

Selected Corporate and Decentralized Evaluations

Management Responses, updates as at April 2022

Findings, recommendations, actions and learning

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1. Introduction

- 1.1. This document provides details of management actions taken by the Secretariat in response to recommendations from selected evaluations conducted during the period April 2021 to April 2022. The Evaluation Office has specific responsibilities with regard to tracking management responses for corporate and decentralized programme evaluations, using selection criteria related to organizational requirement, significance and utility.
- 1.2. The Evaluation Office has developed and used a standard management response template for the Secretariat and to track implementation of recommendations. This template includes the recommendations copied verbatim from each evaluation report along with details of the management response (actions, due dates and responsible units) and the status of implementation as at April 2022. However, given the continuing impact of the Covid-19 pandemic, some management responses for recent evaluations have been delayed. The template draws on best practice from other UN agencies' evaluation tracking mechanisms. It was sent to the responsible managers and senior staff involved in the evaluations; their responses to the template are included in this document. Additional questions were also asked to provide information about the context, background and findings of the evaluation. Where necessary, the Evaluation Office gave guidance to the responsible unit on how to complete the template.
- 1.3. For a given evaluation, the Secretariat assessed and determined for all recommendations and for each specific recommendations, were assessed they were: (i) accepted; (ii) partially accepted; (iii) not accepted; or (iv) other. Implementation status of the overall and each management response action were also tracked and categorized as either: (i) not initiated; (ii) in progress; or (iii) implemented.
- 1.4. As per previous years' practice, this document contains progress updates for management responses for evaluations completed in 2021-2022, and previously contained in the 2021 version of this document¹. Changes/updates are shaded in grey on the respective response.
- 1.5. Ensuring uptake of evaluation findings and recommendations highlighted should contribute toward improved performance and increased accountability for results. The management responses should also inform key decision-making and future programme and project development, especially where the recommendations have been incorporated more broadly in wider policies and plans or have influenced departmental strategy.

¹ See <https://www.who.int/publications/m/item/organizational-learning-2021>

2. Detailed information on the status of recently completed evaluations

Corporate evaluations

2.1. Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization

2.1.1. The Thirteenth General Programme of Work 2019-2023 (GPW13) positions the integration of gender, equity and human rights into WHO's work as a key strategy for achieving the Triple Billion goals and for Leaving No One Behind in the achievement of the health-related Sustainable Development Goals. This evaluation was requested by the Member States during the 146th session of the Executive Board in 2020. It is also a requirement of the UN sector-wide action plan (UN-SWAP) to conduct such an evaluation every five to eight years in relation to the mainstreaming of the gender equality and women's empowerment component. The evaluation's overall objective was to assess the extent to which gender, equity and human rights considerations have been meaningfully integrated into the work of WHO at all levels, how effective such integration has been and how optimally the Organization has operated towards achieving progress in these areas.

2.1.2. The evaluation found that there has been no formally endorsed gender mainstreaming strategy since the 2007 strategy which expired in 2011, and the gender, equity and human rights road map covering the period 2014- 2019 was not replaced by another Organization-wide strategic document specific to those thematic areas. Since 2019, the way these dimensions are featured in successive programme budgets has evolved to an increasingly mainstreamed approach and, while there is an output in the biennial programme budget relating to corporate aspects of gender, equity and human rights, there is no corresponding outcome that Member States and the Secretariat have a shared responsibility for achieving. There is a gap in terms of a specific strategy outlining how WHO intends to operationalize the integration of gender, equity and human rights (GER) into its work.

There have been continuous efforts to reach gender parity in staffing and equitable geographical representation in the WHO workforce. In addition, there has been increased emphasis across programmatic areas on compiling global data disaggregated by gender and other dimensions of health inequalities.

The GER Unit at headquarters, despite being hindered in recent years by a lack of adequate human resources and a leadership gap, performs many key functions towards the Organization's integration of gender, equity and human rights, and its positioning in the Office of the Director-General during the Transformation exercise has given more prominence to the need for all departments to account for these areas in their work.

Facilitating factors include WHO's strong mandate in this area embedded in its governing bodies documents, and the GPW13 aligned to SDG targets, combined with supportive leadership from senior management for the integration of gender, equity and human rights. However, given WHO's funding constraints, gender, equity and human rights integration is not adequately supported by flexible funding and sufficient human resources at the three levels of the Organization.

2.1.3. In its management response, WHO accepted the recommendations. As of December 2021, the progress against recommendations is in progress with regard to the development of a strategic framework around gender, equity and human rights, resourcing the needs across programmes and WHO levels, and strengthening the headquarters GER Unit.

Management Response

Evaluation Title	Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	<p>Main report: https://www.who.int/publications/m/item/evaluation-of-the-integration-of-gender-equity-and-human-rights-in-the-work-of-the-world-health-organization---volume-1-report</p> <p>Annexes: https://www.who.int/publications/m/item/evaluation-of-the-integration-of-gender-equity-and-human-rights-in-the-work-of-the-world-health-organization---volume-2-annexes</p>
Evaluation Plan	Organization-wide Evaluation Workplan for 2020-2021
Unit Responsible for providing the management response	HQ/DGO/GER
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation, which provide clear direction on measures to strengthen WHO's commitments in the 13th General Programme of Work (GPW). These include the Strategic Shift on increased leadership on Gender, Equity and Human Rights (GEHR) and implementing the Leave No One Behind (LNOB) pledge across the Organization and its Three Billion Goals by progressively incorporating and monitoring GEHR across the Organization.</p> <p>The recommendations align with these commitments, the importance of which has been underscored by inequalities illuminated and exacerbated by the COVID-19 pandemic. An increasing number of Member States are providing direct support to WHO's GEHR activities or are incorporating explicit requirements on integrating Gender, Equity and Human Rights considerations into WHO's programme activities as an essential component of their voluntary contributions. This is accompanied by an increase in requests for technical support on GEHR from both within and beyond the Organization, and in interagency working groups, UNSWAP and UN human rights mechanisms. These trends are expected to continue, underscoring the need to implement the evaluation recommendations to ensure WHO is 'fit for purpose' to deliver on its GPW13 commitments on GEHR across all three levels.</p> <p>While varying across the Organization in keeping with the functions of Country Offices, Regional Offices and HQ, WHO's GEHR work is focused on generating the concepts, tools and resources required to support GEHR mainstreaming, building the capacity of staff and national counterparts to mainstream GEHR in their work, and providing technical assistance to WHO departments and Member States with a view to equity-oriented, gender-responsive, rights-based health strategies, plans and programmes. Implementing the recommendations of the evaluation will ensure that GEHR is able to deliver effectively on GEHR across all levels of the organization.</p>	
Management Response Status	<i>In Progress</i>
Date	December 2021

Recommendations and Action Plan

<p>Recommendation 1: WHO should develop a policy and strategic framework around gender, equity and human rights by i) outlining the conceptual framework guiding the Organization's technical work in each of the three areas and ii) spelling out how WHO intends to operationalize them. Specifically, WHO should:</p> <p>a) <u>Develop the policy framework</u> relating to gender, equity and human rights which clarifies how the three areas interact and link up to closely related thematic areas such as the social determinants of health agenda, equity, diversity and inclusion, disability and cultural diversity and ethnicity. In particular: i) the Gender Policy (2002) should be updated to reflect current thinking and the UN-wide framework in this area; ii) the equity agenda needs to articulate the linkages between the different strands of work on equity, including in UHC, social determinants of health and equity monitoring; and iii) the human rights component must be strengthened by spelling out what WHO's human rights-based approach to health consists of.</p> <p>b) Based on a clearly articulated policy framework, <u>develop a time-bound Organization-wide strategy</u> to operationalize the integration of gender and equity and promote a rights-based approach into the work of WHO in line with the 2030 timeframe. The Strategy should: i) be developed through a participatory process involving all relevant stakeholders beyond the GER Unit at the three levels of the Organization; ii) include a theory of change and a results framework linked to an outcome level change in the programme budget; and iii) be the subject of a mid-point review and a final independent evaluation.</p>				
Management response	<p><i>Accepted</i></p> <p><i>The new WHO GEHR policy, strategy, and operational plan will build on the previous 2002 WHO policy, 2007-2011 strategy, and integrated GEHR roadmap, 2014-2019. It will be forward-looking, aligning with the GPW13, the SDGs, respective global compacts and UN-wide policies, and WHO and UN Governing Body resolutions. It will incorporate key lessons from the impact of Covid-19.</i></p>			
Status	<p><i>In Progress</i></p>			
Key actions	Responsible	Due date	Status	Comments

Develop a GEHR policy framework and strategy, including its theory of change and results framework.	DGO/GER, GPG, GEHR Global Network	Q2-Q3 2022	<i>Not initiated</i>	The GEHR Policy and Strategy will be produced during the 2022-23 biennium. They will be developed through an inclusive internal and external consultation process. Conceptually, it will have a framework informed by sources including but not limited to the UN Secretary General's Call to Action on Human Rights and Our Common Agenda Report Recommendations, UNSWAP/gender mainstreaming commitments, UNDIS, and all WHA and UNGA resolutions related to health equity (covering equity-oriented progress towards UHC and action on social determinants of health equity). The policy and strategy will go to 2030, in keeping with the SDGs. A theory of change, results framework and associated M&E framework (aligning with the WHO GPW and Programme Budget and relevant UN commitments) will underpin the strategy.
Develop a GEHR operational plan	DGO/GER, GPG, GEHR Global Network	Q4 2022 <i>Subsequently aligned with biennial</i>	<i>Not initiated</i>	This plan will operationalize the policy and strategy across the three levels of WHO. It will align with and be updated in keeping with the biennial planning cycles, through to 2030. This will be accompanied by efforts to strategically strengthen and expand partnerships with other multilateral system agencies
		<i>planning through 2030</i>		(including those involved in the SDG 3+ Action Plan), civil society organizations, academic institutes, and other stakeholders as relevant.
Ensure mainstreaming GEHR into Programme Budget planning	DGO/GER with WHO Planning depts globally and the GEHR Global Network	<i>In alignment with biennial planning, through 2030</i>	<i>In progress</i>	A GEHR operational planning guidance note with associated resources was developed to mainstream GEHR considerations in each area of the PB Framework for 2022-23 Biennium planning. This will be continuously strengthened and used in coming biennia, in support of the GEHR policy, strategy and operational plans.
Commission a mid-term and final independent evaluation	DGO/EVL, with DGO/GER	2024 and 2029	<i>Not initiated</i>	The mid-term evaluation would coincide with the end of GPW13. The final independent evaluation will be timed in a way to feed into WHO planning for the post-SDGs period.

Recommendation 2: WHO should develop and appropriately resource the gender, equity and human rights architecture across programmes and at the three levels of the Organization, namely by:

- a) Ensuring that GER focal points at sufficient seniority levels (P4-P5) are appointed in all programmatic and corporate areas, with responsibilities outlined in their position descriptions and performance reviews to support the integration of gender, equity and human rights in their area.
- b) Ensuring that managers and directors across the Organization have responsibilities for ensuring gender, equity and human rights integration in corporate and programmatic work enshrined in their position descriptions and performance reviews.
- c) Equipping the regions with full-time staff positions covering the required expertise in the three dimensions of gender, equity and human rights at the same level of seniority as other leadership positions in technical areas.
- d) At country level, considering the: i) appointment of formal focal points in all country offices; ii) establishment of full-time sub-regional gender, equity and human rights experts in bigger country offices with a responsibility to support other country offices in the region; and iii) use of existing human resources specialized in gender, equity and human rights more collaboratively across programmes to support country-level work.
- e) Defining formal coordination mechanisms, building on existing collaboration. Consideration should be given to: i) giving a formal advisory role to the Global GER network; and ii) setting up a cross-Division Gender, Equity and Human Rights Mainstreaming Committee, consisting of Senior Management and Directors from headquarters and regional level, with overall responsibility for implementing the WHO gender, equity and human rights strategy and supporting the GER Unit in joint planning.

