

# WHO contribution in Tunisia (2019-2023)

## Evaluation brief

### Background

This evaluation examines WHO activities in Tunisia from 2019 to 2023, structured through biennial work plans and spanning two General Programmes of Work (GPW12 and GPW13). It highlights the scale of WHO efforts, including a significant budget allocation—with a major share dedicated to COVID-19 response—and focuses on improving access to quality health services towards universal health coverage (UHC), emergency preparedness and response, and addressing social determinants of health through a multisectoral approach.

### Purpose

The evaluation aims to strengthen accountability for results and enhance learning for future decision-making by assessing the results achieved at the country level drawing on inputs from all three levels of the Organization. It examines how WHO contributions align with Tunisia's public health needs and the strategic objectives outlined in its work programs and key frameworks, thereby providing insights into the effectiveness and impact of its interventions.

### Methodology

This non-experimental, mixed-methods evaluation uses participation and utilization principles for both summative and formative purposes. It analyzes effectiveness, relevance, and sustainability through a human rights-based framework with gender and health equity considerations. Data collection includes interviews, document review, observations and timeline development, validated through multiple stakeholder reviews, adhering to the UN Evaluation Group (UNEG) and WHO ethical guidelines.

### Findings

#### Relevance

WHO interventions in Tunisia are well aligned with national health priorities and emerging challenges, notably boosting focus on noncommunicable diseases, social determinants, emergency preparedness, and innovation since 2020-2021. Its strategic vision, developed in collaboration with the Ministry of Health (MoH) and evidenced in key policy documents like the 2014 White Paper and the 2030 National Health Policy, has proven highly relevant—especially during the COVID-19 crisis. However, limited regional presence and a disconnect between the strategic vision and biennial programming, due to gaps in

### Coherence

WHO's interventions in Tunisia are largely consistent with national and regional priorities, the UN Sustainable Development Cooperation Framework (UNSDCF), WHO Regional Office for the Eastern Mediterranean (EMRO) Vision 2023, and global GPW framework. Collaboration with other UN agencies is recognized for its complementary approach, although the Country Office's (CO) limited field visibility and the nascent stage of the Health Group somewhat reduce overall synergy. Despite WHO's strong role in generating and disseminating knowledge, awareness of its priorities among key health actors in Tunisia remains limited, further hindering collaboration opportunities.

### Effectiveness

The effectiveness of WHO's contributions in Tunisia has been mixed. While the organization's flagship actions under GPW13 have catalyzed improvements in areas such as communicable and noncommunicable diseases, reproductive health, and health system functions—bolstered by strong COVID-19 response efforts and technical assistance—the planning and monitoring systems have fallen short in providing a clear view of overall impact and adjustments. Shifting priorities, notably to COVID-19 using Outbreak and Crisis Response (OCR) funds, and contextual challenges such as political transitions, economic constraints, bureaucratic hurdles, and supply chain disruptions have further complicated impact assessment. Additionally, while technical visits and networking are valued, internal role confusion among WHO levels has sometimes hindered coordinated decision-making and follow-through in critical areas like governance, financing, and human resources.

### Efficiency

WHO interventions in Tunisia have faced efficiency challenges due to fragmented planning—evidenced by nearly 400 low-budget activities—which hinders optimal resource use. While OCR and non-programme budget funds showed higher execution rates that significantly boosted activity funding during COVID-19, the base budget for staff remained stable. Stakeholders appreciate the CO's proactive and context-sensitive approach; however, operational issues with the supply chain and the COVAX mechanism, along with unstructured joint planning with the MoH and internal constraints such as a small team, complex administrative

procedures, short planning cycles, and language barriers, have limited overall efficiency and timeliness.

### Sustainability

WHO's interventions have generally strengthened Tunisia's national health system and aligned well with current priorities, showing promising potential for continuity despite challenges such as MoH turnover and the pandemic. However, sustainability has been hindered by a lack of robust administrative or legal frameworks, limited financial and material resources amid an economic crisis, and bureaucratic obstacles. Additionally, fragmented joint action plans and unpredictable funding have made it difficult to implement medium- to long-term reforms, with capacity-building primarily concentrated in governance, service delivery, and population health with less focus on medicines, technology, personnel, or health system financing.

### Cross-Cutting Principles:

Human rights, health equity, and gender are central to WHO's strategy in Tunisia, as reflected in national policy guidelines. However, the absence of specific indicators and systematic integration means that progress in these areas remains difficult to assess, with gender perspectives, in particular, not consistently applied.

## Conclusions

### At the strategic level

- WHO is Tunisia's leading health agency through strong MoH collaboration, technical expertise, and a swift COVID-19 response.
- Strategic partnerships are in place, but a lack of a clear country strategic framework such as the Country Cooperation Framework (CCS) and adequate staffing limits visibility and collaboration opportunities.

### At the programmatic level

- Effective collaboration with MoH is hampered by a fragmented, biennial planning system.
- Renewed focus on NCDs, mental health, and drug supply has spurred advocacy efforts, though universal health coverage remains in progress.
- Timely COVID-19 support improved response mechanisms, yet challenges in hospital services operationalization, biomedical equipment, and vaccination strategy rollout persist.

### At the organizational level

- A dedicated team managed an expanded workload during COVID-19, but reinforcement is needed to mitigate risks.
- The current RBM system hinders clear assessment of WHO's contributions due to fragmentation and

unclear indicators.

- Regional and HQ expertise and networking support is highly valued, but administrative complexities, misaligned priorities, and unclear roles reduce effectiveness.

## Recommendations

### At the strategic level

1. To ensure alignment with international commitments (such as Agenda 2030, GPW13, and GPW14) and address national health challenges, WHO's role and strategic partnership with the Ministry of Health should be captured in a collaborative, multisectoral Country Cooperation Strategy (CCS).
2. WHO should broaden its partner portfolio to enhance (i) the multisectoral approach to health, (ii) collaboration with technical and financial agencies and partners, (iii) direct engagement with regions or areas facing greater inequities, and (iv) the implementation of more ambitious strategies and actions to reduce vulnerabilities and barriers to healthcare access for specific population groups.
3. WHO should enhance its participation and visibility in key United Nations Country Team (UNCT) forums, solidifying its role as a strategic and technical leader for all international actors involved in health in Tunisia.

### At the programmatic level

4. WHO's portfolio of actions and projects in Tunisia should focus on priority areas and themes that promote Universal Health Coverage and strengthen a resilient health system.
5. The new technologies, tools, and systems introduced during the pandemic emergency response should be fully integrated into routine health services and programmes.
6. Biennial planning should be the outcome of a collaborative, multi-actor, and multisectoral effort led by the MoH and the CO.

### At the organizational level

7. The CO should strengthen its team to improve communication and partnership management while reducing the administrative workload.
8. The roles and contributions of the HQ and the RO in supporting the Country Office CO and MoH initiatives should be clearly defined and integrated into the new Country Cooperation Strategy (CCS).

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