

Evaluation Policy (2025)

BRIEF



A robust independent Organization-wide evaluation function is an integral part of WHO's accountability, oversight and results-based management systems. It delivers high-quality evaluations that enhance and reflect WHO's commitment to accountability and transparency for results, promotes organizational learning and informs evidence-based decision-making. Evaluation improves performance and systematically informs the design and implementation of WHO's and its partners' health policies, strategies, programmes and/or initiatives and strategic and budget priorities.

The importance of evaluation is reinforced by the need to deliver on the 14th General Programme of Work and key international frameworks. The latter include the 2030 Agenda for Sustainable Development, UN General Assembly resolutions, the 2016 World Humanitarian Summit outcomes and the 2020 resolution on the quadrennial comprehensive policy review – which call for greater emphasis on joint and system-wide evaluations to support SDG implementation.

CHANGING CONTEXTS

Since the 2018 evaluation policy, the global context in which WHO operates and country needs have changed significantly, including due to climate change, demographic shifts, unprecedented migration, shifting geopolitics, increasing "spill-over events", and rapidly advancing science and technology. The demand for demonstrable results has grown requiring a more robust evaluation function to drive accountability, transparency, and learning-based performance improvement. Global disruptions, such as the COVID-19 pandemic, weakened health systems, deepening fiscal constraints and escalating emergencies and conflicts have slowed progress toward the Sustainable Development Goals and disproportionately affected the most vulnerable populations.

Moreover, the WHO IEOAC, governing bodies as well as the 2022–2023 MOPAN assessment of WHO highlighted strengths and gaps in the evaluation function along with key suggestions and recommendations.

2025 UPDATE / REVISION

The Executive Board adopted two previous versions of the evaluation policy: [2012: EB131\(1\)](#) and [2018: EB143\(9\)](#). The current revision was developed in response to and/or informed by :

- Executive Board Decision [EB155\(1\)](#), and Independent Expert Oversight Advisory Committee and WHO governing body recommendations.
- Good/best practices of evaluation functions across selected UN entities documented in the 2024 WHO-commissioned comparative study.
- International evaluation norms and standards.
- Alignment with the 14th General Programme of Work (GPW14).
- Lessons learned from internal reforms, global developments, evaluations, 2023 MOPAN assessment and pandemic-related challenges.
- The Policy Increases the focus on decentralized evaluation capacity and learning.

PURPOSE AND USE OF EVALUATIONS

The policy aims to foster a strong evaluation culture at WHO and ensure that evaluation findings are timely, credible, useful and effectively utilized to guide strategic and operational decisions across the entire Organization increasing operational effectiveness. Evaluation enables WHO to continuously adapt and improve its performance, contributing to stronger health outcomes for all.

WHAT IS NEW IN THE POLICY

Key updates and changes

- Minimum coverage norms for evaluation;
- A new theory of change;
- Definitions of evaluation, norms and standards, and key roles and accountabilities;
- Means to strengthen the independence of the evaluation function;
- Resourcing models for adequate, predictable funding across WHO, including budget lines, and inclusion in project proposals/donor agreements;
- Increasing Organizational capacity for evaluation;
- Enhanced planning and prioritization of evaluations, including incorporating risk assessment information;
- Increased alignment, synergies with other accountability and oversight functions;
- Measures to increase the use of evaluations, including management responses and organizational learning;
- Communication and dissemination of the policy and of evaluations;
- Monitoring and evaluation of the policy.

PRINCIPLES/NORMS/STANDARDS

WHO evaluations must apply core principles of impartiality, independence, credibility, and use, alongside standards for quality, transparency and ethics. These interrelated principles ensure that evaluations are robust, trustworthy and contribute to learning and accountability across the Organization.

WHO evaluations and practices must adhere to the [United Nations Evaluation Group Norms and Standards \(2016\)](#) (see table below), that are inter-linked and mutually reinforcing. These include utility, credibility, independence, impartiality, ethics, transparency, human rights and gender equality, national evaluation capacities, and professionalism.

COVERAGE NORMS

Minimum evaluation coverage norms have been introduced to meet learning and accountability needs across the Organization and for Member States and are used as a foundation for development of the biennial Organization-wide evaluation workplan (Executive Board approval) and operational planning (see table below).

They ensure that evaluations are sufficiently and fairly distributed across WHO's activities and organizational levels, providing a balanced and evidence-based view of the Organization's contributions and effectiveness. New strategies

and programmes should be informed by a robust body of relevant evaluations. These requirements cover corporate, country programme, decentralized, and joint and humanitarian evaluations, at country, regional, and headquarters levels. Respective responsibilities for evaluation management and indicative funding sources are included. While minimum standards apply, entities across WHO retain flexibility to prioritize evaluation topics and timing based on their specific policy cycles and stakeholder needs.

ACCOUNTABILITIES

Within WHO's accountability framework, authority and responsibility are clearly defined, including for the evaluation function as a third line defence / assurance. The Evaluation Policy outlines specific roles of key actors and establishes mechanisms to monitor its implementation across all levels of the Organization. The Director-General, Regional Directors, senior management, and heads of offices are collectively accountable for fostering a culture of evaluation, ensuring the policy is effectively implemented, adequately resourced and aligned with the United Nations Evaluation Group's norms and standards, with particular emphasis on safeguarding the independence of evaluations.