Management response	Accepted (with the exception of specifics mentioned in sub-recommendation (e)) Management actions will enhance internal coordination mechanisms within the context of WHO's existing organizational coordination mechanisms as well as consider new novel approaches. This recommendation is synergistic with Recommendation 3 in that actions to bolster regional and country GEHR focal points should be planned in concert with reinforcing the DGO/GER and its coordinating and leadership role. Increased resource allocation, subject to Senior Management decisions, is necessary to implement actions responding to this recommendation. Specific actions to enhance internal WHO coordination will be considered by Senior Management.			
Status	In-Progress			
Key actions	Responsible	Due date	Status	Comments

Revise organizational structure, mandates and roles/responsibilities for cross-WHO GEHR architecture	DGO, GPG with inputs from DGO/GER, GEHR Global Network, DPMs and WRs	<i>Q3 2022; with regular biennial reviews through 2030</i>	<i>Not initiated</i>	This will include reinforcement and expansion of a global network of focal points responsible for GEHR mainstreaming, present at all three levels of the Organization. These focal persons will have time allocated for GEHR mainstreaming activities (reflected in their PMDS, with a corresponding oversight item in that of their supervisors), access to resources for implementing them, and have a key role in the design, delivery and reporting on the GEHR policy, strategy and operational plan(s). This will also entail development of staffing plans/incorporation of the focal point function into human resource portfolios where focal persons are now not present or are significantly under-resourced in terms of time available for GEHR mainstreaming.
Develop a resource mobilization strategy and donor contact group for GEHR	DGO/GER GHER Global Network, EXT/CRM, BOS/PRP	<i>Q3, 2022</i>	<i>Not initiated</i>	Develop financial resource plans and a resource mobilization strategy for the global GEHR Policy, Strategy and Operational Plan. Convene a donor contact group, which meets annually, for updates on the implementation and exchange on resource needs across the three levels of WHO. The fundraising strategy will be global in scope, with a strong emphasis on ensuring adequate resources for robust country-level work, backed by strong regional and headquarters functions.
Strengthen internal coordination mechanisms for GEHR planning	DGO/GER, GEHR network, PRP	<i>Ongoing, linked to biennial planning</i>	<i>In progress</i>	Linked to programme budget planning processes, the ODT 4.2.6 network currently exists that facilitates joint planning for GEHR. Expanding its membership and role is an efficient way to strengthen internal coordination and ensure that the different regions are actively represented. This will need to be continually considered across biennia through to 2030.

<p>Recommendation 3: WHO should stabilize and strengthen the headquarters GER Unit driving the corporate integration of gender, equity and human rights internally, and coordinating the integration of these cross-cutting issues in technical areas. In particular:</p> <p>a) WHO senior management should ensure that full-time positions are in place and operational in line with the breadth of functions that the GER Unit is expected to fulfil, with each of the three dimensions led by a staff member at the same level of seniority as other leadership positions in technical areas and a fourth senior staff member overseeing the team.</p> <p>b) Stable financial resources should be allocated to maintain core functions of the GER Unit to reduce reliance on specified voluntary contributions.</p> <p>c) The structural placement of the GER Unit should fulfil two key criteria: offering sufficient seniority and leadership to the GER Unit to drive the Organization-wide integration of gender, equity and human rights; and offer clear linkages to, and communication lines with, all programmatic areas.</p>				
Management response	<p><i>Accepted</i></p> <p><i>As noted in Recommendation 2, implementation will require additional financial and human resources. In addition, it must be noted that the Regional Office and Country Office GER functions are equally as essential in driving the corporate integration of GER internally, and hence WHO includes actions to expand this recommendation to cover all levels of the Organization.</i></p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Redefine specific roles and responsibilities for the HQ GEHR function and unit (based on outputs of recommendations 1 and 2), and adjust functional staff organigram to match needs	DGO, GPG DGO/GER	Q3-Q4 2022	<i>In progress</i>	Completion of this action is dependent upon completion of key actions outlined in response to Recommendations 1 and 2. The updated functional organigram would be completed and all core GEHR staff would be either in place or under recruitment by end-2022.
Strengthen WHO's GEHR functions in Regional and Country Office levels	GPG with DGO/GER	Q3 2022	<i>In progress</i>	Regional Directors and WRs will define appropriate measures to reinforce human and financial resources for GEHR, taking into account the operational circumstances of these respective levels/offices and the new GEHR policy, strategy and operational plan.
Increase in resourcing from stable financial resources for GEHR staffing functions across the three levels of the Organization	GPG with DGO/GER	Ongoing	<i>In progress</i>	This will entail a progressive shift to more stable funding allocation for GEHR core staff, using the 2021 levels as a baseline.

Recommendation 4: As part of the Transformation agenda, WHO should address awareness and capacity development needs for gender, equity and human rights integration at all levels, namely by:

- a) Dedicating sustained efforts to gender, equity and human rights capacity assessment and development, and awareness building at all levels of the Organization and especially among directors and managers. This entails: i) conducting periodical reviews of staff attitudes, knowledge and practices in relation to gender, equity and human rights; ii) implementing a capacity development programme on gender, equity and human rights, including using the WHO Academy platform and other existing tools such as the AMRO/PAHO e-learning course on gender mainstreaming; and iii) introducing a mandatory training on basic concepts of gender, equity and a human rights-based approach for directors and managers at the three levels of the Organization.
- b) Translating the WHO Values Charter into a set of prerequisites for recruitment to ensure that staff adhere to gender equality and non-discrimination principles.
- c) Developing a platform and working group in order to enhance partnerships with relevant civil society and community organizations and academic institutions.

Management response	<p><i>Accepted</i></p> <p><i>This will be advanced through extensive organization-wide roll-out of capacity building GEHR, using the WHO Academy and Regional Office initiatives, as well as documenting promising practices and refining guidance for staff recruitment. The partnership dimension of this recommendation has been featured in Actions corresponding to Recommendation 1, yet particularly salient for capacity-building would be increased collaboration with UN agencies and academic institutions (including WHO Collaborating Centres) for strengthening know-how on GEHR.</i></p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Mandatory training on GER developed and rolled out for WHO staff, including managers	DGO/GER with GEHR Global Network, WHO Academy, BOS/HRT	Q1 2023	<i>In progress</i>	A modular WHO Academy course on GER is under development. One of its target audience is WHO staff (explicitly but not limited to technical staff and managers/directors). This course would be made mandatory for certain cadre of staff and become part of WHO's Human Resources Strategy and Learning and Development Strategy. The course would expand on existing AMRO/PAHO and GEHR e-learning. It would feature assessments of knowledge and application skill levels.

Strengthen existing global network and collaborations with relevant internal and external partners	DGO/GEHR, GEHR Network	Ongoing	In progress	Following continuous dialogue with partners, including civil society, community organizations and academic institutions, activities and strategies will be implemented to ensure communication flows, sharing expertise and identifying collective action to integrate gender, equity and human rights.
<p>Recommendation 5: WHO should emphasize streamlined support to Country Offices work for impactful integration of gender, equity and human rights. This should be done by:</p> <p>a) Ensuring that the Organization-wide strategy on gender, equity and human rights translates at country level into the systematic integration of these cross-cutting areas in the Country Cooperation Strategies/UN Common Country Analyses and Sustainable Development Cooperation Frameworks.</p> <p>b) In collaboration with country offices, developing practical, user-friendly technical guidance for country programmes to integrate gender and equity considerations, and implement a rights-based approach. Guidelines should focus on streamlining technical input to avoid over-burdening countries with parallel demands and they should be field-tested to ensure that they are fit for purpose. They should also cover different contexts and population group needs, for example people affected by emergencies.</p>				
Management response	<p><i>Accepted</i></p> <p><i>All three levels of WHO work together to ensure impactful and streamlined integration of gender, equity and human rights at country-level, with particular emphasis given to reinforcing the capacity of WHO Country Offices.</i></p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Strengthen GEHR integration in Country Cooperation Strategies and Biennial Collaborative Agreements (BCAs)	DGO/GER, GEHR Network with WHO Country Offices and DGO/CSS	Q3 2022, ongoing	In progress	This would entail GEHR integration in the updated CCS guidance documents; mechanisms for GER collaboration across the three levels in the process of CCS/BCA production; and WRs/PWRs sensitization and engagement in delivering the GEHR Policy, Strategy and Operational Plan.
Enhance WHO Country Office strategic GEHR collaboration across UNCTs and with partners (including those of the SDG 3+ Action Plan)	DGO/GER, DGO/CSS, GEHR Network and WHO Country Offices	Q4 2022, ongoing	In progress	This would entail reinforced collaboration by WCOs in UN Country Team activities on leaving no one behind, gender, equity and human rights in relation to health, including for UN Common Country Analyses and Sustainable Development Cooperation Framework. In addition, it would entail joining forces and enhanced collaboration for GEHR at country level with other agencies of the SDG 3+ Action Plan.

Update, and as needed, develop guidance for WHO technical support to countries	<i>DGO/GER with inputs from the GER Global Network</i>	<i>Q3 2022, ongoing</i>	<i>In progress</i>	<i>This would comprise updating the GER Country Support Package and – as needed --set of related GER tools for use at county level. New GER tools would be developed as per Technical Products/Global Public Health Goods agreements reached through consultation across the three levels based on a thorough understanding of gaps and needs.</i>
Ensure continued UNSWAP reporting	<i>DGO/GEHR, in coordination with GER Global Network</i>	<i>By January of each year</i>	<i>Implemented for 2022; ongoing annually</i>	<i>This entails continuation of UNSWAP reporting, including at Country levels, as well as provision of WCO inputs to the annual response to yearly UN Women Letter.</i>

2.2. Comprehensive review of the WHO Global Action Plan on Antimicrobial Resistance

2.2.1. The Global Action Plan on Antimicrobial Resistance (GAP AMR) provides a framework of actions across five objectives for three stakeholder groups (Member States, the Secretariat and national/international partners) to take over the next five to ten years, and for countries to develop national action plans. The purpose of the comprehensive review was to enhance current work on AMR. Based on the five primary objectives of the GAP AMR, the review documented successes, challenges and best practices, and provided lessons learned and recommendations for use by WHO and other GAP AMR stakeholders to guide future implementation and inform decision-making. Its scope was set by the GAP AMR, covering not just antibiotic but also antimicrobial resistance and considering all stakeholders through a WHO lens.

2.2.2. The evaluation found that assessment of overall progress towards outcomes was very difficult as these are not clearly defined. Major findings included:

- Objective 1: Improve awareness and understanding of antimicrobial resistance through effective communication, education and training. The GAP AMR has raised awareness of AMR globally and in many countries but, without any clear purposive plan of action, this has not translated into increased financial resources available to the AMR response. There is a lack of clarity as to precisely what awareness and understanding needs to be promoted, among whom and for what purpose. The outcome indicator for this objective is not clearly defined, and the efforts made to collect outcome data so far have been sporadic and fragmented.
- Objective 2: Strengthen the knowledge and evidence base through surveillance and research. There has been strong commitment to develop the Global Antimicrobial Resistance and Use Surveillance System (GLASS), resulting in more countries enrolling in GLASS and a greater number of areas/modules being covered. However, GLASS is not currently able to provide representative and comparable data on AMR across countries. Integration of surveillance across sectors remains a challenge with many countries reportedly lacking a One Health approach to surveillance due to technical, financial and coordination constraints.
- Objective 3: Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures. The main challenge with this objective is the breadth of infection prevention and control measures and that they benefit a wide range of other diseases and issues apart from AMR. As a result, the AMR Division does not have direct control and responsibility for this objective and needs to work with others to make progress. Analysis shows that there had been little progress in this area in many countries as of 2020.
- Objective 4: Optimize the use of antimicrobial medicines in human and animal health. There are concerns that this objective focuses only on human and animal health, and excludes important areas such as plant health, food production, food safety and the environment. There are concerns that the GAP and its implementation focuses more on excessive use of antibiotics rather than ensuring access to appropriate antibiotics when they are needed.
- Objective 5: Develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions. Relatively little has been done on developing an economic case for sustainable development, due to a lack of information on the disease burden caused by AMR globally, regionally and in particular countries. However, the WHO Secretariat has played a key role in many important initiatives, including establishing the Global Antibiotic Research and Development Partnership and the AMR Action Fund, providing valued reports on the

antibiotic pipeline, and developing a priority list of bacterial pathogens for new product development and a number of target product profiles for antibacterial agents and diagnostics.

2.2.3. In its management response, WHO welcomed and accepted the recommendations, with the exception of a partial acceptance of recommendation 7 pertaining to the need for Member States and the WHO Secretariat to sustain and expand progress made on research and development for products. As of March 2022, specific actions and details related to the 12 recommendations are provided in the management response below. Various key actions are already in progress, including on the strengthening of the current GAP AMR and the coordination with national and international partners. Reference is also made to STAG-AMR recommendations and Global Leaders Group (GLG) priorities, as they often overlap with the recommendations provided by the GAP comprehensive review.

