comment. These are relatively straightforward and specific issues; they might be helped by work within the team to develop simple tools and guidelines, drawing on professional expertise on good practice from within EVL and UNEG.
90. Of more concern - and requiring some strategic discussion - is that EVL staff (who have gained reasonable skills on **commissioning evaluations**) are now starting to experiment with being involved in **conducting evaluations** themselves. It is not clear that this is strategic or that it can work as intended, or at least not without careful thought on three serious issues:

- a) First, in line with WHO evaluation policy, one of the main ways in which **independence** of WHO corporate evaluations is protected is that they are commissioned externally, with certain checks and balances in place including quality assurance⁸ by EVL and an Evaluation Management Group. If the EVL staff themselves conduct or lead evaluations, these roles can become confused, and the credibility of the evaluations could easily come into question. If this approach is to continue, it needs careful thought about the benefits and costs of a hybrid model, the strategic approach and rationale and how independence will be safeguarded.⁹
 - b) Second, conducting evaluations requires a different skill set from **commissioning** and managing them. It is not clear that this point has been understood and addressed, and that training and professional development is in place to make sure EVL staff are fully able to do what is required.
 - c) Third, commissioning externally has transaction costs but also ensures certain checks and balances and procedures are followed. Doing things internally can be much more informal, which has both benefits and risks. There is a risk that the commendable desire to be responsive to the organization's demands on EVL (which in itself indicates growing confidence in the unit) can lead to some **ad hoc approaches**, more akin to internal consultancy and strategic advice. This is not the role of an independent evaluation unit and although it might create some goodwill initially, it would eventually undermine its credibility in other areas.
91. A final issue is how the **functions and roles of the unit** are understood, managed and prioritised within the team. Because of the tight resourcing of the unit, some functions are fully covered (such as delivering corporate evaluations, producing shorter reviews, liaising with Member States, interfacing with regional focal points, planning evaluations) and others are simply handled in a more limited way or where resources allow (follow up on evaluations, building capacity in the regions, learning and professional development, external facing work with other evaluators outside WHO).
92. Each professional member of staff is expected not only to manage evaluations but also to cover a number of functions which in a larger team would be more clearly delineated and better resourced. For example, in a larger team one would have a full-time lead person at P4 level or higher, coordinating support to the decentralised evaluation function and handling the quality assurance arrangements for decentralised evaluations. There would be a full-time person working on learning and knowledge management from evaluation.
93. The work covered by the head of EVL is also quite flexible in line with the size of team. That is, he appears to be involved literally in every aspect of the unit's work, including delivering evaluations himself. This flexible and hands-on approach is commendable in one sense and is no doubt one of the reasons that the unit have made so much progress on delivery of evaluations and raising the profile of the function, in less than three years. But it may not be sustainable - in other UN agencies, the head of evaluation's role is more clearly delineated and

⁸ In fact the quality assurance system is quite ad hoc or basic at present. This no doubt reflects the small size of the team and the need for speed and flexibility, but should be developed further, for example by clarifying roles and responsibilities and having more explicit sign off points to underpin quality and credibility.

⁹ Some agencies do use such a hybrid model and there are potential benefits to be gained, for example in ensuring that evaluation managers are well versed in the practical aspects of conducting and evaluation and can quality assure from a real in-depth knowledge of the process, as well as bringing organizational knowledge into the process. Where they do adopt this approach, agencies typically have (a) considerably more resources than EVL, including skilled professional evaluators with experience of conducting evaluations in different contexts and/or (b) well developed procedures to establish roles within the evaluation teams, to separate clearly who is handling evaluation management, quality assurance and evaluation.

would be focused on strategic leadership and development of the function, communicating upwards and outwards, advocacy, engaging with other stakeholders and quality assurance. Of course, that depends on having a good number of professional and administrative staff to delegate to, which is certainly not the case for EVL at the moment.

94. The administrative support within the unit is highly efficient, has good understanding of its role and had some good feedback during this review. And it needs to be. Good support and facilitation makes a big difference to any evaluation unit, so that procurement proceeds efficiently, missions and interviews can be set up quickly and efficiently, and many other aspects - and in this case staff were clearly able to draw on long experience of the organization. Again, given the size of the team it is also very tightly resourced; and this means that some admin tasks are inevitably being handled by professional staff as part of their day-to-day roles.

Evaluation planning

Key Findings

95. As mentioned earlier, the main vehicle for planning evaluation is the development of biennial organization-wide evaluation work plans approved by the EB. These plans cover both centralized and decentralized evaluations, plus certain assessments and reviews. They provide the core elements of good approach to planning evaluations, and certainly ensure visibility with and buy-in from the EB. There is naturally a good dialogue with the DGO and with the GPG.
96. On the other hand, stakeholders interviewed for this evaluation felt the planning process would be improved by seeking ideas more systematically and more broadly. Many had not to their recollection had any invited opportunity to feed in suggestions on topics in the last biennium work plan.
97. Note that this process of reaching out and consulting can be done in quite some depth – and is done successfully in other agencies with considerable payoff in terms of buy-in from technical programmes and administration on evaluations – without compromising the independence of the evaluation function, provided that roles and the nature of the process are well understood. That is, provided that EVL explains the distinction between, respectively: being consulted and feeding in information and ideas; and making decisions and proposals to the Board on what is in the work program.
98. Despite this, the topics being selected in corporate evaluations were seen as relevant and timely, including a number of big strategic issues (the WHO reforms, the response to the Ebola crisis, WHO presence in countries, transformation agenda in AFRO) and some highly sensitive ones (geographical mobility of staff). This is encouraging in indicating that the EVL unit is able to address topics which go to the heart of what WHO does, without having to avoid sensitive issues.
99. Two areas for further consideration in evaluation planning are, not surprisingly in decentralized evaluations (which is as one would expect given the weaker capacity at this level and the challenges of gathering data across so many countries and regions) and in budget setting.
100. On the budget side, when topics are agreed with the EB it would make sense (both for independence, as already mentioned earlier in this report, but also for efficient planning and management) if the relevant resources were earmarked formally at the start of the biennium. This may be implied, and in practice resources are found, but finding resources for each study on a case by case basis leave open the possibility of problems when topics are contentious or unwelcome.

101. Another complicating factor here is that a very high proportion of WHO resources comes from non-core funding. To the extent that some larger programs have their own evaluation arrangements, a complete and accurate picture of what evaluations are being planned and resourced would require very good information on all such individual programs. This is a big task.

Quality and utility of evaluations

Key findings

102. As part of the document review for this evaluation, all the corporate evaluations produced in the last 3 years were reviewed against UNEG norms and standards and without exception were found to be of a good standard (list in Annex B). This is quite an impressive achievement given that the team started without professional experience in commissioning evaluations and has learned on the job, drawing on the practice handbook and other sources.

103. Specifically, the purpose and objectives of the evaluations was set out clearly, the reason for choosing the topic and its relevance was well articulated and credible, sensible decisions were made on scoping of the evaluation, the statement of the evaluation questions and the designs of each of the studies (albeit very straightforward) were appropriate. Areas which were less strong included the quality of data available to the evaluators is limited in many areas, which in turn reflects the development of WHO's own performance and program budgeting systems.

104. Despite the high level of relevance, professionalism of the team, and good overall quality of the work, the actual utility of the evaluations is however more limited for three reasons:

- a) So far the depth of rigour and analysis which is possible in this environment where other systems for performance monitoring are still developing is quite basic.
- b) Second, the time which evaluation managers in EVL are able to give to detailed discussion and in-depth probing of the analysis done by the independent evaluators is also rather constrained in some cases (but better in others).
- c) The level of ownership and follow up of the evaluations to ensure actions are taken (and that behaviour actually changes) is quite limited. In any case, many of the issues are in a complex political context and are subject to many different factors other than independent evaluation evidence, for example on WHO reform.

