

Management Response

Evaluation Title	External Evaluation of the PIP Framework Partnership Contribution – High Level implementation plan 2013-2016
Commissioning Unit	IHM – PIP
Link to the evaluation	http://who.int/about/evaluation/pip_evaluation_report.pdf
Evaluation Plan	Pandemic Influenza Preparedness Framework Partnership Contribution – High Level implementation plan 2013-2016
Unit Responsible for providing the management response	Department of Infectious Hazard Management & PIP Framework Secretariat
Overall Management Response: WHO welcomes the comprehensive report on the <i>External Evaluation of the Pandemic Influenza preparedness partnership Contribution – High Level implementation plan 2013-2016</i>. WHO is pleased with the overall finding that “all Areas of Work have made progress towards targets and, on-the-whole, stakeholders report that HO member states are better prepared than they were prior to support from the PIP partnership Contribution.” Other key positive findings include, by area of work: 1) Laboratory & Surveillance: “Laboratory and surveillance capacity improved across detection, monitoring and sharing. The number of priority countries considered well-prepared for detection increased from seven to 26; the number able to monitor epidemiological data increased from seven to 17 and the number able to monitor virological data increased from 27 to 33. A total of 30 countries shared influenza viruses with WHO at least once a year in the previous two years.” 2) Burden of Disease: “The burden of disease team provided training for regional office staff and supported the development of burden studies in around 67 countries.” 3) Regulatory Capacity: “Progress was made towards each of the outputs for regulatory capacity building. The regulatory capacity building AOW achieved its target of developing guidelines and is now rolling them out in target countries. The AOW assessed capacity and developed institutional development plans in 14 out of 16 priority countries.” 4) Planning for deployment: “Stakeholders noted that countries are increasingly running self-assessments and round-table simulations for emergency situations. Countries are also beginning to diversify deployment plans that were previously focussed on resource mobilisation, to include aspects such as development of staff rosters for use in health emergencies, and engagement of relevant private sector partners.” 5) Risk Communications: “The risk communications AOW has made considerable progress in developing training material, with a total of five modules accessible on the WHO website. The number of registered users of online material at the end of 2016 was 598, exceeding the initial target of 500. Additionally, web-based risk communications training material is now accessible to all Member States in 18 languages.” WHO acknowledges that the evaluation also provided a number areas for improvement to strengthen implementation in the next phase, as more specifically detailed the recommendations provided in the report. Specific comments on each recommendation are found in the remainder of this Management Response. Finally, WHO acknowledges the time limitations that constrained the evaluator in collecting meaningful data for analysis. Note has been made that while interviews were conducted with a broad range of stakeholders, the evidentiary bases for the conclusions were mostly founded on opinion, at times from just one or two individuals. The PIP Framework is not a traditional WHO project – it is a bold new approach to build a broad-based partnership with non-traditional partners, notably industry, to address pandemic influenza preparedness – a critical concern for global health security – one that requires cooperation and collaboration across all sectors and stakeholder groups. Expectations for equitable sharing of benefits are predicated on the rapid and timely sharing of viruses with pandemic potential. Future external evaluations will ensure:	

- adequate time is allotted to carry out the evaluation and collect meaningful data; - a summary of overarching strengths and “what went well” is paired with opportunities for improvement. - Opinion or comments are placed in the context of who is providing the opinion or comments and how widely they are shared. - Greater emphasis on evidence-based findings and conclusions will be sought.	
Management Response Status	In process
Date	March 2018

Recommendations and Action Plan

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

Recommendation 2: Improve reporting granularity				
Observations	Issue summary		Specific action	
• All industry partners interviewed noted: – Insufficient detail over activities provided in reporting • Other interviewee observations: – Current system does not ensure that funding recipients spend resources on activities as planned, reducing accountability • Desk research: – Secretariat ceased activity monitoring in 2015	Industry partners question program implementation success, in part, due to lack of visibility of detailed expenditure Limited accountability at activity-level	The PIP Secretariat should consider the following: • Monitoring and reporting financial disbursements down to the activity level – This would require more detailed, country-level financial reports and retrospective activity reports (including at country and regional office level) – This should include all activities of funding recipients and at the Secretariat • Assessing how best to collect laboratory and surveillance data from countries themselves, to ensure an accurate understanding of existing capacities (as well as financial data mentioned above). – One option is to consider external verification of activities and/or capacities – for example by engaging WHO CCs to monitor progress against specific outputs • Reporting a description of country-specific activities and related challenges and impact		
Impact: Relevant stakeholders are held accountable for expenditure and outputs, and this is shared with contributors				
Management response	In accordance with WHO financial rules, disbursements are recorded at the activity level using the WHO financial tracking system (GSM). WHO has clear and strict rules regarding expenditure of funds against detailed activity plans in GSM. Management questions the usefulness of reporting on financial disbursements at the activity level in external stakeholder reports. Activity level expenditures are not included in external reports due to the impact that such reporting would have on the size of reports and the increased workload this would entail. WHO’s Internal Control Framework drives compliance with WHO financial rules. Management agrees that expenditure rates (% of funds spent as compared to fund allocation) for activities at all 3 levels of the Organization, including the PIP Secretariat, may be provided through the PIP portal on a regular basis. The suggestion that capacity indicator data collected semi-annually for laboratory and surveillance could be shared, confidentially, with WHO CCs for verification, once such sharing has been agreed to by each individual Member State concerned, merits further review and could be pursued. Finally, Management agrees to consider introducing country level reporting through development of PIP country profiles which would be updated annually. These profiles would include a report on activities completed, results achieved, and challenges.			
Status	To be initiated			
Key actions	Responsible	Timeline	Status	Comments
Update PIP portal	PIP Secretariat	30 June 2018	In process	Following this evaluation and the more recent PIP PC Audit (December 2017), PC implementation will be reported in WHO’s corporate portal (open.who.int also known as the PB Portal). The PIP Secretariat is working with PRP/ITM on the user requirements and information to be displayed on the portal will include expenditure rates at all three levels