Management Response

Evaluation Title	Comprehensive Review of the WHO Global Action Plan on Antimicrobial Resistance
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	Main report : Volume 1 Annexes : Volume 2 Evaluation Brief
Evaluation Plan	Organization-wide Evaluation Workplan for 2020-2021
Unit Responsible for providing the management response	HQ/AMR/AMA
<p>Overall Management Response: Accept</p> <p>WHO welcomes and accepts the recommendations of the evaluation. We thank the evaluation team for the comprehensive review of the WHO Global Action Plan on Antimicrobial Resistance (AMR-GAP), and the identified findings, learning and recommendations that will support WHO's efforts to further strengthen collaboration with partners and to scale up support to achieve impact at country level. Specific actions and details related to the 12 recommendations are provided in this Management Response (MR). We were pleased to be able to respond to the recommendations by referring to various key actions already in progress, and reference is also made to STAG-AMR recommendations and Global Leaders Group (GLG) priorities, as they often overlap with the recommendations provided by the GAP comprehensive review. Please note that the MR addresses only those recommendations directed to WHO and to the Quadripartite Secretariat, hosted at WHO. References to sub-recommendations that fall outside of the WHO mandate are not included in the MR</p> <p>Although AMR-related work has been taking place at all three levels of the Organization prior to the adoption of the GAP, WHO established the AMR Division at HQ in 2019 to strengthen the global leadership for coordinating and implementing a comprehensive response across the three levels of the Organization. Regional offices have long been committed to this area, examples are the SEAR RD's Regional flagship for AMR, the AMR special program at AMRO, and the Framework for Accelerating Actions to Combat AMR in the Western Pacific Region. The AMR Division has coordinated a cross-cutting, multi-disciplinary approach across WHO to address AMR, and has been leading the Tripartite, now also including UNEP as the Quadripartite Alliance, through the Quadripartite Joint Secretariat (QJS) based at the AMR Division. The recent publication ‘WHO Strategic Priorities on Antimicrobial Resistance: Preserving antimicrobials for today and tomorrow’ describes the WHO response based on four strategic priority areas and is aligned with the Organization's core mandate and functions: 1. Stepping up leadership for the AMR response; 2. Driving public health impact in every country to address AMR; 3. Research and development for better access to quality AMR prevention and care; 4. Monitoring the AMR burden and global AMR response. The priority areas place public health at the centre and encompass essential elements of the AMR response at global, regional and country levels while generating the evidence base for coordinated actions. Progress at country level will be contingent upon stronger systems, collaboration across sectors and engagement with Health Systems Strengthening, including Primary Health Care, Universal Health Coverage, COVID-19 recovery and pandemic response initiatives as well as broader preparedness for future outbreaks, epidemics and pandemics. To further define the scale up of the AMR response, a comprehensive Global Strategy for Resistant Bacterial Infections in the Human Health Sector is being prepared and will include internal and external consultation with stakeholders (see key actions at recommendation 10).</p>	
Management Response Status	In Progress
Date	March 2022

Recommendation 1: WHO Secretariat and Member States to determine how best to strengthen the current GAP AMR both in the short-term and in the medium- and longer term. Specifically:

In the short-term

- WHO Secretariat to provide guidance on how Member States might prioritize in low-resource settings, for example by identifying “best buys”.
- WHO Secretariat to provide more support and guidance on how raised political awareness of AMR might be translated into practical political commitment and provision of resources globally, regionally and nationally.
- WHO Secretariat to develop a detailed workplan as to what it will do to implement the GAP AMR. This should include some form of M&E framework including, for example, tangible milestones.
- WHO Secretariat to identify a sub-set of clear indicators and targets which will be used to monitor progress of the GAP AMR overall and which the WHO Secretariat will actively track and report progress against.
- WHO Secretariat to provide guidance on how research and innovation will be promoted through the GAP AMR. This might include an overarching AMR global research agenda and guidance to countries on how they might reflect research and innovation in their national action plans.

In the medium- and longer term

- Member States and the WHO Secretariat to determine when the GAP AMR should be revised and updated to fully reflect a One Health approach covering aspects of human health, animal health, plant health, food production, food safety and the environment, jointly owned by Tripartite organizations and UNEP. One option would be to revise and update the GAP more in line with the recently published priorities of the Global Leaders Group.

Management response	Accepted. Agree on the need for translation of high-level AMR political awareness into practical political commitment and provision of resources globally regionally and nationally. This is a key focus of WHO, the GLG, and our partners. WHO recognizes that funding for WHO and within countries is inadequate to support countries in implementing priority activities and sustainable national action plans on AMR and that robust estimates of the costs and benefits are lacking. To monitor the implementation of the GAP/National Action Plans (NAPs) the TRACCS survey has been developed and has been providing a yearly update on the progress of NAP implementation over the past 5 years, following the strategic objectives of the GAP. Annually a progress report is published, that is essential for sharing best practices and decision-making. To measure progress in biennium 2020-21, three key performance indicators for the specific AMR Output (1.3.5) and associated mid-term and end of biennium targets had been established. The indicators include: 1) Number of countries implementing government-approved multisectoral AMR national action plans that involve relevant sectors and have a monitoring framework; 2) Number of countries having an AMR surveillance system and providing data to WHO; and 3) Number of countries with national systems in place to monitor the consumption and use of antimicrobials in human health. The results can be monitored through the Output Scorecard portal.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Review needs and demands to revise and update GAP	AMR/GCP/QJS with Quadripartite	Q4 2021	Implemented	The GAP is not timebound and much remains to be implemented. Countries are embarking on implementing their national action plans in line with the GAP. The transaction costs and potential for disruption of a refreshed GAP would be considerable for all concerned, particularly as any future GAP should be developed with the Quadripartite. Therefore, the Quadripartite

	senior management			senior management agreed that the GAP should remain the bedrock of the AMR response and that if any gaps are identified, these should be addressed through complimentary mechanisms. The Quadripartite will continue to monitor the need and evidence. See also STAG-AMR report
Tripartite M&E Framework developed (inclusive of clear indicators and targets) to monitor progress of the GAP AMR	AMR/SPC/NPM with Tripartite members + UNEP	March 2022	Implemented.	To further support the monitoring of the GAP, a Tripartite M&E Framework has been developed along with recommended indicators and technical reference sheets. A public data portal is being established to publish available data for the human health indicators of the GAP M&E framework. Specific indicators – based on TrACSS (Tripartite Antimicrobial Resistance Self-assessment Survey) and the GAP M&E Framework - have been selected and are already being used to monitor progress of the AMR output (Output 1.3.5) of the GPW13, and to monitor the progress in GPW13 overall.
Develop UNSDCF guidance for country teams to raise high level political awareness and resources for AMR	AMR/GCP/QJS with Tripartite members + UNEP	Q4 2021	Implemented	The guidance for incorporating AMR into development cooperation and SDG frameworks, as requested by the UNSG is making the case for AMR as a development issue, and to incorporate AMR into national development priorities, which should facilitate access to domestic and development finance explanation as required. The guidance will be piloted in countries in 2022.
Develop economic and investment case for AMR, including sustainable financing approaches	AMR/GCP/QJS with Quadripartite members Regional offices	Q1 2023	In progress	The Quadripartite recognises this as a key priority and is key deliverable of the Quadripartite Workplan. WHO will work with key partners and stakeholders to make the investment case at global and national levels, defining the return for investment on antimicrobial resistance activities. At the same time, leveraging existing funding streams could lead to synergies and yield efficiencies. WHO will also explore opportunities to catalyse the availability of domestic financing for national action plan implementation activities that could have significant impact at country level.
Develop, pilot, and disseminate WHO Costing and Budgeting Tool for NAPs AMR	AMR/SPC/NPM with Regional Offices	Q4 2021	Implemented	To operationalize and accelerate implementation of national action plans on AMR, WHO has developed a costing and budgeting tool and accompanying user guide. The purpose is to support countries in costing prioritized activities of an operational plan linked to their AMR national action plan and identify existing funding and funding gaps to promote resource mobilization and sustainable implementation. Data from the costed operational plans can feed into the development of a global and national investment case. The target audience of the publication are national policy makers and designated costing coordinators for national action plans on AMR. <i>This action also responds to recommendation 6</i>
Develop a One Health research agenda to identify research priorities	AMR/GCP/IRC, QJS, Regional offices	Q4 2022	In progress	The development of the One Health research agenda is addressing the need for an overall research and innovation agenda that is covering implementation research. The agenda will provide guidance to Member States how to address research and innovation in their NAPs. <i>This action also responds to Recommendation 3.</i>

Develop Global Research Agenda for Antimicrobial Resistance in the Human Health Sector	AMR/SPC, UHL, Regional Offices, SCI	Q4 2022 – Q1 2023	In progress	The aim of the AMR Global Research Agenda in the Human health sector is to drive evidence generation to improve prevention, control, and response strategies to tackle AMR in the human health sector. It has the objectives to 1) Identify and prioritize research questions to build the evidence base on AMR burden, drivers new and improved interventions, and service delivery; 2) Catalyse investment and scientific interest among researchers, donors, and public health professionals towards generating evidence to address knowledge gaps for effective implementation of global and national policies on AMR prevention and control; 3) Guide the translation of research into action and use evidence to inform policymaking. <i>This action also responds to Recommendation 3 and 9</i>
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Objective 1: Improve awareness and understanding of antimicrobial resistance through effective communication, education and training

Recommendation 2: WHO Secretariat and Member States to clarify understanding and scope of this objective. Specifically: <ul style="list-style-type: none"> WHO Secretariat to develop a theory of change covering awareness and understanding of what, by whom and for what purpose. This should be based on available evidence. WHO Secretariat to propose a clear indicator for the expected outcome of this objective including plans for how they will actively monitor this. 				
Management response	Accepted. Actions will include consideration of country contexts and strengthen collaboration within WHO with departments/units working on increasing public health awareness and use of new technologies for better dissemination and uptake of WHO guidance.			
Status	In progress			
Key actions	Responsible	Due date	Status	Comments
Develop a strategy to enhance awareness and understanding of AMR including a theory of change, key audiences, messages	AMR/GCP/ASA, Regional Offices	Q4 2022	In progress	The Strategy paper on awareness will include a theory of change as well as describe the key target audiences, key messages, and methodologies of reaching them. A global consultation will be held to discuss key parameters. AFRO will be piloting AMR awareness interventions for documentation and sharing of best practices <i>This action also responds to Recommendation 1.</i>
Finalize and share a validated survey tool with member states to gauge the level of awareness about antibiotic resistance among various groups of healthcare workers.	AMR/SPC/NPM	Q4 2022	In progress	To collect baseline evidence on awareness of antibiotic resistance, a 23-item survey has been developed and validated in 6 countries. The protocol for administering the survey is currently being reviewed by the ERC.

Develop AMR module as part of the World Health Survey Plus.	AMR/SPC/NPM, GCP/ASA, DDI/DNA	Q1 2022	Implemented	A draft AMR module has been developed for use in the World Health Survey Plus that can be used by national authorities for conducting national household surveys in various health topics.
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Objective 2: Strengthen the knowledge and evidence base through surveillance and research

Recommendation 3: WHO Secretariat and Member States to maintain support to GLASS and to supplement with methods to collect accurate, representative, comparable AMR data nationally, regionally and globally. Specifically: <ul style="list-style-type: none"> • WHO Secretariat and Member States to further expand enrolment in GLASS particularly among those Member States who have reported through TrACSS that they have a national AMR Surveillance system but are not yet enrolled in GLASS. • WHO Secretariat to propose ways in which prevalence surveys can be conducted to supplement availability of representative, comparable AMR data nationally, regionally and globally. • WHO Secretariat and Member States to identify ways in which use of surveillance data national can be increased and enhanced. • WHO Secretariat to identify ways in which research and innovation, beyond product research and development, can be encouraged and promoted through the GAP, perhaps under this objective. 				
Management response	Accepted. A broad consultation to inform GLASS further development was held in April 2021 with the participation of representatives from 88 countries, and key stakeholders advised on the next steps for the development of GLASS (3rd Technical Meeting and Consultation); improving the representativeness, quality and use of data, enhancing laboratory capacities, including laboratory quality management systems, assessing the burden of AMR, expanding AMR and AMC surveillance, and facilitating AMR surveillance linkages across human, animal, and environmental sectors. Annual TrACSS data will be reviewed to identify countries that have not yet enrolled in GLASS, and to provide technical assistance to facilitate their enrolment. HQ and ROs will continue to raise awareness and advocate for countries to enrol and provide quality data to GLASS.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Develop generic protocols to conduct AMR prevalence surveys	AMR/SPC/SEL, Regional Offices	Q3 2022	In progress	The development of the generic protocols to conduct AMR prevalence surveys started in July 2021 and the pilot implementation of the protocol will start in 2022 in 3 countries. The protocol will be finalized and proposed to countries where the ability to obtain quality representative data is not expected in the near future to: i) inform the SDG AMR indicators, and ii) as a means to complement and identify gaps in data obtained through routine surveillance for its improvement.

Develop guidance on the use of AMR/AMU surveillance data	AMR/SPC/SEL, Regional Offices	Q4 2022	In progress	The development of guidance on the use of AMR/AMU surveillance data has started and is to be concluded in the first part of 2022. Workshops will be held in 2022 with countries that are at early stages of development of their national surveillance systems to discuss the translation of data into policy. In addition, a WHO Academy course on AMR/AMU surveillance is being developed and contains a special module for policy makers on the use of evidence generated through surveillance for informing interventions.
Develop and strengthen regional AMR/AMC surveillance networks to support national surveillance systems and enhance GLASS participation.	Regional Offices, AMR/SPC/SEL	2022-23 (continuous)	In progress	Regional surveillance networks exist (like CAESAR (EURO) and ReLAVRA (AMRO)) or are being developed to ensure the implementation of global standards, while addressing to regional specificities. Network activities ensure opportunities to learn from countries with a similar context, provide capacity-building tailored to existing levels of capacity and twinning arrangements. Collectively, regional networks will promote and strengthen GLASS participation.
Develop innovative approaches for establishment of surveillance platforms upon which research initiatives can be built to address key knowledge gaps such as AMR mortality, AMU profile, costs, risk factors, etc.	AMR/SPC/SEL	Q4 2023	In progress	Nationally representative surveys are being developed as a platform for enhancing surveillance of AMR. This involves development of a framework and a roadmap to systematically and strategically scale-up periodic surveys, providing a platform for global quality-assured surveillance of AMR offering an opportunity for linkage and integration with other activities (e.g., environmental surveillance), and a channel for delivery of more detailed studies meeting setting-specific research needs (e.g., AMR attributable mortality, molecular epidemiology, other). This approach will be piloted in 2022-2023 in at least one country.