Evaluation follow up and use

Key findings

105. In setting up a new evaluation function, the immediate priority is to "get something in place" and there is a time lag until evaluations start to come through. Perhaps not surprisingly, then, evaluation follow up and use is only considered at a later stage and this was perhaps the weakest area of the current evaluation function in WHO identified in this assessment. The extent of follow up at present is mainly focused around certain basic elements, all of which are useful, but on their own are not sufficient:

- Engaging with evaluation focal points during the drafting stage, on the GNE.
- Using an Evaluation Management Group to get feedback during the process, building ownership from relevant operational staff in the process.
- Sharing the draft for comments with a relatively narrow and focused group of those affected.
- Sending the report to the DG and senior staff eg. the GPG.
- Sharing it with Member States and holding an open meeting to present it to them, and;

- Publishing on the web. The commitment to publication is built into the WHO evaluation policy and is apparently being honoured in most cases for corporate evaluations at least, and for some regional evaluations but not all.
- Follow up by EVL with lead operational staff to gather data on whether evaluation recommendations are being implemented, which in turn is fed back to the Board.

106. In a bureaucratic sense and also in practical terms, this certainly provides the skeleton for a reasonable process of follow up and learning. However, best practice in other large organizations would go much further. If EVL had sufficient resources it would for example be able to have considered options such as:

- Sustained follow up with teams working on policy responses and action plans over at least the first year after an evaluation, so that they have access to expert advice on what the evaluation found and why.
- Presentations by the evaluators and GNE focal points/EVL evaluation managers to targeted groups of staff at technical and management meetings across WHO. In fact this has been done for selected evaluations, providing a basis from which to build and make the processes more systematic.
- Facilitated workshops during and immediately after the evaluation to elaborate on recommendations, pulling in management expertise in key areas so that staff have a high level of ownership of recommendations.
- Use of up to date tools and methods of disseminating knowledge and key findings, including social media, video, graphic representation of results, learning events.
- Designing follow up of evaluations into the planning of future evaluations.
- Training of EVL staff and GNE members in communication and dissemination to support learning.

External engagement

Key findings

107. External engagement by the EVL and the evaluation function is rather limited overall and needs to expand as the function matures and develops. This has been given less attention up to now no doubt for the same practical reasons already discussed ie. the function is young, has been prioritising internal engagement and delivery and is short of resources. There has however been some external engagement in specific areas:

- In preparing the framework for strengthening evaluation and learning after he was appointed, the DG Representative organized a series of learning meetings with experts on evaluation to gather ideas and examples of best practice.
- EVL has also looked for support from the UN evaluation group in certain areas, including for the present review and its validation. Again, due to lack of time and other priorities, it has certainly not been as engaged with UNEG as other UN agencies of comparable size have been doing.
- Some of the EVL and regional staff engaged in evaluation have engaged externally with evaluation societies and professional networks, either at national level, regional level or within the UN.
- JIU: EVL provides a coordination function in relation to JIU, so there is obviously a reasonably well developed channel for external engagement in that area. Although this appears to work, it is not clear why this should necessarily be seen as a responsibility or priority for an independent evaluation unit and to the extent that they might have the role of pulling together a defensive response and/or advocating for WHO in this role, there is a potential

conflict of interests. In other organizations there would instead be a central team reporting to DGO that would coordinate organizational responses on any external assessment (and, incidentally, the same team could act as a focal point for management responses to independent evaluation).

Recommendation: Expand the resources for EVL to enable it not just to produce corporate evaluations but also to provide the necessary leadership on other areas

- Embedding an evaluation culture in WHO, through sustained advocacy and communication.
- Supporting decentralised evaluation and providing professional leadership.
- Much better follow up on corporate evaluations.
- Playing a bigger role on results and performance of WHO, using evaluation.

Conclusions and recommendations

108. The evaluation function in WHO is progressing well, particularly thanks to the early decision to put in place an evaluation policy in 2012, the creation of EVL and the work with the Board to develop a good portfolio of corporate evaluations on relevant topics. However, the evaluation culture in the organisation is still developing and evaluation is not yet fully part of the “fibre of the organisation”. There is now an opportunity to aim for the next level. Building on the findings in the main section of the report, the 6 recommendations are:

- With leadership from RDs and other senior managers, implement a major push on decentralised evaluations:
 - a. Sustained communication until staff outside HQ start to develop a common understanding of WHO evaluation policy standards, what evaluation can do for them and how it will benefit the organisation.
 - b. This should include recruiting at least one full time evaluation specialist and coordinator in every region, reporting at line management level to the RD and on a professional basis to EVL.
- Update and fully implement the evaluation policy and related documents to reflect the changed environment for WHO and current best practice across UN organisations and take the opportunity to address key issues:
 - a. Coverage of evaluations.
 - b. Resourcing and budget setting.
 - c. Reporting lines.
 - d. The architecture around decentralised evaluations.
 - e. Planning of evaluations.
- Expand the resources for EVL to enable it not just to produce corporate evaluations but also to provide the necessary leadership on other areas:
 - a. Embedding an evaluation culture in WHO, through sustained advocacy and communication.
 - b. Supporting decentralised evaluation and providing professional leadership.
 - c. Much better follow up on corporate evaluations.
 - d. Playing a bigger role on results and performance of WHO, using evaluation.

- Further underpin organisational independence, for example by establishing a clear process and TOR for appointing and managing the head of evaluation so that the reporting is direct to the DG with Board input and there is a single non-renewable term in future.
- Position evaluation so that it can play its full role on performance and results. This should start with commissioning a major corporate evaluation on RBM, following on from the evaluation of the WHO reforms.
- Initiate a discussion on organisational learning to clarify that this is not the same as evaluation but both should complement each other, and to help develop the function.

PART II: Review Panel feedback

Introduction

109. Progress in establishing a robust, organization-wide evaluation function in the World Health Organization (WHO) began in 2012 with the approval by the WHO EB of an evaluation policy, followed in 2014 by the establishment of EVL. At the beginning of 2017, the DGO commissioned a review of the evaluation function, to be carried out by an external consultant¹⁰. Following a widely circulated Request for Proposals, Nick York was selected and commissioned to undertake the review. He prepared a draft report (hereafter referred to as “the draft report of the evaluation review”) which was submitted and distributed for comments among senior stakeholders in WHO¹¹.
110. The TOR for the 2017 review also called for “a panel of senior evaluation experts” to be set up to discuss the draft report with the consultant, seek any further clarifications required from evaluation staff and senior management and, on this basis, provide additional feedback. The panel members visited WHO HQ in Geneva on 11 and 12 May 2017 for meetings with the consultant, the evaluation team, and senior WHO staff, including teleconferences with two WHO RDs.
111. The present document records feedback from the panel and outlines points for further consideration.

The value of evaluation

112. Members of the panel believe that a robust evaluation function is essential for WHO staff, management and governing bodies and for other stakeholders. At a time of significant change within and around WHO, evaluation can make important contributions. WHO has already made progress with a tough reform agenda, but many challenges remain. Evaluation can and should play a strategic role here, providing evidence and analysis to support prioritization and well-informed choices. It can help to sustain and focus reform processes, by showing objectively what is working well or less well, and identifying the reasons for success or shortcomings. In particular, evaluation is a key element of a sound system of results based management, by supporting and informing the focus on results and improved performance. Further, of particular relevance to a knowledge based organization such as WHO, it can help to deepen learning, understanding and knowledge, adding special value at a time when preparedness and responsiveness to a rapidly changing global agenda is critical. Finally, a strong evaluation function often enhances external perceptions of an organization’s credibility and results orientation, thereby helping to attract financial resources and supportive partners.
113. To bring these benefits, it is important to have an evaluation team with strong leadership, capable staff and sufficient resources. But this by itself is not enough. Evaluation needs to be built into the governance and management of the organization, and understood as a shared function in which roles and responsibilities are widely distributed across the organization and even among external stakeholders. A shared culture of evaluation is needed to support learning from evaluation findings and conclusions and to secure improvements in performance and results.