				of WHO (in line with the WHO corporate approach).
Secure approval from specific MS to share L&S capacity indicator data with WHO CCs	PIP Secretariat and ROs	30 September 2017	<i>Completed</i>	RO to share information with CCs on confidential basis as part of the ongoing capacity building collaboration between WHO and WHOCCs, subject to MS agreement on sharing data with CCs WCO/RO are sharing indicator data with CCs as needed and in line with MS wishes.
Develop PIP country profiles	PIP Secretariat & RO	30 September 2017	<i>Completed</i>	Country profiles were developed to facilitate selection of countries for capacity-building activities under the new High Level Implementation Plan II for 2018-23 . Also, in future, the annual/progress reports will provide country-specific implementation updates.

Recommendation 3: Provide clarity on country prioritisation

Observations	Issue summary	Specific action
- Many interviewees noted: - Process did not sufficiently involve countries - Criteria were not clearly communicated - Some interviewees noted: - Prioritization outcomes did not yield most appropriate countries - Desk research: - Prioritization process (for L&S) applied criteria objectively to all eligible countries¹ although secondary factors often outweighed the outcome of primary scoring criteria.	Country prioritization process is opaque, leading to some misgivings over suitability of prioritization criteria	The PIP Secretariat should consider the following: - Communication of the country prioritization process itself will be critical to ensure support for the process among all member states: - The PIP Secretariat should consider whether responsibility for such communication sits most efficiently within the Secretariat itself, or at regional office level - All eligible countries should be made aware of the opportunity for PIP Partnership Contribution support and of the assessment criteria - Results of the prioritization should be communicated in the same manner - Prioritization criteria should be clear to all relevant stakeholders, including how and when expert opinion will be used as criteria
<i>Impact:</i> All eligible countries and other stakeholders understand decisions around future support		
Management response	Management accepts that enhanced communications on the country prioritization and selection process will be beneficial, and has already taken steps, in close collaboration with all Regional Office and headquarters-based areas of work, to achieve this. WHO CCs will be involved in the process to select countries in the Laboratory & Surveillance and Burden of Disease areas of work. The revised approach will be implemented as part of the second high level implementation plan.	

¹ Dalberg did not assess the suitability of prioritization outcomes

	Management observes that the country prioritization and selection criteria and process were described in great detail in the 2013-2016 Implementation Plan (pages 9-11) and that the Regional Offices worked closely with countries to identify and select target countries.			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Complete country profiles according to agreed criteria	PIP Secretariat & RO	15 July 2017	Completed	Criteria were revised for the new High Level Implementation Plan II for 2018-23. Country profiles were prepared based on the criteria and this process was led by WHO ROs.
Review country profiles and select priority countries	PIP Secretariat, GIP, RO and WHO CCs	30 July 2017	Completed	PC recipient countries were selected based on the new criteria and country profiles. There are 72 PC recipient countries across the six outputs for 2018-19 biennium.

Recommendation 4: Speed up work plan approvals

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

and detailed rationale for proposed expenditure to warrant immediate approval (without further discussion)				
Impact: Implementation can proceed with fewer delays.				
Management response	Management accepts that the template should be revised to help strengthen the linkages between activities, outputs and outcomes, and is already working to improve the work plan template. Management acknowledges that aligning the PIP planning and approval cycle to the WHO biennial cycle would be beneficial and will work toward this objective; however, it must be borne in mind that funds are received annually and thus, funds can only be released annually. Management does not agree with the suggestion that industry partners approve work plans in advance of their making annual payments, for several reasons: a) the PIP Framework is an access and benefit sharing arrangement wherein industry has access to GISRS materials and information without any prerequisites and the counterpart expectations are conclusion of SMTA2 and annual payment of Partnership Contribution; b) there could be a potential perception of conflict of interest if industry were known to make payments subject to approval of work plans; c) the PIP Framework is quite specific about the decision making process for use of PC resources: “The Director-General, based on advice from the “Advisory Group”, will decide on the use of resources. The Director-General and the “Advisory Group” will interact with manufacturers and other stakeholders.” Management observes that at its core, implementation of the PIP Framework is predicated on good faith and trust among its many stakeholders and assumes that all partners implement on such bases.			
Status	In progress			
Key actions	Responsible	Timeline	Status	Comments
Update PIP planning template	PIP Secretariat	31 August 2017	Completed	The PRP (corporate) operational planning tool was used by budget centres to develop their biennial work plans. This brought the PIP PC work plan planning process in line with other WHO programme work plan development.
Move toward biennial work planning	PIP Secretariat	Implement first biennial WPs as of 1 January 2018	Completed	Biennial work plans were developed by all HQ, RO and CO implementing units in 2017 Q2-3. Final work plans were submitted for approval in November 2017 and funds were disbursed to all budget centres on 15 December. This enabled work plan implementation (for the 2018-19 biennium) to commence on 1 January 2018.

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