Objective 3: Reduce the incidence of infection through effective sanitation, hygiene, and infection prevention measures

Recommendation 4: WHO Secretariat and Member States to identify ways in which effective sanitation, hygiene and infection prevention measures can be promoted in ways which reduce AMR. Specifically:

- WHO Secretariat and Member States to explore ways in which effective infection prevention and control can be reflected in national AMR action plans.
- WHO Secretariat to review how parts of the Secretariat working on AMR and those working on IPC can work more effectively together.
- WHO Secretariat to review whether gains made on IPC related to COVID-19 responses are sustained and their effect on antimicrobial use and AMR.
- WHO Secretariat to develop plans to more effectively include AMR in any future plans to strengthen IPC in the light of a specific disease outbreak.

Management response	Accepted. The need for effective Infection prevention and control programmes are in most cases included in national AMR action plans. Moreover, effective implementation of infection prevention and control (IPC) measures in healthcare facilities is a “best buy” for addressing AMR. However, 2021 TrACSS data suggests that only 35% of countries have national IPC programmes in place based on WHO IPC core components, that are being implemented nationwide, and regularly evaluated. 54% of the countries have developed national IPC programmes or plans, but they are not being implemented, or implemented only in selected health facilities. Most of the countries need support for nationwide implementation of their national IPC programmes.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Development of Global IPC Strategy	UHL/IHS with AMR/AMA	2022-23	In progress	During the WHO EB150 , Member States fully recognized the gaps in IPC programmes, which have been highlighted by the pandemic, creating a unique opportunity to respond now by strengthening IPC programmes. To save lives, save money and to restore communities’ trust in health care.
Advocate for the inclusion of AMR and IPC in the emergency preparedness response measures	AMR, WPE, WRE, UHL	2022- 2023	Implemented	COVID-19 demonstrated first-hand the need for stronger systems to prevent, diagnose and manage infections and exposed the large gaps in IPC programmes that also greatly impacts AMR. Therefore, it is important to ensure that AMR and IPC are included the emergency preparedness and response measures to tackle future health emergencies. Both IPC and AMR interventions and country capacities are included in the Health Systems for Health Security Framework document. In addition, costs of AMR and IPC interventions are being included in the development of the Pandemic Preparedness Costing report that will be submitted to the WHA.
Reinforce, refine and maintain WHO-wide AMR-IPC coordination mechanism(s) for AMR and IPC scale up	AMR, UHL, WPE, WRE and Regional Offices	2022-2023	In progress	Coordination mechanisms within WHO, across all levels, need to be strengthened to scale up technical cooperation, to interlink and align IPC activities in support of AMR NAPs (see also key actions under recommendation 11). To include AMR, UHL, and Health Emergency Programme departments/ units actively working on aspects of IPC, including those dealing with emergencies.
Align TrACSS and other survey instruments to monitor progress of IPC guideline implementation	AMR, UHL, Regional Offices	2021	Implemented	The country capacity levels to monitor progress in the development and implementation of national IPC guidelines has now been aligned between the AMR TrACSS survey, and the revised IPC indicator used by the IHR/JEE.

Objective 4: Optimize the use of antimicrobial medicines in human and animal health

Recommendation 5: WHO Secretariat and Member States to consider how progress under this objective can be expanded and monitored more effectively. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to propose how this objective could include plant health, food production, food safety and the environment in the short-term. • WHO Secretariat to continue with plans to track effectively antimicrobial consumption and use, particularly in the human health sector. • WHO Secretariat to clarify the importance of appropriate clinical management of people with infections as a key part of optimal use of antimicrobials. This could take the form of guidance, including a focus on the importance of good laboratory services. 				
Management response	Accepted. WHO has the responsibility for supporting the implementation of the AMR GAP in the human health sector. Responsibility for action in the plant and animal health sectors lies with the other Quadripartite Partners. Together, WHO and Quadripartite collaboration are promoting scale up of action at global, regional and national levels. The AMR MPTF is supporting a collaborative programme on addressing AMR in the environment, and WHO and the Quadripartite have been actively engaged in the report on AMR in the environment which will be discussed with Member States at the United Nations Environment Assembly in Feb 2022. WHO supports the work of Codex Alimentarius on the Code of Practice on AMR and guidance on integrated surveillance to strengthen the regulatory framework around food safety. Review of 5 year trends from TrACSS suggest that while around 90% of the countries have regulations on the prescription and use of antimicrobials, a much smaller number of countries have established national monitoring system to track consumption and use. More technical assistance is urgently needed to scale up the development of AMC/AMU monitoring systems in countries.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Implement WHO policy guidance on integrated antimicrobial stewardship activities	AMR/GCP/ASA Regional Offices	Q4 2022	In progress	Member States requested WHO policy guidance on how to facilitate the implementation of national AMS activities in an integrated and programmatic approach. The guidance will provide a set of evidence-based recommendations to drive integrated AMS activities, national coordination, and monitoring of the interventions.
One Health Legislative Assessment Tool for AMR developed by the Quadripartite, and piloted through the AMR MPTF	AMR/GCP/QJS	Q3 2022	In progress	To optimize the production and use for antimicrobials along the whole lifecycle from research and development to disposal including plant health, animal health, food production, food safety and the environment. Guidance will be developed and piloted through the AMR MPTF
Tripartite collaboration strengthened, with UNEP joining as a Member.	AMR/GCP/QJS, Regional Offices	Q1 2022	Implemented	In January 2022, UNEP officially joined the now Quadripartite Joint Secretariat (QJS) on AMR and appointed a dedicated liaison officer. The Quadripartite Strategic Framework and workplan has been developed

				collaboratively by all four organisations at HQ level, with input from the regions. Collaboration is ongoing.
Refine/update GLASS methodology for tracking Antimicrobial consumption and use in the human health sector	AMR/SPC/SEL, Regional Offices	2020	Implemented	GLASS began annual data calls on antimicrobial consumption (AMC) at national level in 2020 and the participation of countries in providing AMC data is rapidly expanding, especially where regional AMC surveillance networks exist. WHO GLASS is refining the methodology to also obtain AMC data at hospital level. In addition, point prevalence surveys on antimicrobial use (AMU) have been conducted in several countries in order improve the understanding of AMU practices and inform antimicrobial stewardship.
Develop a Handbook for treatment of bacterial infections	AMR/GCP/IRC	Q1 2022	Implemented	The handbook is a major contribution to maximize the benefits of existing antimicrobial agents. https://www.who.int/publications/m/item/the-who-essential-medicines-list-antibiotic-book-improving-antibiotic-awareness

Objective 5: Develop the economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines, and other interventions

<p>Recommendation 6: WHO Secretariat to explain how the economic case for investment in AMR responses will be made and used to advocate for the resources needed including globally, regionally and nationally. Specifically:</p> <ul style="list-style-type: none"> • WHO Secretariat with others, including the Tripartite organizations, UNEP and others who have worked in this field, e.g. the World Bank and OECD to develop a clear economic case for investment in responses to AMR. This will include clear, credible data on the disease burden posed by AMR globally, regionally and in different countries. • WHO Secretariat to develop clear plans and guidance as to how the economic case (above) can be used to advocate for sustained political commitment to and greater financial resources for AMR responses. • WHO Member States to consider ways in which the increased financial resources needed to respond to AMR can be made available, not least through more Member States providing funds to the MPTF. 	
Management response	<p>Accepted. This is a high priority that is flagged in the Quadripartite Strategic Framework and the Workplan for Quadripartite organisations. More work needs to be done to build the evidence base for such models across sectors, both in cost estimates as well as disease burden. The details of this work will be developed in 2022, in parallel with the work of the Global Leaders Group on AMR financing. The AMR MPTF provides catalytic funding to support Quadripartite work on AMR, and the Quadripartite will continue to actively mobilise funds to support this work at global and country level. WHO and the Quadripartite agree that sourcing sustainable financing, and leveraging domestic and development finance to scale up AMR related action is critical. This is</p>

	part of the results matrix of the AMR MPTF, and a key workstream for the Global Leaders Group. This topic is also under consideration as part of the ongoing discussions about the financing of AMR and Pandemic preparedness.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Convene a Quadripartite task force (including key organisations and development banks) on the economic and political leadership for AMR.	AMR/GCP/QJS, GLG	2022-23	In progress	Under the auspices of the Global Leaders Group, use the convening power of the Quadripartite and Global Leaders group to convene the expertise in Development Banks, other organisations such as the OECD and academia to agree and take forward priority actions to build the economic and political cases for action at global and at country levels.
Develop economic and investment case for AMR, including sustainable financing approaches (key deliverables of the Quadripartite Workplan).	GCP/QJS, Regional Offices	Q1 2023	In progress	See details under recommendation 1
Demonstration countries to use UNSDCF guidance to raise high level political awareness and resources for AMR	AMR/GCP/QJS with Quadripartite members	Q4 2021	Implemented	See details under recommendation 1

Recommendation 7: Member States and the WHO Secretariat to sustain and expand progress made on research and development for products. Specifically: <ul style="list-style-type: none"> • Member States to identify ways in which they can finance product research and development in ways which are delinked from cost and volume of sales. • Member States, the WHO Secretariat and others to continue efforts to maximize the benefits of existing antimicrobial agents. • WHO Secretariat to continue efforts to expand research and development efforts to also include diagnostics and vaccines. 	
Management response	Partially Accepted - with respect to the recommendation for WHO Secretariat to continue efforts to expand research and development efforts to also include diagnostics and vaccines. Unlike antibiotics, bacteria do not develop resistance against vaccines and diagnostics, thus the R&D needs are different as no constant replenishment is needed. In particular for reserve antibiotics public support of R&D efforts is needed as the market does not provide a sufficient financial incentive while this is not established for vaccines and diagnostics for bacterial infections. For the above reasons, most efforts of member states and international organizations has focused on fostering the development of new antibacterial treatments. WHO continues to work and strengthen collaboration with partners to improve access to antimicrobials.
Status	In Progress

Key actions	Responsible	Due date	Status	Comments
Annual reviews of: <ul style="list-style-type: none"> - The preclinical and clinical antibacterial pipeline - The pipeline of vaccines for bacterial infections - The preclinical and clinical antifungal pipeline 	GCP/IRC, MHP	Q2 2021 Q2 2022 Q3 2022	In progress	Part of WHO's continued effort to expand research and development efforts, including for vaccines
Provide guidance for the development of pull incentives	GCP/IRC	Q1 2022	Implemented	WHO to provide guidance to political processes such as G7 and G20 on the development and implementation of pull incentives to foster research and development
Assess the need for additional target product profiles (TPPS)	GCP/IRC	Q4 2023	Not started	Assessing the need for additional TPPS beyond those already developed by WHO for missing antibacterial treatments and diagnostics
Update the WHO Bacterial Priority Pathogen List (BPPL)	GCP/IRC	Q2 2023	In progress	The update of the BPPL will provide guidance to member states and researchers on R&D needs, including treatments, diagnostics, and vaccines
Develop the first WHO List of fungal pathogens of public health importance	GCP/IRC	Q3 2022	In progress	The first WHO List of fungal pathogens of public health importance will provide important guidance to Member States and researchers on research and development gaps for fungal treatments and diagnostics

Coordination with international and national partners

<p>Recommendation 8: The WHO Secretariat and other Tripartite organizations to identify ways in which coordination can be enhanced and the contribution of other actors recognized and maximized. Specifically:</p> <ul style="list-style-type: none"> • WHO Secretariat, FAO and OIE to identify organizations, such as UNEP and other multilateral agencies, and sectors, such as civil society and the private sector that are making important contributions to AMR and to identify ways in which their contributions can be maximized and recognized, e.g. in progress reports. • WHO Secretariat to cooperate with FAO, OIE and UNEP to develop guidance on the One Health approach. While this could include a working definition of One Health, it needs to focus mostly on the practical implications of what the One Health approach does (and does not) mean for AMR approaches globally, regionally and nationally. • WHO Secretariat, FAO and OIE to work with UNEP to expand the current Tripartite arrangement to a Quadripartite.