¹⁰ DGO, WHO: *A review of the implementation of WHO evaluation policy and framework for strengthening evaluation and organizational learning. Final TOR, 18 January 2017*. Hereafter referred to as “the draft report of the evaluation review.”

¹¹ Nick York: *Independent review of the evaluation function in WHO: A review of the implementation of WHO evaluation and framework for strengthening evaluation and organizational learning. Draft Report. 3 May 2017*. Hereafter referred to as “the draft report of the evaluation review.”

114. The panel believes that WHO has made significant progress towards establishing a strong evaluation function and is beginning to realize some of the benefits which evaluation can provide. Yet this is still work in progress, and the panel believes that the ongoing review of the evaluation function is timely and potentially valuable.

Reflecting on the review of the WHO evaluation policy

115. Members of the panel are pleased to have the opportunity to contribute to the review of the WHO evaluation policy and framework by providing additional feedback and reflection. Overall, the panel finds the review to be timely and the findings and recommendations set out in the draft report are highly pertinent. The report takes a future-oriented or “formative” approach, which is relevant to the needs of the organization at this time of reform and change. It documents a set of key issues, outlining both the progress achieved and the potential for further improvements.
116. In the present paper, the panel has set out reflections on the draft report and conversations with staff and management in WHO. The panel considers that it is important to look briefly at some of the characteristics of the organization and the current context, before considering what needs to be given attention in a new evaluation policy to be supported by a performance framework to guide implementation. The next plan for corporate evaluations is also considered. A strong evaluation function will require adequate human and financial resources and, given a challenging context, some innovative thinking is needed here. Finally, the panel wishes to draw attention to three critical issues: the independence of the evaluation function (to underpin its credibility and utility); the place of organizational learning; and finally approaches to the preparation and follow up of evaluation recommendations.

Context

117. Several unique characteristics of WHO, together with other changes in the external environment facing all international organizations, present the organization with special challenges in fulfilling its mandate.
118. The first such characteristic is the very broad and demanding mandate of WHO and the goal of achieving a better, healthier future for people all over the world. Needs and demands are high and prioritization is difficult.
119. The second important characteristic is the decentralized nature of WHO, which has a federated three-tiered structure of global, regional and country operations, with considerable autonomy at the decentralized levels. RDs are each elected by the member countries, with accountabilities to their respective regional governing bodies which mirror the governance arrangements at the global level. This structural characteristic and the varying capacities across regions pose significant challenges for concerted action and for sharing good practices across regions. The organizational structure is also characterized by strong technical departments at the headquarters in Geneva, further dispersing organizational focus and effort.
120. A third characteristic concerns funding constraints, given assessed contributions have remained stagnant or are declining in proportion to voluntary funding on which there is now a large reliance to finance activities. The large programmes attracting such funding tend to be technical in nature, posing difficulties in aligning them across the organization with a coherent vision of the “health for all” goal.
121. The funding crisis has, over recent years, triggered a series of major organizational reforms, initiated in 2010, which were intended to boost the effectiveness and results orientation of the organization. These are still unfolding at all levels of the organization.

122. Meanwhile, the external operational environment is one of growing risk and uncertainty. A series of crises have challenged not only the WHO but all international efforts towards the achievement of global goals: for example, the global financial crisis and its aftermath, the current migration crisis which features the largest displacement of human population since World War II, and recent health emergencies such as the Ebola crisis in West Africa (2014-2015) and the Zika outbreak (2015-2016). These “black swans” inadvertently distract the organization from the long term objective of strengthening its effectiveness in delivering the results needed by the world at large: results articulated in the ambitious agenda around the SDGs, especially Goal 3: *Ensure healthy lives and promote well-being for all ages*.
123. Taken together, these internal and external challenges reconfirm the importance of a strong evaluation function in supporting organizational reforms, improved performance and a stronger focus on results.

WHO Evaluation Policy

124. In 2012, WHO adopted an evaluation policy to foster the culture and use of evaluation across the organization, and to facilitate the conformity of evaluation at WHO with the norms and standards for evaluation of UNEG. Following the assessment of JIU in 2014, efforts were stepped up and a separate EVL was established. The 2017 Review of the evaluation function shows that significant steps have been taken since in undertaking a series of corporate evaluations and in improving links with evaluation functions and needs in regional offices and technical departments. The panel agrees that the evaluation policy and the evaluation framework of 2014 have served their purpose well, but there is now a need for a comprehensive revision to meet the challenges of a changing context identified earlier in this document.
125. The policy needs to reflect and address the unique character of WHO’s federated regional and technical structure. This structure poses challenges to establishing systematic evaluation that is strongly independent and consistently delivers its technical requirements to UNEG standards. In particular, the role of the central evaluation function vis a vis other oversight functions and the decentralized evaluation activities of the regional and country offices and technical departments needs to be clarified.
126. The revised policy needs to be comprehensive. It will establish the principles and norms guiding evaluation across the entire organization; explain key evaluation concepts and standards; outline the institutional framework and the main organizational roles and responsibilities; define the types of evaluation, their expected coverage (to meet the accountability and learning needs of the organization) and how they are organized, managed and budgeted; and describe mechanisms for disclosure and follow-up. In this regard, it is important to note that evaluation at the regional and country levels and in the technical departments is not limited to simply undertaking evaluations. Evaluation in these areas is integral to the overall evaluation function, and subject to the same norms and procedures.
127. A costed staffing plan, cognizant of budget constraints, will be an essential cornerstone of the new policy and a test of its feasibility. Provision should be made for the establishment of a dedicated senior professional evaluation specialist in each regional office, following the promising example set in the AFRO region.
128. Evaluation oversight systems will have to be defined in the policy to ensure that the general UNEG norms and principles of utility, credibility, independence and impartiality, ethics, transparency, human rights and gender equality are fully embedded and respected. These systems would address quality control of the evaluation design and real-time or ex-post quality assurance systems. The new policy should include a clear Theory of Change for the evaluation

function, and indicators of the expected outcomes of the evaluation function itself.

129. Associated with this requirement will be the need for a time-bound evaluation strategy or performance framework defining outcomes, indicators, baselines, end targets, and milestones. This will support the monitoring and management of the roll-out of the policy and in fully establishing the function, as well as facilitating annual reporting to the governing bodies.
130. To be widely owned and understood, the policy should be developed through a thorough participatory and consultative process (including consultations with Governance bodies and with national stakeholders). Once approved by the Governing body, rollout of the policy should be accompanied by the required guidance and information, with a programme of training and awareness raising for those with responsibilities for evaluation, including the users of evaluation results among staff and stakeholders.

Corporate evaluation plan

131. A considerable share of EVL's resources and evaluation portfolio has been devoted to WHO's institutional reform process. In addition, specific topics that are an integral part of this reform (e.g. staff mobility) have been covered. The panel recognizes the importance of this focus, and concurs with the recommendation made in the draft report of the evaluation review to undertake an evaluation of WHO's RBM mechanisms and experiences, given the importance of RBM in the programme and evaluation cycle and the organization's increased results orientation.
132. The panel also recognizes that a number of specific programmatic evaluations have been completed, including important evaluations of the response to the Ebola crisis, on access to medicines, and others. The panel suggests that it is now time to refocus EVL's evaluation plan more consistently on the programmatic priorities agreed upon in WHO's 12th General Programme of Work 'Not merely the absence of disease' for the period 2014-2019. This would help in showing how, as stated in the programme document¹², WHO's work contributes to or influences health outcomes and impacts and provide a basis for WHO to communicate the value of its contribution in achieving better health overall.
133. While the preparation of the corporate evaluation plan should be consultative, the final decision on content and approach should rest with the head of evaluation, who should present the plan at the EB for approval. Overall, the evaluation plan should address the WHO mandate not only across the various technical areas but also the organization's core functions and its management across the three levels of the organization.