RESPONSIBILITIES

The Evaluation Office serves as the custodian of the evaluation function at WHO, reporting directly to the Director-General and annually to the Executive Board. It is responsible for ensuring the independence and impartiality of evaluations in line with United Nations Evaluation Group norms and standards. The Office leads the development of a biennial Organization-wide evaluation workplan and advises senior management on evaluation matters of strategic relevance. It plays a key role in promoting the use of evaluation findings and lessons learned to inform strategic decision-making, programme planning and organizational learning. Additionally, it coordinates the implementation of the evaluation framework across WHO's three levels, headquarters, regional, and country offices, and works collaboratively with other oversight bodies, such as audit and ethics functions, to ensure coherence while maintaining independence.

DEFINITION OF EVALUATION

An evaluation is an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using such criteria as relevance, effectiveness, efficiency, impact, coherence and sustainability. [Norms for Evaluation in the United Nations System, UNEG, 2016](#)

RESOURCING

WHO's resourcing approach for evaluation ensures adequate and sustainable funding to support the implementation of the biennial Organization-wide evaluation workplan. The Director-General, along with senior leadership at global, regional, and country levels, are responsible for allocating sufficient resources not only for evaluations themselves but also for strengthening the overall evaluation culture, professional capacity, quality assurance, and use of findings across WHO.

An appropriate evaluation budget must be an integral part of the operational workplan of a programme or project, integrated into operational planning and aligned with the biennial budget cycle. WHO's resourcing model draws from both assessed and voluntary contributions and is informed by factors such as the Organization's mandate, programme size, and evaluation needs. In line with international benchmarks, WHO aims to progressively increase its evaluation funding towards 1% of programme expenditure, as recommended by the

2014 Joint Inspection Unit report on the evaluation function and by the [2024 comparative review](#).

PARTNERSHIPS

The WHO Evaluation Office maintains strong partnerships with key global networks, United Nations entities, and non-governmental organizations to enhance the quality, credibility, and impact of its evaluations. It is an active member of the United Nations Evaluation Group (UNEG), aligning its work with UN norms and standards and contributing to system-wide evaluation coherence. WHO collaborates with other UN agencies and multilateral partners on joint and system-wide evaluations in health-related and humanitarian contexts. Through engagement with ALNAP, WHO supports shared learning and accountability in humanitarian action, while its leadership of the Global Health Cluster facilitates this with over 2040 partner organizations. WHO also participates in Inter-Agency Humanitarian Evaluations (IAHE), coordinated by the Inter-Agency Standing Committee, contributing to independent assessments of large-scale emergency responses.

EVALUATION NORMS AND STANDARDS

Impartiality requires objectivity and the absence of bias throughout the evaluation process. Evaluators must not have been involved in managing or designing what is being evaluated and must maintain professional integrity.

Independence is essential for credibility and encompasses behavioural, organizational, and structural dimensions. Evaluators must be free from undue influence, the evaluation office must be autonomous in agenda-setting and reporting, and it must control its own budget and resources.

Utility (Use): Evaluations must be designed with a clear intention for use, supporting learning, decision-making, and accountability. This is achieved through careful planning, timely dissemination, required management responses within 60 days, public access to findings, and alignment with WHO's results-based management framework.

Credibility stems from using sound, transparent methodologies and engaging stakeholders throughout the process. Findings and recommendations must be based on valid and reliable data, with clear, evidence-based analysis conducted ethically by qualified professionals.

Quality: High-quality evaluations are defined by the rigorous and consistent use of methods and standards. The Evaluation Office ensures quality through internal guidance, applying UNEG standards, and using a comprehensive quality assurance system.

Transparency builds trust and accountability by ensuring that evaluation processes and findings are open and accessible. Evaluation plans, reports, and responses are made public, and stakeholders are engaged throughout the evaluation process.

Ethics: Evaluations must uphold the highest ethical standards, including cultural respect, confidentiality, informed consent, and protection of sensitive information. Any evidence of wrongdoing must be discreetly reported to the appropriate WHO body.

Human rights, gender equality and disability inclusion: Evaluations must explicitly integrate human rights, gender equality, and disability inclusion at every stage. This aligns with WHO's commitment to "leave no one behind" and with UNEG's guidance on disability inclusion and the 2024 guidance on integrating human rights and gender in evaluation.

COVERAGE NORMS

Organization-wide thematic or global/joint evaluations	6 strategic objectives and 4 corporate outcomes (cross-cutting) within the Strategic Plan (GPW) period (3 biennia) (GPW14: 2025-2028)
Corporate evaluations on WHO instruments and mechanisms	(a) At least one corporate instrument or mechanism of strategic importance per <u>biennium</u> . (b) GPWs will be evaluated by their <u>penultimate year of implementation</u> . (For GPW14 = in 2027)
Programme and project evaluations	All programmes or projects above \$10 million are evaluated within their <u>life cycle</u> .
Evaluation of WHO contributions at country level	At least one country per region per year, including: (a) Countries with off-track health indicators and/or high risks are subject to evaluation every programme cycle at the time useful to the country. Countries with CCS, if selected for evaluation, at the penultimate year of CCS period
Evaluation of emergency and humanitarian intervention, including inter-agency joint evaluations	At least one evaluation of emergency and humanitarian intervention <u>per year</u> , including: (a) Health emergencies where system-wide scale up is declared and evaluated through the IAHEs mechanism (b) Health emergencies scale up is declared by WHO and not covered by IAHE mechanism
Decentralized evaluations	Decentralized evaluations that are not covered in the above categories could be conducted <u>at the initiative of the programme or RO/CO, or at the request of the funding partners</u> .
UNSDCF evaluations or other country-level joint evaluations	Coverage and frequency are determined by: (a) UNCT (b) As per the country-level arrangement.

THEORY OF CHANGE