<ul style="list-style-type: none"> • The Tripartite Joint Secretariat and Global Leaders Group to develop a framework to monitor and report on progress towards the Global Leaders Group's six priorities, key performance indicators and 2021 deliverables. This might include more detailed descriptions of the key performance indicators and how these will be measured, when particular deliverables might be expected in 2021 and how these plans fit with other monitoring and reporting efforts, e.g. for the GAP AMR, SDGs and GPW13. • The Tripartite organizations to follow up with the UN Secretary General to determine the response to the proposal submitted six months ago. The Tripartite Joint Secretariat to explain to stakeholders the nature of the platform once a response has been received and to explain how this panel will fit with other AMR structures. • The Tripartite Joint Secretariat to update stakeholders on the status of the proposed partnership platform following the planned meeting with Member States on 30 September 2021 to discuss the draft terms of reference. • The WHO Secretariat, OIE, FAO and UNEP to identify ways in which work with other multilaterals, including UN agencies, can be more effectively coordinated. This could involve the establishment of an inter-agency task force. • The WHO Secretariat, OIE, FAO and UNEP to produce guidance as to how coordination on AMR between development partners at country level might work. This should include relationships with national AMR multisectoral coordination mechanisms and links to existing structures including the UN country team and Resident Coordinator. 				
Management response	Accepted. UNEP has been a partner in the development of the Tripartite strategic framework and workplan. UNEP will officially join the AMR Country Self-Assessment Survey (TrACSS) from 2022 and have provided valuable inputs on questions relating to AMR and the environment. A definition of One health AMR is set out in the Joint Quadripartite Strategic Framework and will be refined further by the One health high level expert panel (OHLEP) and the Quadripartite. A key action to enhance coordination on the delivery of technical assistance to countries pertaining to human health aspects of AMR is the AMR Technical Assistance Mechanism (AMR TEAM) to be launched in 2022.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Establish a One Health Partnership platform for AMR to facilitate engagement of CSO academia and multilateral organisations	AMR/GCP/ASA	Q2 2022	In progress	FAO, OIE, UNEP and WHO expect to launch the Partnership Platform in the second quarter of 2022 once terms of reference are revised to incorporate public consultation held in late 2021.
Develop GLG monitoring framework with refined SMART KPIs	AMR/GCP/QJS, GLG	Q4 2021	Implemented	https://www.amrleaders.org/resources/m/item/priorities-of-the-amr-glg-Jan-2022
Develop guidance for incorporating AMR into UNSDCF	AMR/GCP/QJS,	Q4 2021	Implemented	See key action under recommendation 1: https://www.who.int/publications/i/item/9789240036024
Create AMR Technical Assistance Mechanism to enhance coordination and collaboration on the delivery of technical	AMR/SPC/NPM, Regional Offices	Q4 2022	In progress	The STAG-AMR has endorsed the creation of a "AMR Technical Assistance Mechanism – TEAM." An initial survey has been conducted to gauge interest among civil society partners, academic and research institutions, development agencies and WHO collaborating centres, and other inter-

assistance to countries on the human health aspects of AMR				governmental organizations and donor agencies. Over 90% of the respondents are keen to be included in a coordination platform managed by WHO in order to share information, coordinate activities at the country level, share tools, and share technical expertise.
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Equity and inclusion

Recommendation 9: Member States and the WHO Secretariat to identify ways in which equity and inclusion can be better reflected in AMR programmes and responses. Specifically: <ul style="list-style-type: none"> WHO Secretariat to produce guidance as to how equity and inclusion can be better reflected in AMR responses globally and regionally in a similar way to the guidance produced for national AMR action plans. 				
Management response	Accepted. The development of the Global Research Agenda for Antimicrobial Resistance in the Human Health Sector that was provided as a key action under recommendation 1 , will include the identification and inclusion of how equity can be better reflected in AMR programmes and responses. The development of the Research agenda includes the review and endorsement of relevant research questions ranked by criteria using the CHNRI method. The 5 main criteria are Answerability, Effectiveness, Deliverability and Acceptability, Potential impact on disease burden and Effect on equity.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Global Research Agenda for Antimicrobial Resistance in the Human Health Sector	AMR/SPC, Regional Offices	2022-23	In progress	<i>See additional details under recommendation 1</i>
Develop series of Technical Briefs for countries on how to incorporate critical aspects of gender, social inclusion and equity in the development and implementation of their AMR NAPs.	AMR/SPC/NPM, DGO/GER, Regional Offices	2022-23	In progress	The technical briefs will be based on evidence reviews and focus on incorporating gender, social inclusion and equity in 1) laws, regulations and policy; 2) data and monitoring; 3) awareness and norms; and 4) resources.
Develop AMR people centred framework	AMR/NPM UHL, Regional Offices, STAG-AMR	Q1-Q2 2022	In progress	<i>See details under recommendation 10</i>
AMR Attributable Mortality protocol will include variables to assess inequities in the AMR burden.	AMR/SPC/SEL, Regional Offices	2022-2023	In progress	Factors that may contribute to racial and ethnic inequality in antibiotic resistance – related morbidity and mortality such as barriers to accessing medical care, differences in prescribed antibiotic use. Socioeconomic

				status, gender, etc. should be considered first in the assessment of the burden and later on, in the development of monitoring and containment strategies.
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Health Systems

Recommendation 10: Member States and the WHO Secretariat to identify ways in which the importance of an approach based on understanding of health systems can be incorporated more effectively into AMR responses. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to produce guidance on laboratory strengthening as part of responses to AMR recognizing the importance of laboratories in delivery of clinical services and surveillance. • WHO Secretariat to produce guidance on how AMR responses might fit with a broader health systems approach, for example, using existing systems where possible. • WHO Secretariat to work with OIE, FAO and UNEP to provide guidance on what a health systems approach looks like in a One Health context, i.e. how can a health systems approach consider not only human health but also animal health, plant health, food production, food safety and the environment. 				
Management response	Accepted. The AMR Division and AMR teams at regional offices are closely engaged with the UHC/PHC, and health resilience teams to better integrate AMR interventions within the systems strengthening approaches.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Development of a Global Strategy on Resistant Bacterial Infections in the Human Health Sector.	AMR/AMA, Regional Offices	2022-2024	In progress	The overall purpose of the Global Strategy is to inform and guide the health system response at country, regional and global level. Objectives: i) Integration of the AMR response within the health system framework, to ensure that interventions and programs are sustainable, through inclusion in existing and future national health plans and related budgets; ii) Ensure implementation and monitoring of National Action Plan on AMR through costing, budgeting and operational planning at country level; iii) Reaching the Global Impact targets as defined in the Global Strategy, including the AMR specific SDG targets by 2030.
Develop AMR people centred framework	AMR/NPM, UHL, Regional Offices	Q1-Q2 2022	In progress	There is a need for a programmatic approach to mitigating AMR that will ensure sustainability, promote equity, and facilitate stronger oversight and management. The AMR people centred framework that puts the patient at the centre is under development to facilitate and support countries with this approach. It identifies challenges, and intervention areas to overcome them, at community, primary health care, health-care

				facility levels across a pathway: 1) prevention of AMR, 2) access to essential health services, 3) diagnosis and 4) access to appropriate treatment. This key action is a recommendation of the STAG-AMR . The framework also will underpin the development of guidance for AMR NAP 2.0 for human health sector, including defining a “package” of key interventions based on country capacity. It will include gender, equity, disability considerations in the development, implementation, and monitoring of NAP 2.0.
Identification of demonstration countries for integration of AMR interventions into PHC and Health Systems	AMR/SPC/NPM, UHC, PHC, NAP cross-cutting working group	2022-23	In progress	Demonstration countries are being identified for integrating AMR interventions into operational and strategic levers of the PHC operational framework, and to support enhancement of resilient health systems and emergency preparedness. Specific AMR interventions are also being identified to align with the seven policy recommendations proposed by the <i>health systems for health resilience teams</i> to be piloted in demonstration countries. This work is being coordinated through the NAP cross-cutting working group (see key action at recommendation 11).
Demonstrate the impact of country office strengthening to accelerate the AMR response in countries	AMR/AMA, AMR/SPC/NPM, Regional Offices, Country offices	Q4 2022	In progress	In 7 demonstration countries – in AFRO, EMRO, SEARO - senior technical staff are being recruited to provide guidance and support to the national authorities in expediting their AMR response by building on health systems strengthening efforts.
Develop WHO Global AMR Laboratory Network to support countries establishing and strengthening access to robust national microbiology laboratories for AMR surveillance and clinical management.	AMR/SPC, Regional Offices	2022-2025	Not initiated	Limited access to quality assured microbiological laboratory services will affect both individual patient care and reliable surveillance data. WHO is planning to develop a Global AMR Laboratory Network which function is to strengthen quality and access to microbiology laboratory services, sharing good laboratory practices, and diagnostic stewardship. This key action is a recommendation of the STAG-AMR See also key actions under recommendation 3 .

WHO internal structures and systems

Recommendation 11: Member States and the WHO Secretariat to review WHO internal structures and systems to ensure they are able to support effectively AMR responses. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to identify ways in which effective coordination can be achieved on AMR across organizations, WHO levels, divisions, departments, teams, and groups. • Member States and the WHO Secretariat to cooperate with OIE, FAO and UNEP to better understand the level of resourcing needed to ensure optimal staffing levels across responses to AMR. • WHO Secretariat to identify ways in which AMR responses can be more effectively linked to overall organizational priorities, for example, the health SDGs. 				
Management response	Accepted. The AMR Division has initiated several structures to support Organization-wide effective AMR response, in addition to the formal ODT/TEN structure for Output 1.3.5 on AMR (see key actions). Through quarterly newsletters the division is sharing updates on progress by countries, and activities taking place at all three levels of the organization with the support of our partners and our donors.			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Set up of two cross-cutting workstreams for NAP implementation and One Health at HQ	AMR/SPC/NPM AMR/GCP/TJS	Q4 2021	Implemented	To ensure inter and intra programmatic work the AMR Division has set up two cross-cutting workstreams: 1) A Cross-cutting working group on AMR NAP country support (bi-weekly), and 2) a Quadripartite cross-cutting working group (every 2 months), that also includes our external partners (FAO, OIE and UNEP). The workstreams ensure exchange of information between teams, provides updates and input, finds opportunities for synergies, integration, coordination between different teams in providing technical assistance to countries, and ensuring that all technical teams are involved (and accountable). Similar cross-cutting structures and working groups are in place at most of the Regional Offices.
Maintain and expand WHO cross-organizational AMR Working Groups at Regional Offices	Regional Offices	2022-23	Ongoing	Maintain and expand the AMR Working Groups at the Regional Offices to ensure GAP implementation and Regional AMR strategies, through communications, accountability and reporting among Departments and at all levels, and monitor, review, evaluate and report actions to the countries, the Secretariat, and HQ.
Create AMR Technical Assistance Mechanism to enhance coordination and collaboration on the delivery of technical	AMR/SPC/NPM, Regional Offices	Q4 2022	In progress	For more details see key action under recommendation 8

assistance to countries on the human health aspects of AMR				
Annual data collection for the AMR related SDG indicators 3.d.2 and 3.b.3	AMR/SPC/SEL EM	2021	Implemented	Two critical indicators were added to the SDG indicator framework in 2019, based on GPW 13 indicators SDG indicator 3.d.2 Percentage of bloodstream infections due to selected AMR organisms, collected through GLASS. The essential medicines department is also collecting another relevant set of data for monitoring AMR - SDG indicator 3.b.3: Proportion of health facilities that have a core set of relevant essential medicines (including antibiotics) available and affordable on a sustainable basis.

COVID-19

<p>Recommendation 12: The WHO Secretariat to conduct a review of lessons learned relating to AMR responses as a result of the COVID-19 pandemic. Specifically, this should include:</p> <ul style="list-style-type: none"> • Understanding the disruptions and adaptations that took place in AMR responses because of COVID-19. • The opportunities that were created for AMR responses by the COVID-19 pandemic and responses to it and the extent to which these were or were not maximized. • Better understanding of the effects of COVID-19 on antibiotic use and levels of AMR. • Understanding how AMR responses can use increased public understanding of pandemics, the need for effective medical countermeasures and the links between human health, animal health and the environment to promote better understanding of and commitment to AMR responses. • Lessons learned for product research and development 	
Management response	<p>Accepted. Data collected from 163 member States in 2021 through the annual TrACSS survey reveals that 93% of the countries noted that the COVID19 pandemic had greatly impacted the development and implementation of their AMR NAPS. In addition, 82% of the countries noted that COVID-19 had impacted the governance and administration of AMR work, including reduced government engagement and funding. Lastly, 79% of the countries responded that COVID-19 had impact on various operational aspects of AMR NAP implementation- surveillance, awareness, data collection, capacity building etc. This emphasizes the critical importance of integrating AMR within the health security agenda, and emergency preparedness and response measures, and strengthening diagnostics capacity (including across the entire supply chain) for AMR surveillance, Antimicrobial stewardship policies and practices, and IPC and WASH in healthcare facilities. The significant gap in financial resources at all levels remains a key challenge in addressing these issues at country level. The need for effective medical countermeasures and R&D is addressed in recommendation 7. Related key actions of AMR responses can also be found under recommendation 5.</p>
Status	In Progress

Key actions	Responsible	Due date	Status	Comments
Publication on the Impact of the COVID-19 pandemic on the surveillance, prevention and control of antimicrobial resistance	WHO CCs	2021	Implemented	Impact of the COVID-19 pandemic on the surveillance, prevention and control of antimicrobial resistance a global survey
Incorporation of questions related to the COVID19 impact on NAP implementation and governance in the annual TrACCS survey.	AMR/SPC/NPM, Regional Offices	2021	Implemented	The impact of the COVID19 pandemic on the implementation of AMR NAPs is monitored through TrACCS. In 2021, 93% of the 163 countries that responded to the survey noted that COVID19 impacted AMR NAP implementation, 82% noted that governance and funding of AMR was impacted, and 79% noted that specific technical activities were impacted. Regional offices are following up. (Access the database on countries' national action plan implementation status.
Generation of evidence on the prevalence and impact of co-infections and AMR among hospitalised COVID-19 cases	Health Emergencies Programme, AMR	Q4 2022	In progress	WHO AMR is coordinating and evidence synthesis on the prevalence and impact of bacterial coinfections in hospitalised COVID-19 patients. This work is complemented by the collection of retrospective and prospective clinical data from anonymized patients admitted to hospitals for COVID-19 around the globe, including in LMICs. This data collection, coordinated by WHO AMR in collaborating with the WHE, aims to assess the prevalence co-infections and AMR in patients hospitalised with COVID-19, and practices related to antibiotics use or overuse.