Resources

134. WHO's approved evaluation policy (EB131/3) of May 2012 suggests that the organisation's evaluation budget could range between 3 and 5% of its programme budget (page 7). The estimates provided in the draft report of the evaluation review make clear that the allocated budget falls considerably short of this (although there is a need to better estimate the resources and expenditure on the decentralised evaluations that have been carried out). The budget allocations are also below the evaluation budgets of other UN agencies of comparable size¹³. What is more, the actual resources made available for evaluation fall considerably short of budget allocations. As a result, the number of evaluations carried out has been less than programmed. If WHO's evaluation function is expected to deliver the results expected,

¹² WHO: *Twelfth General Programme of Work: Not merely the absence of disease* (2014), page 54.

¹³ For example, UNICEF has set a target for evaluation spending of 1% of total programme expenditures, while ILO routinely earmarks 2% of programme budgets for evaluation.

adequate, stable and predictable human and financial resources need to be made available at all levels.

135. Against this background, the panel suggests that (i) a review be undertaken of total evaluation expenditures, including spending on studies labelled as evaluations in WHO; (ii) for all specific projects and programmes, irrespective of the way they are funded, a percentage-based budget line for evaluation be included; (iii) consideration be given to allocating a proportionate percentage of the programme budget for each programmatic priority to evaluation; and (iv) steps be taken to better protect the evaluation function budget against fluctuations in finances actually mobilised.

Independence

136. For evaluations to be useful, they need to be recognized as credible and impartial, and this in turn requires that the independence of the function is safeguarded. The panel agrees with the findings in the draft report of the evaluation review describing the “transitional” status of the function with some key elements for independent evaluation in place but others yet to be realized. In developing the new evaluation policy, careful consideration needs to be given to clarifying terms and achieving closer alignment with the relevant UNEG norms and standards.¹⁴
137. In particular, it will be important in the new evaluation policy to define the reporting line of the head of the evaluation function, arrangements for recruitment and appointment of the head as well as contractual issues including the length of term of service. The panel supports the recommendation in the draft report of the evaluation review on this important issue.
138. Similar points apply to evaluation specialists at the regional level to safeguard their independence. Given the federated structure of the organization, it may be difficult to put in place dual reporting lines such that specialists report both to the RD as well as the head of EVL. A feasible solution (building on positive experience elsewhere in the UN) would be for the regional evaluation specialists to be appointed to the central EVL but outposted to the respective regions.

Organizational learning

139. The panel recognizes the rationale for emphasising “organizational learning” in establishing evaluation as a separate function, distinct from audit with its emphasis on compliance. However, the link between evaluation and organizational learning needs to be more clearly articulated and the panel believes that WHO needs to establish arrangements for organizational learning and knowledge management which are anchored elsewhere in the organization. That said, EVL needs to retain roles and capacity in communication, in contributing to capacity development and policy work and in coordination of decentralized evaluation.
140. On a related point, the panel understands that some responsibilities are assigned to EVL which properly belong to management: for example, responding to requests for information from JIU and coordinating the preparation of responses to the recommendations in JIU reports. This can take considerable staff time from an already small unit. More importantly, it can lead to significant conflicts of interest if EVL staff provide information and lines of action which may in due course be subject to evaluation by EVL.
141. While seeking greater clarity on this issue, the panel nonetheless underscores the contribution of evaluation to organizational learning and performance improvement. It strongly encourages increased attention and dedicated capacity to communicating evaluation results, strengthening

¹⁴ UNEG: *Norms and standards for evaluation* (2016).

the management of evaluation information and knowledge, and continued work to track and follow up evaluation recommendations.

Follow up of evaluation recommendations

142. Recommendations are conventionally seen as the channel through which evaluation findings can most directly be translated into effective organizational action and improvement. Yet the effectiveness of this channel can be reduced if the recommendations are not relevant, well directed or clearly articulated and if the organization lacks effective procedures for responding to recommendations or for following through to make meaningful, evidence-based changes. Too many recommendations can overwhelm the capacity for meaningful responses while compliance pressures to close a recommendation can lead to hasty, “tick box” reactions. With a responsibility to track progress in implementing agreed management responses, EVL may exceed its mandate and spend time encouraging management to take action on these responses if it appears that management is falling short of its responsibilities in this regard.
143. The panel received the impression that all of these issues are to some extent current at WHO, and attention is urgently needed to clarify roles and procedures. A practical way of improving the quality of recommendations would be to enhance the engagement with stakeholders at the point where recommendations are being developed, with a view to making them more relevant and meaningful to users.
144. The panel agreed that the conventional approach of preparing a matrix of recommendations and agreed actions often leads to a fragmented and sometimes duplicative “tick box” approach. Given that large numbers of somewhat similar recommendations may be received from the various oversight functions, WHO management may be in a good position to take stock and experiment with grouping sets of recommendations (even if from different sources) into “actionable agendas” which could reduce duplication and allow greater coherence and effectiveness in addressing the issues raised in evaluations and other processes.
145. Other approaches could be considered. In any case, consideration should be given to establishing a formal committee on evaluation follow-up led by management to ensure that action is taken on independent evaluation findings and accepted recommendations. The committee should provide senior management and Governing Bodies with pertinent information and advice on progress made as well as any remedial actions required.

Conclusion

146. In conclusion, members of the panel would like to acknowledge once again the great progress made in establishing the evaluation function in a remarkably short time. The panel believes that a strong start has been made in establishing the robust and effective evaluation function WHO needs in its vital work in support of achieving the global goal of health for all.

Evaluation Review Panel Members

- Colin Kirk (Panel Chair): Director of the UNICEF Evaluation Office and Vice-Chair (Partnerships) of UNEG.
- Uma Lele: Independent Researcher, Former Senior Advisor at the World Bank, and Commissioner in the Board of the International Initiative for Impact Evaluation (3ie).

- Paul de Nooijer: Senior Inspector, Policy and Operations Evaluation Department, Ministry of Foreign Affairs, Government of the Netherlands.
- Guy Thijs: Director of the Evaluation Office, International Labour Organization.

ANNEXES

Annex A: Terms of reference (TOR)

Introduction

1. For many years, WHO's evaluation function was housed in IOS, where it was co-located and integrated with the other oversight functions. However, as part of the ongoing WHO reform process, strengthening evaluation and organizational learning has been identified as one critical component to take forward. As a first step, on 1 August 2014, the evaluation function was moved from IOS to become a separate office to support independent evaluation in WHO. The WHO evaluation function is framed by an *Evaluation Policy*¹⁵, approved by the WHO EB in May 2012, and guided by the *framework for strengthening evaluation and organizational learning*, endorsed by the EB in January 2015. It will be the first review of the evaluation function at WHO. It was proposed by the WHO Evaluation Office (EVL) and included in the evaluation work plan 2016-2017 which was approved by the EB in January 2016¹⁶.
2. The review will provide an independent assessment of WHO's evaluation function, with the aim of ensuring that the evaluation function, as intended by the WHO reform process, is matched to WHO's evolving approach and organization. The review will be informed by the UNEG peer review framework.¹⁷ This framework lays emphasis on three principles: the independence, credibility and usefulness of the evaluation function. As part of this exercise the review will also assess the implementation of the WHO framework for strengthening evaluation and organizational learning.
3. The primary audiences for the review are WHO senior management, its Member States as well as EVL.
4. This document sets out the TOR for the review. It describes the background and rationale for the exercise, its purpose, the scope, the general approach, the methods, the time schedule and funding arrangements.

Background

WHO Reform Process

5. WHO engaged in a major reform process in 2011, which includes three main components: programmatic, governance and managerial. Evaluation was identified as one of the managerial reforms that the Organization prioritized, with the objective of institutionalizing a corporate culture of evaluation and organizational learning.
6. It is in that context that the WHO Evaluation Policy was approved in 2012¹⁸ and the WHO Evaluation Practice Handbook was issued in 2013. Finally, EVL was established in August 2014 as a separate entity within the Office of the Director-General distinct from the Internal Oversight Service (IOS) where it was co-located and integrated with other functions until then. The mission of EVL is to contribute to establishing a culture of evaluation at all levels of the Organization, so that evaluation plays a critical role in WHO in improving performance, increasing accountability for results and promoting organizational learning. DG Representative for Evaluation and Organizational Learning heads EVL.