2.3. Evaluation of WHO Transformation

2.3.1. The WHO transformation, launched in July 2017, was conceived as an organizational change initiative aimed at better equipping WHO to achieve the ambitious goals set forth in its Thirteenth General Programme of Work 2019–2023 (GPW13) – that is, greater impact at country level in pursuit of the triple billion goals and the health related Sustainable Development Goals – by optimizing its use of resources, streamlining processes and ensuring it is fit for purpose in a rapidly changing world. Within this context, the ultimate aim of WHO transformation has been to “make WHO a modern, seamless, impact focused Organization to better help Member States achieve the health-related Sustainable Development Goals in the context of United Nations reform.”

2.3.2. The overarching objective of the evaluation was to assess the progress of WHO transformation at all levels of the Organization from July 2017 to date and the status of implementation of the WHO Transformation Plan & Architecture. In light of the ongoing implementation of transformation, this evaluation was a formative exercise – that is, forward-looking in its orientation, with a view to providing key stakeholders (that is, the Secretariat, Member States and others) with an independent, objective and impartial assessment of progress to date and, in so doing, identifying any necessary course corrections to help inform implementation of transformation moving forward.

2.3.3. Overall, it is recognized that WHO transformation design is an ambitious, complex change management endeavour that addresses many areas requiring organizational change that will be crucial for enhancing the Organization’s potential impact at country level. The far-reaching scope and scale of the specific organizational changes launched by the transformation have been ambitious, and the context in which they have been pursued has been exceedingly challenging. These changes entailed seven workstreams. Within this context, progress in implementing this ambitious change initiative has been significant despite the constraints, with substantial progress having been made in four out of seven workstreams, and two additional workstreams on track for being mostly or fully implemented within the next few months.

However, two significant gaps could hinder WHO transformation’s success if not addressed. First, while the design is appropriately multifaceted in its breadth and organizational reach, it is not clear precisely how comprehensive it is in addressing all critical areas requiring change or how its individual initiatives work together in a coherent and complementary manner to truly transform the Organization, because the design was not informed by an overarching theory of change or logic model. The lack of consistent and clear communications, specifically as it relates to Member States, constitutes the second significant gap identified in the evaluation.

2.3.4. In its management response, WHO accepted the recommendations. As of July 2021, many of the recommendations were being implemented with regard to the review of the monitoring mechanism and reporting framework for Transformation implementation, better engagement of Member States and resourcing the implementation of the Transformation agenda.

Management Response

Evaluation Title	Evaluation of the WHO transformation
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	<p>Main report: https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-finalreport.pdf?sfvrsn=c20b7baa_5</p> <p>Annexes: https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-finalannexes.pdf?sfvrsn=4d4577f_5</p> <p>EB149/5Add.1 Executive Summary: https://apps.who.int/gb/ebwha/pdf_files/EB149/B149_5Add1-en.pdf</p>
Evaluation Plan	Organization-wide Evaluation Workplan for 2020-2021
Unit Responsible for providing the management response	HQ/DGO/TIC
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation. In particular, WHO welcomes the clear support for the Transformation Agenda and recognition of progress made thus far.</p> <p>The final phase of WHO's Transformation journey – implementation and continuous improvement – began in January 2020. This important milestone marked the transition from central coordination to distributed leadership in the hands of line managers and 'business owners'. The shift towards implementation also coincided with the start of the COVID-19 pandemic, which has both tested and reaffirmed the importance of the overall Transformation Agenda. The insights and recommendations provided through this formative evaluation are therefore both helpful and timely, in particular as WHO and its Member States take stock of lessons learned from COVID-19 and the need for a stronger, more agile and responsive WHO which is relevant in all countries, focuses on results, provides technical and normative leadership, and is "ahead of the curve".</p> <p>Many of the recommended actions are already underway. For example, WHO launched a new on-line Transformation implementation monitoring tool which provides greater visibility on the implementation progress and status of the 40 core Transformation initiatives. The need to prioritize and accelerate initiatives that will ensure Transformation at country level was identified and addressed by the PBAC and EB in January 2021 (see EB148/2). All ten initiatives focused on ensuring a motivated and fit for-purpose WHO workforce (e.g. global mobility, flexible working arrangements) are underway and have been aligned with activities within the current WHO Year of the Workforce and Respectful Workplace campaign.</p> <p>WHO will continue to sharpen its monitoring and reporting on Transformation implementation, notably by reviewing and strengthening outcome level milestones for each</p>	

Transformation workstream. The global Transformation stocktake under discussion for late 2021 will provide an important opportunity to reengage Member States and WHO staff from across the three levels of the organization to identify areas and opportunities to optimize WHO's Transformation and its impact on the health of people everywhere.	
Management Response Status	In progress
Date	8 July 2021

Recommendations and Action Plan

<p>Recommendation 1: The WHO Secretariat should establish clear and comprehensive outcome-level milestones for the remainder of the Transformation and use these measures as an internal management tool and as a communications tool for reporting on progress. Building on the inferred theory of change developed for this evaluation, WHO should:</p> <ul style="list-style-type: none"> a) revise this theory of change, as necessary, to make it as comprehensive and meaningful an encapsulation as possible of the results roadmap for the Transformation – that is, the desired end state sought by the initiative, how the various workstream initiatives are intended to contribute to each outcome both individually and jointly, the inputs (human and financial resources, partnerships), and the assumptions and risks to be managed in the final stage of the Transformation; b) operationalize the theory of change in a series of specific, measurable, actionable and attainable, relevant, and time-bound (SMART) outcome-level milestones (that is, key performance indicators), accompanied by corresponding timeline milestones for when it is expected that targeted outcome-level changes will be fully realized, bearing in mind the assumptions identified in the theory of change; c) aim to maintain a record of the human and financial resources expended on Transformation throughout the Organization so that there is a clearer picture of the organizational investment in the initiative; and d) use the theory of change and accompanying metrics to monitor and report on progress moving forward.

Management response	Accepted A monitoring mechanism and reporting framework for Transformation implementation is already in place (May 2021) and is being reviewed and updated to take into account the above recommendations, feedback provided by Member States during the PBAC, and relevant recommendations provided through other external reviews such as the IPPPR and IHR Reviews. The actions below clarify how the above sub-recommendations (items a-d above) will be addressed in this context.			
Status	<i>In progress</i>			
Key actions	Responsible	Due date	Status	Comments
Produce a refreshed results roadmap that builds on the theory of change produced in the evaluation and, subsequently, clarify and refine the global Transformation outcome-level milestones, where needed.	DGO/TIC with Transformation Business Owners ²	Q4 2021	<i>In progress</i>	This work is underway and will be completed following the completion of the External Audit of the Transformation agenda (tentatively planned for Sep-Oct 2021) and a global transformation stocktake exercise under discussion for late 2021. <i>Reference: EB149/2, section 4.1(a) recommendation to establish outcome-level milestones for the remainder of the Transformation</i>
Update and refine the monitoring tool and framework used to report on TRF implementation progress and outcomes, based on the above.	DGO/TIC with the Global Transformation Team (GTT)	Q1 2022	<i>Not initiated</i>	A first version of the monitoring tool is already available on-line. The completion of this action (to update the tool and its associated monitoring framework) is dependent upon completion of the above. <i>Reference: EB149/2, sect 4.1(c): provide regular updates on progress made in the implementation of transformation at all levels of the Organization and especially at country level;</i>
Provide information on human and financial resources expended on the global Transformation in the next Transformation progress report, and refreshed annually from 2022 as applicable.	Transformation Business Owners with support from DGO/TIC and PRP	Q4 2021	<i>Not initiated</i>	<i>Reference: EB149/2, section 4.1.(b) engage more closely with Member States in pursuing future implementation of transformation and ensure that the requisite resources and capacity were available for WHO's work at country-level in the next phase of transformation</i>

² Transformation Business Owners include business owners in HQ, Regional Offices and in Country Offices as applicable.

Recommendation 2: WHO Secretariat needs to engage its Member States better throughout the remainder of the Transformation's implementation. In this regard, priority should be placed on:

- a) clearly and transparently communicating the results roadmap encapsulated in the theory of change, including what organizational initiatives are and are not directly a part of the Transformation;
- b) regularly providing Member States with clear updates on progress made (including progress not made) against the implementation plan as well as the targeted outcome-level changes
- c) Consulting with Member States as appropriate on any ongoing or new/emerging transformation-related initiatives.

Management response	<p>Accepted</p> <p>Reports on progress with Transformation implementation are regularly provided to Member States through the Regional Committee meetings, the PBAC, EB and WHA. Annual progress reports have also been produced since 2019. A new, dedicated web page on WHO's Transformation Agenda was included on WHO's website in January 2021 that includes a specific sub-section on monitoring and reporting implementation progress and a new monitoring tool since May 2021 that is updated on a quarterly basis.</p>			
Status	<i>In progress</i>			
Key actions	Responsible	Due date	Status	Comments
Develop a revised/refreshed global Transformation implementation roadmap and communicate with WHO Member States.	DGO/TIC & GTT	Q4 2021	<i>Not initiated</i>	<p>This action is directly linked to actions outlined in response to Recommendation 1 and is dependent on the completion of those prior actions.</p> <p><i>Reference: EB149/2, section 4.1(a) recommendation to establish outcome-level milestones for the remainder of the Transformation</i></p>
Produce and disseminate an annual report on Transformation implementation until the end of the PB2022-23, after which point Transformation reporting will be rolled into regular results reporting.	DGO/TIC and TRF Business Owners	Annually to end 2023	<i>In progress</i>	<p>First and second annual reports (2019, 2020), completed and issued on dedicated WHO Transformation webpage. The next report will be produced at end 2021.</p> <p>https://www.who.int/about/transformation.</p> <p><i>Reference: EB149/2, sect 4.1(c): provide regular updates on progress made in the implementation of transformation at all levels of the Organization and especially at country level;</i></p>

The Secretariat will brief Member States on progress with the global Transformation Agenda and on any new/emerging Transformation-related initiatives as applicable at least annually.	DGO with ExD/EXT	At least annually	<i>In progress</i>	<i>Reference: EB149/2, section 4.1.(b) and (c)</i>
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Recommendation 3: Without losing momentum for continued progress at all levels of the Organization, WHO should invest dedicated attention – and resources – toward supporting country-level Transformation in the next phase. With emphasis having thus far been on changing operations at headquarters and, in some cases, regional offices, in the next phase attention must redouble its focus on the end goal of this organizational change initiative and the GPG’s vision of a strengthened WHO country presence: transforming country offices, and transforming support to country offices, in order to realize WHO’s vision for country-level impact. Toward this end, WHO should prioritize the following measures:

- a) The 2022-2023 programme budget should allocate adequate resources to country-level operations and, once this is approved, WHO country offices should be encouraged to better apportion their resources towards making larger country-level impacts and fully realize the GPG aspirations for the WHO country-level presence and operating model.
- b) Specific targets should be established for the number of positions increased (moved or newly created) in country offices.
- c) Further investments in the WHO representative selection and development process should be made, in order to ensure strong competencies in leadership, management, advocacy, resource mobilization and multi-sectoral partnership work.
- d) Based on the finalized theory of change for the Transformation, any additional measures that are necessary for improving the Transformation at country level, and the supports to country-level impact from other corners of the Organization should be identified and pursued.