¹⁵ WHO, 2012, "WHO reform - Draft formal evaluation policy", document EB131/3

¹⁶ WHO, 2016, "Evaluation: update and proposed workplan for 2016-2017", document EB138/44

¹⁷ *UNEG Framework for Professional Peer Reviews of Evaluation Function of UN Organizations*, approved by the Annual General Meeting of the UN Evaluation Group in 2011.

¹⁸ Document EB131/3

7. As part of the reform process WHO has developed a comprehensive implementation dashboard which is regularly updated. The table below summarizes the progress to date (Sept 2016 - to be updated as new data become available) related to the institutionalized corporate culture of evaluation and learning.

Implementation Plan Dashboard					
	Assess and Strategize	Design	Construct	Implement	Operate and Review
3.3 Evaluation: Institutionalized corporate culture of evaluation and learning					
3.3.1. Strengthened WHO policy on Evaluation					
3.3.2. Institutionalisation of evaluation function	84%	80%	76%	73%	67%
3.3.3. Staff and programmes plan evaluation and use results of evaluation to improve their work					81%
3.3.4. WHO champions learning from successes and failures			25%	50%	

Source: WHO Reform implementation plan dashboard September 2016

External assessments of WHO evaluation

8. In 2013, MOPAN issued an institutional report on WHO¹⁹ which concluded the following in relation to the evaluation function:
- ***“WHO has strengthened its evaluation function but there is still room for improvement in the coverage and quality of evaluations. WHO has invested considerable resources in this area and is in the process of strengthening its evaluation function. While it is making progress in systems and practices, the MOPAN assessment found that there is room for improvement in the coverage and quality of evaluations. When fully implemented, the 2012 Evaluation Policy and related procedures for quality control could help to address some of the weaknesses noted by the assessment.***
 - ***WHO provides consistent data on performance indicators across programme budgets, but data reliability is compromised by the absence of independent and external sources, such as evaluations. WHO’s performance measurement system relies almost exclusively on self-reported data from Country Offices. The MOPAN assessment found very few independent evaluations that could validate the reported results achieved; the evaluations that have been conducted were in very specific, technical areas that were not relevant to this assessment. WHO’s reporting on its progress towards organisation-wide expected results would benefit from performance information provided through independent evaluations of sectors, strategic objectives, specific themes and/or regions”.***
9. In 2014, JIU issued an analysis of the evaluation function in the UN system²⁰. This assessment classifies the WHO evaluation function maturity as transitioning from level 2 (*evaluation function is “ad hoc: there exist some of the elements of the various components of the function but these are not fully coherent or supported by a well-defined institutional framework”*) to level

¹⁹ MOPAN, 2013, “Institutional Report WHO, vol 1”.

²⁰ JIU, 2014, “Analysis of the evaluation function in the UN system” (JIU/REP/2014/6).

3²¹ (evaluation function is “quite well defined: key measures and mechanisms of the various components are in place and operation is no longer ad hoc but has become routinized with some level of stability. The focus is on enhancing the integration, quality and institutionalization of the elements. As such the orientation of the function is predominantly internally focused”).

10. The JIU examined the evaluation function through a certain number of indicators that will be used as a baseline by this Review and as such reflected in its normative framework in annex.

A framework to strengthen the evaluation function

11. At the request of the Director-General, a framework to strengthen evaluation and organizational learning in WHO was developed in 2014. This framework, which aligns the evaluation function with the UNEG, identifies the following elements to anchor the evaluation function within the Organization. The framework has six key action areas: (i) establishing an enabling environment and governance; (ii) evaluation capacity and resources; (iii) evaluation workplan, scope and modalities; (iv) evaluation recommendations and management response; (v) organizational learning; and (vi) communicating evaluation work.
12. Since then, the evaluation work in WHO is undertaken within the context of the biennial organization-wide evaluation workplans approved by the EB. These plans cover both centralized and decentralized evaluations (understood as all evaluations not commissioned by EVL). In addition to the corporate centralized evaluations, EVL also conducts assessments and reviews. Corporate outputs, indicators and deliverables for the evaluation function are set every 2 years and reflected in the programme budgets²².
13. The tables below summarize the human and financial resources available to EVL since its launch in August 2014.

Evaluation Office Staffing Composition				Evaluation Office Budget (US\$)		
Grade	2014	2015	2016	Biennium	2014-2015*	2016-2017
D2	1	1	1	Allocation**	2,500,000	5,100,000
P6			1	Planned Costs***		
P5	1	1	1	Staff	1,384,875	3,463,126
P4	1	1	1	Activities	1,000,000	1,636,874
P3			1	Total	2,384,875	5,100,000
P2			1			
G5	1	1	1			
Total staff	4	4	7			

Source: WHO – Global Management System

Key changes in the external context

14. The external landscape has also evolved significantly over the last few years. The SDGs and the leadership by countries of their development will have implications for evaluation in the UN with, for instance, the increased emphasis on country-led evaluations, joint evaluations and arrangements for UN system-wide evaluations. On the humanitarian front the transformative agenda emphasizes the need for improved accountability and learning. The development of inter-agency humanitarian evaluations for all level 3 system-wide emergencies also calls for common approaches to evaluation. Finally, stronger attention is given globally to evaluation of cross-cutting themes such as equity, gender equality, environment, climate change and

²¹ As noted in the JIU report in footnote 27: Some recent structural changes include changes in WHO, where in August 2014 the organization moved the evaluation function from the responsibility of the IOS to stand alone as part of a new function “Evaluation and Organizational Learning”.

²² See WHO Programme budget 2014-2015 and 2016-2017, output 6.2.2 on organizational learning through implementation of evaluation policy and plans.

resilience. Finally, in a context of reduced resources there is demand for greater attention to assessment of value for money and efficiency.

15. Within the field of evaluation itself, discussions on evaluation use, methodological choices and rigor are ongoing. Combined with evolutions in the external landscape, this calls for new approaches to evaluation and will affect to varying degrees all organizations' evaluation function.

Objective of the review

16. This is the first review of the evaluation function at WHO. It has been included in the 2016-2017 evaluation work plan presented to the EB in January 2016²³ and has been identified as a priority by the Member States. It is taking place at a time of strategic changes with significant implications for the evaluation function. An independent professional review will help WHO to ensure that its evaluation function is well positioned and equipped to make the most useful contribution to the work of the Organization and those it serves.
17. The objective of the review is twofold:
 - a. To assess the implementation of the WHO evaluation policy. This policy was developed at a time when the evaluation function was still housed within IOS and therefore needs to be updated. It is expected that the review results will inform the update of the policy thereby ensuring that WHO meets its evaluation-related reform objectives; and
 - b. To assess the implementation of the WHO framework for strengthening evaluation and organizational learning. The review is expected to assess the various elements of the framework and provide indications of areas due for strengthening
18. The review will provide recommendations on the evaluation function to guide the next Director-General (to be elected in May 2017), senior management and WHO Member States to further improve the quality of the overall evaluation function in the Organization, and more specifically to inform discussions and decisions about the role, positioning, mandate and resourcing of EVL.

Subject, scope and limitations

19. The review is informed by UNEG peer review framework which has been successfully used by various UN Evaluation offices to frame the review of their evaluation function.
20. The evaluation principles of independence, credibility and utility will be the guiding principles for this review. It will take advantage of the new international UNEG norms and standards to align both WHO's evaluation policy and evaluation framework to them as relevant to the Organization's context.
21. The review will take the 2012 evaluation policy as the starting point. Recognizing that, at that time, the evaluation function was still embedded in IOS, the Review will focus on the evaluation function in WHO since the launch of EVL in August 2014. It will be guided by the corporate biennial programmes of work and therefore cover both centralized and decentralized evaluations which have taken place since then.
22. Considering that the WHO independent evaluation function has been set up only 2 years ago, the review process is intended to be light and will focus on the following areas:

1. Evaluation policy

²³ WHO, 2016, "Evaluation: update and proposed workplan for 2016-2017", document EB138/44.

- 1.1 Alignment of the policy with UNEG norms and standards, internal and external contextual changes and whether it needs to be updated
- 1.2 Consistency of this policy with other policies or frameworks relevant to the evaluation function (notably, the General Programme of Work, Audit, administrative and programmatic reviews, etc.)
- 1.3 Adequate provision of human and financial resources for appropriate evaluation coverage at central and decentralized levels, including stability of allocations over time and their transparency
- 1.4 Clear functional and organizational arrangements for the effective contribution of evaluation to organizational learning, accountability and performance improvement within WHO at all three levels
- 2. Governance arrangements**
 - 2.1 Organizational relationships of EVL with senior management, IEOAC, GNE, the planned Evaluation Advisory Group, and the governing bodies of WHO
 - 2.2 Protection of evaluation funding from influence which might undermine the independence and impartiality of evaluation work
 - 2.3 Arrangements for oversight of decentralized evaluations
 - 2.4 Provisions for impartiality of decentralized evaluations
 - 2.5 Contractual arrangements for the post of the Head of EVL, including recruitment, reporting line and performance management
 - 2.6 Mechanisms to provide the Head of EVL with adequate access and opportunities to contribute to key corporate processes and decisions, including discussions at the governing bodies of WHO
 - 2.7 Arrangements for periodic reviews of the evaluation function
- 3. Management of the Evaluation Office**
 - 3.1 Management arrangements, working procedures and the internal organization of EVL supporting the fulfilment of evaluation policy commitments and the action areas of the framework for strengthening evaluation and organizational learning
 - 3.2 Mechanisms and systems in place to
 - Ensure that evaluations are conducted in an independent manner
 - Prevent and manage conflict of interest for both EVL staff and consultants
 - Safeguard behavioural independence and integrity, protect staff and their career development
 - Clarify the role of EVL evaluation managers in evaluation conduct
 - Address comments and disagreements on reports and ensure independence, credibility and accuracy
 - Provide clearance to and present evaluation reports, including protecting evaluation reports from undue influence
 - 3.3 Approaches used to plan and manage evaluations and follow up, including arrangements to manage the quality and duration of the evaluation process
 - 3.4 Mechanisms to ensure selection of evaluators with appropriate competencies and their turnover as well as application of the code of conduct for evaluators
 - 3.5 Mechanisms to ensure adequate participation of evaluation stakeholders including: clarity on evaluation process; mechanisms to get feedback on drafts; and ownership of reports

- 3.6 Presentation of aggregate evaluation results in annual evaluation reports based on conducted evaluations that can provide credible, well-substantiated conclusions on WHO overall programme performance
- 3.7 Support to the decentralised evaluation function in terms of guidance, quality assurance, technical assistance and professionalization
- 3.8 Balance of efforts between evaluations and assessments or reviews in view of resources and demands

4. Evaluation planning

- 4.1 Mechanisms to develop the corporate biennial evaluation workplan (for both centralized and decentralized evaluations)
- 4.2 Methods and criteria to select corporate centralized evaluations that ensure
 - Balanced choice of evaluations for both accountability and learning
 - Coverage of a sample representative enough to enable comparative analysis and drawing lessons across the portfolio
 - Adequate timing of evaluations in relation to relevant decision-making processes
 - Relevance in view of strategic directions, concerns, needs and demands of key WHO stakeholders
 - Relevance in view of strategic directions and concerns of the UN system (system-wide evaluations, etc.) and the wider humanitarian system (Level 3 inter-agency humanitarian evaluations)
- 4.3 Planning mechanisms for decentralized evaluations

5. Quality evaluations

- 5.1 Credibility of evaluation design
 - clarity of intended use
 - clarity of evaluation criteria selected
 - adequacy of evaluation methodology in view of topic selected
 - integration of gender and human rights perspective
- 5.2 Credibility of evaluation reports
 - robustness of evidence and analysis
 - transparency in the way conclusions and recommendations are formulated and stakeholders comments handled
- 5.3 Independence and credibility of the evaluation teams
- 5.4 Mechanisms and procedures for quality assurance
- 5.5 Readability (accessibility) of evaluation reports
- 5.6 Publication and dissemination of all evaluation reports

6. Evaluation follow up and use

- 6.1 Absorptive capacity of the Organization, arrangements for managing evaluation results for organizational learning and accountability
- 6.2 Use of evaluation evidence in the development of new policies and programmes and in decision-making
- 6.3 Communication of evaluation results and lessons used both within the WHO and by others (such as Member States, cooperating partners, etc.)
- 6.4 Communication of the results of joint evaluations and system-wide evaluations and the lessons used by WHO and other stakeholders

6.5 Responsibilities for the follow-up of lessons and recommendations, including arrangements for preparation and implementation of a formal management response; monitoring of follow up actions

7. External engagement

7.1 Engagement of EVL with the global development and humanitarian evaluation community, including JIU, UNEG, integrated system-wide evaluations and inter-agency humanitarian evaluations

7.2 Participation of EVL in relevant professional evaluation networks

7.3 Support of EVL for national evaluation capacity development

Core assessments criteria

23. The review will apply the three core criteria that need to be satisfied for an evaluation function and products to be considered of high quality²⁴:

- **“Independence** [Norm 4] of evaluation is necessary for credibility, influences the ways in which an evaluation is used and allows evaluators to be impartial and free from undue pressure throughout the evaluation process. The independence of the evaluation function comprises two key aspects — behavioural independence and organizational independence.

Behavioural independence entails the ability to evaluate without undue influence by any party. Evaluators must have the full freedom to conduct their evaluative work impartially, without the risk of negative effects on their career development, and must be able to freely express their assessment. The independence of the evaluation function underpins the free access to information that evaluators should have on the evaluation subject.

Organizational independence requires that the central evaluation function is positioned independently from management functions, carries the responsibility of setting the evaluation agenda and is provided with adequate resources to conduct its work. Organizational independence also necessitates that evaluation managers have full discretion to directly submit evaluation reports to the appropriate level of decision-making and that they should report directly to an organization’s governing body and/or the executive head. Independence is vested in the Evaluation Head to directly commission, produce, publish and disseminate duly quality-assured evaluation reports in the public domain without undue influence by any party.”

- **“Credibility** [Norm 3] is grounded on independence, impartiality and a rigorous methodology. Key elements of credibility include transparent evaluation processes, inclusive approaches involving relevant stakeholders and robust quality assurance systems. Evaluation results (or findings) and recommendations are derived from — or informed by — the conscientious, explicit and judicious use of the best available, objective, reliable and valid data and by accurate quantitative and qualitative analysis of evidence. Credibility requires that evaluations are ethically conducted and managed by evaluators that exhibit professional and cultural competencies.”
- **“Utility** [Norm 2]. In commissioning and conducting an evaluation, there should be a clear intention to use the resulting analysis, conclusions or recommendations to inform decisions and actions. The utility of evaluation is manifest through its use in making relevant and timely contributions to organizational learning, informed decision-making processes and accountability for results. Evaluations could also be used to contribute beyond the organization by generating knowledge and empowering stakeholders.”

24. The normative framework in annex maps elements of independence, credibility and utility to be assessed for each of the 7 focus areas of the review identified above.

²⁴ UNEG 2016, “Norms and standards for evaluation”.

Review process

25. The review will include a three phased process as follows:



A. Self-Assessment

26. EVL will undertake a self-assessment covering, inter alia, UNEG Norms and Standards against the normative framework described at the end of the TOR. In addition, EVL will comment on the detailed WHO maturity matrix assessment prepared by the JIU, providing evidence of any changes/progress since the assessment was conducted.