Management response	<p>Accepted</p> <p>A priority focus for the Transformation Agenda for 2021 and the coming biennium, as reflected in the 2020 Progress Report and in the EB paper on <i>Transforming for enhanced country impact</i> (see EB148/32) is to accelerate implementation of the 3-level shifts needed to enhance and optimize WHO’s impact at country level. This includes work ongoing in WHO Regional Offices to implement recommendations of the country functional reviews and the related work to optimize WHO’s country operating model in-line with the aspiration set by the GPG. The following actions detail how this work will be taken forward in consideration of the above sub-recommendations (items (a) – (d) above). Regarding sub-recommendation (b), while there is agreement that WHO country offices should be appropriately resourced, flexibility is needed in determining the number of positions (moved or newly created) in country offices. This number (and specific skill mix) needs to be dynamic,</p>
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	informed by results-based planning and determined based on country needs/priorities and WHO's comparative advantage vis-à-vis the work of its partners.			
Status	<i>In progress</i>			
Key actions	Responsible	Due date	Status	Comments
Allocate adequate resources to WHO's country level operations in PB2022-23	WHO Global Policy Group	May 2021	<i>Implemented</i>	An additional USD\$ 252 million of budget was allocated to segment 1, more may be allocated in the future revision of PB2022-23. <i>Reference: Resolution WHA74.3; document A74/5Rev.1 Table 8</i> Further flexible resources will be needed in order to fully fund WHO Country offices against this budget. This is a focus of the Sustainable Financing Working Group and may take time to realize.
Introduce enhancements to the WR rostering and selection process to promote a proper gender balance and ensure that core competencies reflect/align with the GPG-agreed aspiration for WHO's country operating model.	DIR/HRT with DGO/CSS & Global CSU network	ongoing	<i>In progress</i>	WHO is at the forefront of UN agencies using a Global WR roster to select and appoint WRs across all regions, including use of a multi-step competitive assessment modelled after the UN Resident Coordinator system. As part of Transformation, and building on lessons learned, efforts to maintain a more fit-for-purpose effective roster include: <ul style="list-style-type: none"> • Updated and revised WR vacancy notice, and selection process (with final nomination by the Regional Director and approval by the Director-General). • Revised and finalized WR core competencies (Q1 2021) aligning with GPW13, SDG and Transformation Initiative, including competencies addressing health diplomacy, UN Reform engagement, and multisectoral partnering. • Gender balance: a quarterly dashboard tracks the gender balance of WRs; recognizing that WHO's efforts for gender equity is relevant to WRs and all staff.
Expand rollout of the WHO management & leadership training programme (initially established in AFRO under the Pathways to Leadership) to all WHO Regions and HQ, with priority given to training of WHO Country Representatives.	BOS/HRT & Global HR Community Regional Offices	Q4 2022	<i>In progress</i>	WHO is escalating its investment in leadership and professional skills development at all levels of the Organization but especially among WHO representatives and managers. Rollout has been delayed due to the COVID-19 context; HQ is focusing initially on the 360 degree feedback approach, and will implement the full training programme subsequently.

Develop a learning exchange approach to document best practices and synthesize lessons and learning from the implementation of Transformation across the three levels of the Organization.	Transformation Business Owners with support from the GTT	Q4 2021	<i>Not initiated</i>	<i>Reference: EB149/2, section 2.1(c) continue efforts to ensure that the WHO transformation agenda is fully reflected at country level and that Member States are updated on how lessons learned are applied;</i>
Identify additional measures to accelerate aspects of the global Transformation that will enhance impact at country level following the process to clarify outcome-level milestones (see recommendation 1 above)	Transformation Business Owners with support from the GTT	Q4 2021	<i>Not initiated</i>	Completion of this action is dependent upon completion of actions outlined in response to Recommendation 1, especially the global stocktake exercise and refinement of outcome-level milestones for the remainder of the Transformation. <i>Reference: EB149/2, section 2.1(c)</i>

Recommendation 4: Efforts should be intensified to build a motivated and fit-for-purpose workforce. As a crucial means of advancing multiple goals conducive to the success of the Transformation – for example, circulating knowledge across the three levels of the Organization, forging a “One WHO” identity within its organizational culture, fostering a heightened sense of how country offices operate and what support they need in order to enable their work, and cultivating a motivated and fit-forpurpose work force, WHO should:

- a) prioritize implementation of the reforms in human resources, including the development of WHO career pathways, enhancing contracting modalities and the implementation of global geographic mobility; and
- b) to promote staff mobility and rotation, when filling all new positions or replacement vacancies, consider if the position in question can be located at decentralized level without the loss of overall organizational effectiveness to WHO. Hiring managers should either move the position to the field or explain why it should not be moved to the field, in keeping with the “comply-or-explain” principle.

Management response	<p>Accepted</p> <p>Several Transformation initiatives are directly focused on key aspects of human resources reform that have the potential to inculcate a stronger culture of a result-focused, collaborative and agile 'One WHO'. This includes initiatives that seek to establish clear and equitable career pathways for WHO staff; ensure the fair and appropriate use of WHO contractual modalities; support new flexible ways of working; promote a respectful and inclusive workplace; provide learning and development opportunities; and enable global geographic mobility. Ensuring the full roll out of global geographic mobility will also help achieve the dual objectives of providing staff with opportunities for learning and development while at the same time strengthening country presence particularly where staff take up positions through mobility at the country level.</p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Update and align WHO's Human Resources Strategy and Learning and Development Strategy with global Transformation objectives to ensure coherence along/across related initiatives.	BOS/HRT & Global HR Community; WHO/ACD; GSMC	To be implemented during the 2022-23 biennium	<i>Not initiated</i>	<p>Completion of this action is partly dependent on the actions outlined in response to recommendation 1 above (to produce a refreshed results roadmap). The HR and learning strategy updates will also take into account the outcomes of the global Transformation stocktake to ensure alignment.</p> <p><i>Reference: See A74/25 Human Resources annual report and A74/53 Report of PBAC: Human Resources annual report</i></p>
Encourage hiring managers, where possible, to give priority consideration to filling vacant positions through the mobility roster before opening positions to wider recruitment.	BOS/HRT & Global HR Community	To be initiated during the 2022-23 biennium	<i>Not initiated</i>	This action is dependent on the timing of the full rollout of the Global Geographic Mobility mechanism.

Recommendation 5: WHO should accelerate the pace of desired changes in its organizational culture. WHO should consider the following actions to accelerate and embed desired cultural shifts throughout the Organization:

1. Building on initiatives such as the WHO Academy and the leadership training initiative of the Regional Office for Africa, WHO should escalate its investment in leadership and professional skills development at all levels of the Organization but especially among WHO representatives and managers elsewhere. Leadership initiatives should incorporate the cross-cutting priorities of gender equity and empowerment and diversity and inclusion.
2. Actions such as the Director-General's open-door policy should be modelled not just at the top, but also promoted by managers at all levels of the Organization. Regular feedback, including by documenting and responding to relevant proposals submitted by staff, should be considered a central element of this strategy.
3. A more concerted effort needs to be made to align policies and procedures with new norms of collaboration and agile functioning.

Management response	<p>Accepted</p> <p>The need to prioritize and accelerate implementation of Transformation initiatives that will operationalize changes in WHO's day-to-day culture and ways of working envisaged as part of the WHO Transformation Agenda has already been recognized and reflected as a priority area of focus for 2021 and beyond (see 2020 progress report). Many of the Transformation initiatives focused on human resources described under Recommendations 3 & 4 above will also address key enablers for the culture change envisaged.</p> <p>Actions specifically addressing sub-recommendation (a) are described above under recommendations 3 & 5. The actions below specifically address sub-recommendations (b) and (c).</p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Expand and actively encourage "opendoor policy" between management and staff, as previously actively promoted and practiced at the highest levels of WHO.	Executive Management/Senior Leadership across all levels of WHO	ongoing	<i>In progress</i>	<i>Reference: EBPBAC34/2 IEOAC Report to PBAC EB149/2 Report: need for continued two-way dialogue with staff, and avoiding staff fatigue.</i>

As part of the rollout of redesigned internal communications process, and building off existing dedicated channels to capture staff ideas, proposals and feedback on different aspects of the Transformation, strengthen feedback loops for consolidating and applying staff ideas and proposals.	DGO/TIC with the GTT & DCO/Internal Communications and Global Internal Comms focal points	ongoing	<i>In progress</i>	Dedicated channels to capture staff ideas, proposals and feedback on different aspects of the Transformation have been established, such as through the global and regional Change Agent networks, will be further promoted and supported as Transformation implementation continues.
Develop a systematic approach to apply lessons from the Evaluation, Transformation implementation to date, and reviews of Covid-19 response to further institutionalize greater agility in WHO and to enhance key enablers (policies, procedures and behaviours).	GTT with relevant Transformation Business Owners	Q4 2021	<i>In progress</i>	There is already a dedicated initiative (Agile @WHO) within the 40 core initiatives that constitute the core of the global Transformation Agenda. An initial assessment of WHO's readiness to adopt more agile ways of working was undertaken as part of the design phase of the Transformation. This will be updated on the basis of findings from the Evaluation, Transformation implementation lessons to date and from review of COVID-19 response.

2.4. Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020 (NCD-GAP)

- 2.4.1. The purpose of the mid-point evaluation was to assess the accomplishments of the six objectives of the NCDGAP and the lessons learned through implementation of the NCD-GAP in Member States, by international partners and non-State actors and at the three levels of WHO. The evaluation objective had three elements, namely to: document successes, challenges and gaps of the implementation of the NCD-GAP since 2013; provide lessons learned and recommendations to improve the implementation of the NCD-GAP until 2030; and provide inputs for the next WHO global status report on NCDs as well as other reports, including on contributions to reducing premature mortality from NCDs by promoting mental health, reducing air pollution and strengthening health systems. The evaluation scope was implementation of the NCD-GAP and not of the entire, wider NCD agenda.
- 2.4.2. The evaluation found that overall, the NCD-GAP has contributed to raising the profile of NCDs internationally and in many countries and this has contributed to an increase in the number of countries that have adopted a national NCD policy, strategy or action plan. However, there is a pressing need to accelerate implementation of those plans and international and domestic financial resources are needed for this delivery. The identification by WHO of what it terms NCD best buys has provided Member States with a menu of policy options they can consider when looking for cost-effective mechanisms based on current best evidence. Overall, progress in implementing the NCD-GAP has been slow and incremental rather than the kind of rapid acceleration to which the high-level processes associated with the NCD-GAP aspired. Incremental progress has been made in addressing tobacco use but similar progress has not yet been seen with other risk factors including harmful use of alcohol, healthy diet and physical activity. A key factor in this regard may be the WHO Framework Convention on Tobacco Control and the monitoring of its implementation. While some progress has been made on developing protocols and ensuring essential NCD medicines are available, these are still lacking in many countries. More is needed to ensure NCDs are managed effectively through primary care so that people with NCDs, such as hypertension and diabetes, are diagnosed, treated and have their conditions controlled. There is a need to ensure that vulnerable groups, different age groups and those in emergency settings are included in this provision. WHO lacks adequate financial and human resources to provide technical support to implementation of the NCD agenda, particularly at the country level especially given increasing country demands for technical support. Work across risk factors in WHO is fragmented and lacks clear leadership. Multisectoral engagement, for example beyond the health sector and with the private sector, requires people with appropriate private sector, political, diplomatic and networking skills and experience. There has been little clear guidance from WHO as to how countries can establish effective multisectoral responses, involving other United Nations agencies, civil society, private sector organizations, etc., including how to manage and avoid commercial conflicts of interest. The role of civil society in supporting the NCD response has not been fully harnessed.
- 2.4.3. In its management response, WHO accepted the recommendations. As of April 2022, there is progress on all areas of recommendations: a) find sustainable funding mechanisms; b) optimize the use limited financial resources; c) explore areas of slow progress; d) focus on an integrated primary health care approach; e) explore how to raise the priority of NCD research; f) strengthen the monitoring and surveillance of NCD responses; g) undertake a functional review of WHO support to NCDs; h) increased focus on how NCDs differentially affect different groups; i) incorporate mental health and air pollution into the NCD-GAP; j) strengthen joint activities between agencies; and k) consider implementing the recommendations of the final evaluation of the GCM/NCD.