B. External assessment

1. Initial visit to WHO HQ Feb-March 2017	As the start of the review of the self-assessment, the consultant will review the self-assessment and background docs and undertake a mission to WHO HQ to consult EVL staff and meet key stakeholders at various levels of the organization (in person and webex). (estimated number of days - 7)
2. Data collection Feb-March	The consultant will collect information through documents analysis and key stakeholders interviews (internal at three levels of the organization and external). (estimated number of days - 5)
3. External assessment report drafting March-April	The consultant will prepare a draft report validating the self-assessment and complementing it as required. The report will highlight the key strengths and areas of improvements (estimated number of days - 7)
4. Participation to the 1 day meeting of the panel and finalization of the report April	The consultant will participate to the 1 day-meeting with the panel and finalize the assessment on the basis of the feedback (estimated number of days - 5)

C. Panel validation and recommendations

27. A panel of senior evaluation experts will be set up. It could be composed of:

- Colin Kirk, Director of Evaluation, UNICEF
- Another UNEG Head to be identified
- Paul de Nooijer, Policy and Operations Evaluation Department, Foreign Affairs Ministry, The Netherlands (OECD/Evalnet)
- A representative from the South possibly Uma Lele from 3IA or Gonzalo Hernandez Licona from CONEVAL.

28. A one-day meeting will be organized for the panel and the panel will discuss the draft report with the consultant and seek any required clarifications with EVL staff. The panel will also discuss with Senior WHO management

29. Based on these activities, the panel will provide additional feedback to finalize the report.

Reporting

30. The final report of will present an overview and assessment of the evaluation function at WHO and conclusions and recommendations for action. The report will be a maximum of 50 pages in length, supplemented by a short executive summary and annexes.
31. The panel will submit the final report to the DG through EVL. It is expected that senior management would be invited by EVL to submit a Management Response to the Review recommendations.

Responsibility of EVL

32. EVL serves as the main contact point within WHO for the consultant and the panel.
33. EVL will provide requested information and data, including the following:
 - Names and details of contact persons whom the panel may wish to contact.
 - Complete list of the corporate centralized evaluations reviews/assessments conducted by EVL and of decentralized evaluations (2014-present).
 - List of persons to meet in WHO senior management.
 - Database and contact information of evaluation team leaders.
 - List of evaluation products and any other key documents relevant to the Review.
34. EVL will provide prepare the self-assessment prior to the start of phase B.
35. EVL has briefed the Director-General and Member States about the Review. EVL will also submit the panel's report and recommendations to the Director-General and Member States.

Evaluation website and key documents

www.who.int/evaluation

36. This website includes the following key documents to support the Review:
 - WHO evaluation Policy, document EB131/3, Annex 2, May 2012.
 - WHO Evaluation Practice Handbook.
 - Framework for strengthening evaluation and organizational learning.
 - Evaluation: update and proposed workplan for 2016–2017, document EB 138/44 December 2015.
 - Evaluation: annual report, document EB139/9, May 2016.
 - Evaluation *Matters*, Issue 1, May 2016.
 - Evaluation *Matters*, Issue 2, September 2016.

Phases and proposed timeline

Phases	Dec	Jan	Feb	March	April
Preparation : finalization TOR and recruitment of independent consultant					
A. Self-Assessment					
B. independent external assessment draft report					
C. Panel validation and recommendations final report					
Management response Dissemination of results					

37. The Preparation phase includes:

- Consultation on the draft TOR and finalization.
- Identification of panel.
- Identification of consultant (contracting to be finalized early January at the latest).
- Preparation of background documents (evaluation function-related documents, completed reports from centralized and decentralized evaluations, etc.).

38. The three main phases of the review have been detailed in earlier section.

39. Following review the WHO management will develop a response to the recommendations and briefings will be organized to disseminate the results. For instance there will be a briefing to the Independent Expert Oversight Advisory Committee (IEOAC), Member States representatives in Geneva, etc. The salient points of the review will be included in the evaluation report to the EB in May 2017 (through the Programme, Budget and Administration Committee of the Executive Board).

Budget available

40. The budget available for the review is US\$ 30 000.

Normative framework for the WHO Review

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
1. Evaluation Policy						
	1.1 Alignment of the policy with UNEG norms and standards, internal and external contextual changes and whether it needs to be updated	all	1.1 Alignment of the policy with UNEG norms and standards, internal and external contextual changes and whether it needs to be updated	all	1.1 Alignment of the policy with UNEG norms and standards, internal and external contextual changes and whether it needs to be updated	all
			1.2 Consistency of this policy with other policies or frameworks relevant to the evaluation function (notably, the General Programme of Work, Audit, administrative and programmatic reviews, etc.)	N12	1.4 Clear functional and organizational arrangements for the effective contribution of evaluation to organizational learning, accountability and performance improvement within WHO at all three levels	N11-12
			1.3 Adequate provision of human and financial resources for appropriate evaluation coverage at central and decentralized levels, including stability of allocations over time and their transparency	N12 N13		
2. Governance						
	2.1 Organizational relationships of EVL with senior management, the IEOAC, GNE, the planned Evaluation Advisory Group, and the governing bodies of WHO	S1.1	2.3 Arrangements for oversight of decentralized evaluations	S1.1 S2.3	2.6 Mechanisms to provide the Head of EVL with adequate access and opportunities to contribute to key corporate processes and decisions, including discussions at the governing bodies of WHO	N14 S2.1
	2.2 Protection of evaluation funding from influence which might undermine the	N11 N12	2.7 Arrangements for periodic reviews of the evaluation function	N12 S1.2		

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
	independence and impartiality of evaluation work	N13				
	2.4 Provisions for impartiality of decentralized evaluations	N5				
	2.5 Contractual arrangements for the post of the Head of EVL, including recruitment, reporting line and performance management	N11 N13 S3.1				
3. Management of the Evaluation Office						
			3.1 Management arrangements, working procedures and the internal organization of EVL supporting the fulfilment of evaluation policy commitments and the action areas of the framework for strengthening evaluation and organizational learning	N12 N13 S1.1		
	3.2 Mechanisms and systems in place to <ul style="list-style-type: none"> Ensure that evaluations are conducted in an independent manner Prevent and manage conflict of interest for both EVL staff and consultants Safeguard behavioural independence and integrity, protect staff and their career development Clarify the role of EVL evaluation managers in evaluation conduct Address comments and disagreements on reports and ensure independence, credibility and 	N10 N13 S1.2	3.4 Mechanisms to ensure selection of evaluators with appropriate competencies and their turnover as well as application of the code of conduct for evaluators	S4.8	3.3 Approaches used to plan and manage evaluations and follow up, including arrangements to manage the quality and duration of the evaluation process	S1.3

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
	accuracy <ul style="list-style-type: none"> Provide clearance to and present evaluation reports, including protecting evaluation reports from undue influence 					
			3.5 Mechanisms to ensure adequate participation of evaluation stakeholders including: clarity on evaluation process; mechanisms to get feedback on drafts; and ownership of reports	S4.6		
			3.6 Presentation of aggregate evaluation results in annual evaluation reports based on conducted evaluations that can provide credible, well-substantiated conclusions on WHO overall programme performance	S1.3		
			3.7 Support to the decentralised evaluation function in terms of guidance, quality assurance, technical assistance and professionalization	S2.2 S5		
			3.8 Balance of efforts between evaluations and assessments or reviews in view of resources and demands	S1.3		
4. Evaluation Planning						
			4.1 Mechanisms to develop the corporate biennial evaluation work plan (for both centralized and decentralized evaluations)	S1.3	4.2 Methods and criteria to select corporate centralized evaluations that ensure <ul style="list-style-type: none"> Balanced choice of evaluations 	S1.3

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
					<p>for both accountability and learning</p> <ul style="list-style-type: none"> • Coverage of a sample representative enough to enable comparative analysis and drawing lessons across the portfolio • Adequate timing of evaluations in relation to relevant decision-making processes • Relevance in view of strategic directions, concerns, needs and demands of key WHO stakeholders • Relevance in view of strategic directions and concerns of the UN system (system-wide evaluations, etc.) and the wider humanitarian system (Level 3 inter-agency humanitarian evaluations) 	
					4.3 Planning mechanisms for decentralized evaluations	S1.3
5. Evaluation Quality						
			<p>5.1 Credibility of evaluation design</p> <ul style="list-style-type: none"> • clarity of intended use • clarity of evaluation criteria selected • adequacy of evaluation methodology in view of topic selected 	<p>N8</p> <p>S4.3</p> <p>S4.4</p> <p>S4.5</p> <p>S4.7</p>	5.5 Readability (accessibility) of evaluation reports	S4.9

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
			integration of gender and human rights perspective			
			5.2 Credibility of evaluation reports <ul style="list-style-type: none"> • robustness of evidence and analysis • transparency in the way conclusions and recommendations are formulated and stakeholders comments handled 	S5 S4.10	5.6 Publication and dissemination of all evaluation reports	S4.11
	5.3 Independence and credibility of the evaluation teams	S4.8	5.3 Independence and credibility of the evaluation teams	S4.8		
			5.4 Mechanisms and procedures for quality assurance	S5		
6. Evaluation use and follow-up						
					6.1 Absorptive capacity of the Organization, arrangements for managing evaluation results for organizational learning and accountability	N11
					6.2 Use of evaluation evidence in the development of new policies and programmes and in decision-making	N2
					6.3 Communication of evaluation results and lessons used both within the WHO and by others (such as Member States, cooperating partners, etc.)	S4.11
					6.4 Communication of the results of joint evaluations and system-wide	S4.11

Area of focus	A. Independence (N 4)	UNEG N&S	B. Credibility (N3)	UNEG N&S	C. Utility (N2)	UNEG N&S
					evaluations and the lessons used by WHO and other stakeholders	
					6.5 Responsibilities for the follow-up of lessons and recommendations, including arrangements for preparation and implementation of a formal management response; monitoring of follow up actions	S1.4
7. International Engagement						
					7.1 Engagement of EVL with the global development and humanitarian evaluation community, including JIU, UNEG, integrated system-wide evaluations and inter-agency humanitarian evaluations	S1.3
			7.3 Support of EVL for national evaluation capacity development	N9	7. 2 Participation of EVL in relevant professional evaluation networks	N10

Annex B: Main evaluations and documents reviewed

WHO reform, stages 1 and 2

Interim Assessment of WHO's response to the outbreak of the Ebola virus

WHO presence in countries

Global strategy and plan of action on public health innovation and intellectual property

Impact of publication in WHO

Evaluation of WHO geographical mobility policy

Annual reports on evaluation to EB

Approved evaluation work plans

Evaluation policy

Evaluation handbook

Framework for strengthening evaluation and organizational learning

JIU report 2014

Annex C: List of persons interviewed

Shambu Acharya	Director, Country Coordination and Collaboration with UN System, WHO/HQ/DGO/CCU
Susan Bassiri	Director, Division of Administration and Finances, WHO/HQ/RGO/DAF
Antoine Berthaut	PWC - Independent Evaluation Consultant, WHO Reforms
Maureen Birmingham	PAHO/WHO Representative, Argentina
Waogodo J. Cabore	Director, Program Management Unit, WHO/AF/RGO/DPM/DPU
Maria Cuadrillero Menendez	Assistant to Director, Evaluation Unit, WHO/HQ/DGO/EVL
Ibadat Dhillon	Technical Officer, Health Workforce, WHO/HQ/HIS/HWF
Deirdre Dimancesco	Technical Officer, Essential Medicines and Health Products, WHO/HQ/HIS/EMP
Carol Drayton	Programme Officer, Evaluation Unit, WHO/HQ/DGO/EVL
Christopher Dye	Director of Strategy, Policy and Information, WHO/HQ/DGO/SPI
Michael Ennis	Managing Partner, TDV Global
Emma Henrion	Independent evaluation consultant, IOD PARC
Imre Hollo	Director of Planning Resource Coordination and Performance Monitoring, WHO/HQ/GMG/PRP
Anne Huvos	Manager, Pandemic Influenza Preparedness Secretariat, WHO/HQ/WHE/IHM/PIP
Francisco Katayama	Director, Programme Management Unit, WHO/AF/RGO/DPM/DPU
Sue Kinn	UK Department for International Development
Daniel Kertesz	SEARO/WHO representative, Thailand
Maria Kobbe	Advisor, Evaluation, PAHO
Nicole Krueger	Change management officer, WHO/HQ/DGO/DGD/ODG
Bjoern Kuemmel	Ministry of Health - Federal Republic of Germany
Stein-Erik Kruse	Nordic Consulting Group, Independent Evaluation Consultant
Itziar Larizgoitia Jauregui	Senior Technical Officer, Evaluation Unit, WHO/HQ/DGO/EVL

Anne-Claire Luzot	Chief Evaluation officer, WHO/HQ/DGO/EVL
Mihail Mihut	Portfolio officer, Portfolio and Program Management, WHO/HQ/HTM/TDR/PPM
Andreas Mlitzke	Director of Compliance, Risk Management and Ethics, WHO/HQ/DGO/CRE
Claudia Nannei	Technical Officer, Essential Medicines and Health Products, WHO/HQ/HIS/EMP
Isabelle Nuttall	Director, Office of the Director-General, WHO/HQ/DGO/DGD/ODG
Vinayad Prasad	Program manager, National Capacity, WHO/HQ/NMH/PND/NAC
Sukai Prom-Jackson	JIU
Ganesh Rauniyar	Independent Evaluation Consultant
Elil Renganathan	DG Representative for Evaluation and Organizational Learning, WHO/HQ/DGO/EVL
Janna Riisager	Unit head, Programme and Resource Management, WHO/EU/RGO/PRM
Gunter Rochow	Independent evaluation consultant, CAPRA
Deirdre Ryan Christensen	Regional Adviser, Planning, Budget, Monitoring and Evaluation, WHO/EM/RGO/DPM/PCS/PME
Tone Skaug	External Relations Officer, Essential Medicines and Health Products, WHO/HQ/HIS/EMP
Anand Sivasankara	Evaluation officer, WHO/HQ/DGO/ EVL
Ian Smith	Executive Director, Office of the Director-General, WHO/HQ/DGO/DGD/ODG
Dame Barbara Stocking	Chair of interim assessment panel, Ebola
Susan Stout	Independent Evaluation Consultant
Steve Tinton	Independent Expert Advisory and Oversight Committee
Yonas Tegegn	Planning Officer, Programme Management, WHO/SE/RGO/DPM
David Webb	Director, Office of Internal Oversight Services, WHO/HQ/DGO/DGD/IOS

Annex D: Review Panel meeting agenda

Thursday, 11 May 2017	
8:30 - 9:00	Introduction with Elil Renganathan and Anne-Claire Luzot
9:00 - 9:30	-Internal meeting of the panel to discuss the draft report -Meeting with Nick York for clarifications
9:30 - 10:30	RD EURO, Dr Jakab – Teleconference
10:30 - 12:30	(continued) -Internal meeting of the panel to discuss the draft report -Meeting with Nick York for clarifications
13:30 – 14:30	Meeting with Ian Smith (Executive Director, DGO) and Isabelle Nuttall (Director, DGO)
15:00 – 16:00	Meeting with WHO EVL (Elil Renganathan and Anne-Claire Luzot)
16:00 – 17:00	RD AFRO, Dr Moeti - Videoconference
Friday, 12 May 2017	
9:00 - 10:00	Meeting with WHO EVL team
10:00 – 11:00	Meeting with WHO Reform 3 rd Stage Evaluation Team Leader – Antoine Berthaut
11:00 – 12:30	Internal meeting of the panel
14:00 – 17:00	Workshop with DGO (Ian Smith and Isabelle Nuttall) and EVL to discuss assessment recommendations and strategic feedback from the panel