Management Response

Evaluation Title	Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020 (NCD-GAP) (November 2020)
Commissioning Unit	DGO/EVL
Link to the evaluation	https://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-(ncd-gap)
Evaluation Plan	Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	HQ/UCN/NCD
<p>Overall Management Response: Recommendations Accepted</p> <p>WHO welcomes and accepts the recommendations of the mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020 (NCD-GAP).</p> <p>A mid-point evaluation of the progress achieved in the implementation of the WHO action plan for the prevention and control of NCD for 2013–2020 (NCD-GAP) was requested in resolution WHA66.10 (2013) (paragraph 1(1) and paragraph 60), which was reinforced in the NCD-GAP (paragraph 60) calling for the WHO Secretariat to convene a representative group of stakeholders, including Member States and international partners, to conduct the evaluation.</p> <p>The mid-point evaluation assessed the accomplishments of the six objectives of the NCD-GAP, as well as lessons learned through implementation of the NCD-GAP in Member States, by international partners and non-State actors, and at the three levels of WHO (country offices, regional offices and headquarters). Recommendations identify actions that can accelerate the implementation of the global NCD Action Plan to ensure impact in countries, and to harness opportunities for NCD prevention and control in the ‘build back better’ response of the COVID 19 pandemic. Work is already in progress to address all recommendations.</p> <p>Implementation of the recommendations requires Organization-wide planning to identify and meet required financial and human resource needs across HQ, Regional and Country Offices and to ensure coherent cross-departmental and cross-Organizational collaboration. Strategic alignment and sustained support for UN country level planning and capacity strengthening is also required to strengthen links to UN country teams to enable joint planning, implementation and monitoring of NCD prevention and control. Actions taken on the evaluation recommendations during the last year took into account the disruptions of health services to deliver on protection, diagnosis, management and control of the major NCDs and risk factors including rehabilitation and palliative care, due to the impact of the COVID-19 pandemic.</p> <p>An implementation roadmap for NCD prevention and control was submitted to the 150th session of the Executive Board to guide and support Member States to take urgent measures, in 2023 and beyond, to reorient and accelerate their domestic NCD action plans including strengthening of surveillance and monitoring on NCDs, placing them on a sustainable path to achieve the 9 voluntary global NCD targets and SDG target 3.4.1 by 2030.</p>	
Management Response Status	In progress
Date	April 2022

Recommendations and Action Plan

<p><u>NCD-GAP objective 1: To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy</u></p> <p>Recommendation 1. WHO Secretariat and Member States to find sustainable funding mechanisms to allow for a dramatic acceleration of NCD implementation. Specifically:</p> <ul style="list-style-type: none"> • WHO Secretariat to develop specific proposals as to how NCD funding can be incorporated into plans to build back better. • UNIATF, WHO and international partners to continue with plans to introduce a Catalytic/Multi-Partner Trust Fund for NCDs. • Bilateral funders, multilateral funders, philanthropies and other funding agencies to provide additional funds for NCD responses, including through the Catalytic/Multi-Partner Trust Fund for NCDs. • WHO Secretariat to continue to work with Organisation for Economic Co-operation and Development to further develop a purpose code to track spending on NCDs within official development assistance. 				
Management response	<p>Accepted.</p> <p>Sustainable funding is a prerequisite for accelerated implementation of global, regional and nation action plans for prevention and control of NCDs. Thematic and specific sustainable funding is raised progressively through bilateral funders, philanthropies, through collaborations with UN organizations, GF, WB and commitments through private sector dialogues in accordance with priorities set by the MS on NCDs. Norway as the first OECD/DAC donor country has included NCDs into their development strategy</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop guidance for how countries can incorporate NCD prevention and control in their budget and funding for plans to “build back better,” for Member State adaptation for national action	UCN/NCD with EXT/CRM	Q 4 2022	<i>In progress</i>	<p>Through NCDs and COVID-19 working group https://www.who.int/publications/i/item/9789240010291 recommendations on Building Back Better, including 2 rapid assessment surveys that demonstrated 50-60% disruption in 75 % of countries and operational guidance on continuation of Health services, countries has included priorities in their CSPs and started proposals through COVID funding streams with partners.</p> <p>A Strategic and Technical Advisory Group (STAG)-on NCD has been established. It acts as an advisory body to WHO to further its efforts and work in addressing the prevention and control of NCDs including the development of specific proposals on how NCD funding can be incorporated into plans to build back better</p>
Operationalize the United Nations Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health in collaboration with UN partners and Member States	DDG/GNP/UNIATF with WIN-NCD, EXT/CRM, CRE/DAN	September 2022	<i>In progress</i>	<p>The United Nations Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health was established in May 2021 by UNDP, UNICEF and WHO with the UN MPTF Office as the Administrative Agent.</p> <p>https://mptf.undp.org/factsheet/fund/NCD00</p> <p>The Fund (a recommendation of the independent High-Level Commission on NCDs, and in keeping with numerous ECOSOC resolutions by UN Member States) will further the aims of the WHO NCD GAP to support low- and middle-income countries to prevent and optimally manage NCDs and mental health, neurological and substance use (MNS) conditions.</p>

Develop a purpose code to track spending on NCDs within official development assistance in collaboration with the Organization for Economic Co-operation and Development.	UCN/NCD, UHL/HGF with the OECD	Q4 2022	<i>In progress</i>	Creditor Reporting System Code for NCDs to track NCD related ODA is operational
Further develop a resource mobilization plan to approach bilateral partners, multilateral, philanthropies and other funding agencies for sustainable financing for NCD responses.	EXT/CRM, UCN/NCD, CRE/DAN	Q1 2020	<i>Implemented</i>	Predictable and sustainable funding from EU to support 115 countries including in ACP countries for NCDs with human resources and seed activity money for 4 plus 4 year to make Health systems respond to NCDs also supporting a Unit in HQ/NCD/ISD. First OECD country, Norway, approved NCDs into their development strategy and is now funding country action and activities at 3 level of WHO for the next 4 years and has indicated for more years. Government of Denmark, Switzerland and Canada are supporting with predictable seed funding.

NCD-GAP objective 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs

Recommendation 2. WHO Secretariat and Member States to consider how best to use limited financial resources available for NCDs by focusing on the most cost-effective options based on available evidence. Specifically:

- Member States to identify ways in which they can provide, identify and leverage the domestic financial resources needed to respond effectively to NCDs including, as appropriate, as part of national COVID-19 responses and recovery action plans.
- Member States to focus their financial resources on those actions which will be most cost-effective based on best available evidence.
- WHO Secretariat to update the best buys based on latest evidence, particularly from a diverse range of regional and national settings.
- Member States to adapt the best buys to their context with WHO Secretariat technical support if necessary.
- WHO Secretariat to consider if further guidance can be given on total funding needed to implement the most cost-effective NCD interventions.
- WHO Secretariat and Member States to seek ways to collect and report more data on levels of in-country expenditure on NCDs.

Management response	<p>Accepted.</p> <p>Given the long-term nature of NCDs, sustainable national NCD responses depend on the identification and leverage of domestic financial resources and directing them to very cost-effective prevention and management interventions (best buys).</p> <p>Common domestic challenges to implementing the 'best buys' for the prevention and control of NCDs were identified in the report of the United Nations Secretary-General to the UN General Assembly in 2017.³ WHO is providing technical assistance to countries to contextualize specific barriers and enablers relevant to their national contexts. The UN NCD Inter-Agency Task Force on the Prevention and Control of NCDs will continue to support governments to: (i) develop country-specific investment cases that focus on the 'best buys' and cost-effective interventions; and (ii) unblock barriers in sectors beyond health.</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop an implementation roadmap 2023-2030 including mental health and air pollution interventions for accelerated implementation of NCD-GAP in line with decision WHA74(10)	UCN/NCD, HEP, Regional Offices, GNP	Q2 2022	<i>In progress</i>	<p>DecisionWHA74(10) requested the WHO Director-General to submit "an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and subsequent consultations with Member States⁴ and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly".⁵</p> <p>The NCD roadmap 2023-2030 recognizes the heterogeneity in the epidemiology of NCDs across countries and regions, as well as local socio-cultural, economic and political contexts and that countries need to take divergent domestic routes towards achieving the SDG target 3.4.1 by 2030 and the NCD-GAP targets. Focus on National plans and assessment, priority setting and strengthening of data and surveillance is the three directions in the road map. The UN NCD Inter-Agency Task Force will be the main mechanism to encourage the UN system as a whole to support delivery of the WHO NCD Implementation roadmap 2023-2030</p>

³ https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_14-en.pdf

⁴ And, where applicable, regional economic integration organizations.

⁵ [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(10\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(10)-en.pdf)

Conduct a global survey on the impact of the COVID 19 pandemic on NCD-related essential health services to provide input to build back better efforts.	UCN/NCD	2021	<i>Implemented</i>	NCD prevention and treatment services were widely reported as disrupted during the COVID 19 pandemic. These service disruptions may negatively impact future trends in NCD morbidity and mortality. Global excess mortality due to NCDs figures still missing but reported at national level . SPRP now include Pillar 9 and operational guidance is developed for continuous health services during pandemics. Health system strengthening and NCDs into Health Security still needs to be strengthened and including in funding for building resilience and preparedness. WHA upcoming resolution and next UHC HLM represent opportunities.
Update WHO NCD GAP Appendix 3 with cost effective interventions for NCD prevention and control in line with paragraph 3(a) of WHA72(11) ⁶ .	UCN/NCD, HEP, RO, UHL/HGF	September 2022	<i>In progress</i>	The updated set of cost-effective interventions for NCD prevention and management will be a guide to select locally relevant and scalable interventions.
Develop guidance and tools for priority setting and support their implementation at country- level so that countries can focus financial resources on high impact interventions that provide a good return on investment (WHO best buys)	UCN/NCD, Ambassador team, HEP, NFS, MSD, GNP/UNIATF	Q2 2023	<i>In progress</i>	To assist Member States prioritize their actions and financial resources, and increase cost effectiveness, WHO has taken the following actions: -- Updated data on cause-specific mortality to characterize the risk and trends in NCD mortality in each country; evaluated combinations of NCDs that contribute to the premature mortality. – Published heat maps for each country on WHO’s website to indicate the probability of premature death from NCDs. -- Developed a web-based simulation tool to support countries prioritize and scale up NCD and mental health interventions (estimates the health impact of recommended interventions at national level up to 2030 and beyond; visual representation of the scale for interventions and corresponding impact on premature mortality; impact of key accelerators tailored to their specific epidemiological situation). A Global Investment case was released in December 2021, it presents the health and economic benefits of implementing the current 16 NCD Best Buys,),84 dollar will save 7 million lives in LMIC. https://www.who.int/publications/i/item/9789240041059 The UN Inter-Agency Task Force on the Prevention and Control of NCDs will continue to develop tools for countries to undertake investment cases.
Develop and disseminate a facility-based patient and programme monitoring framework specifically for NCDs, inclusive of country expenditure data.	UCN/NCD, UHL/HGF, HEP	Q4 2023	<i>In progress</i>	WHO is developing a facility-based patient and programme monitoring framework specifically for NCDs, taking into account existing primary care monitoring frameworks at global and regional levels. As a first step, a draft set of indicators has been identified to support standards-based data recording and reporting in health facilities at primary care level in low-resource settings. These indicators are being vetted against criteria such as validity and feasibility, and further selected and prioritized using Delphi method to produce most technically sound, relevant and practical set of indicators. Tools will be further developed to promote easy integration of these indicators into existing Health Management Information Systems, or to establish new systems for patient and program monitoring where none exist. Furthermore, WHO is using MedMon, a multi-language tool to rapidly collect and analyze data on the price and availability of NCD medicines in health facilities and procurement centers. This is done in collaboration with the access to Medicines and Health Product Division. Five surveys

⁶ In line with paragraph 3(a) of WHA72(11)

				will be completed across three regions. Namely: Tajikistan, Uzbekistan, Kyrgystan, Iraq and Ghana.
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<p>NCD-GAP objective 3: To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments</p> <p>Recommendation 3. WHO Secretariat and Member States to explore why progress seen in relation to addressing tobacco use has not yet been seen in relation to other risk factors. Specifically:</p> <ul style="list-style-type: none"> • WHO Secretariat and Member States to explore why the steady progress being seen in relation to tobacco control is not being seen for other risk factors. • WHO Secretariat and Member States to explore why, in particular, policies on harmful use of alcohol are not associated with implementation of identified cost-effective actions on harmful use of alcohol. • WHO Secretariat and Member States to explore what the barriers are to implementation of actions, that are not showing a positive association with income group, in high-income countries. • WHO Secretariat to review (as part of any review of the best buys) whether the range of cost-effective interventions for physical activity can be expanded. • Member States to develop and strengthen appropriate regulatory frameworks for all risk factors with WHO Secretariat technical support. 				
Management response	<p>Accepted.</p> <p>The NCD roadmap will prioritize the implementation at national level of the “Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025,”⁷ WHO Global strategy to reduce the harmful use of alcohol and its Global Action Plan,⁸ WHO Global action plan on physical activity,⁹ and WHO guidance and tools for promoting healthy diet. Specifically, review the global, regional and country level impact of implementation of WHO MPOWER package of measure to reduce the demand for tobacco, as report in the bi-annual WHO Report on the Global Tobacco epidemic (GTCR)</p> <p>The implementation roadmap will provide tools so that countries can implement fiscal measures, as appropriate, aiming at minimizing the impact of the main risk factors for NCD and including health taxes in their revenue programmes and link these to NCD prevention and control.</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop an action plan (2022-2030) in accordance with EB146(14) for effective implementation of the global strategy to reduce harmful use of alcohol (endorsed by WHA in 2010)	UCN/MSD	Q 1 2024	<i>In progress</i>	The Executive Board, in its decision EB146(14), requested the WHO Director-General to “develop an action plan (2022–2030) to effectively implement the Global strategy to reduce the harmful use of alcohol (Appendix 8 EB150/7). The action plan is envisaged to accelerate implementation of the global strategy to reduce the harmful use of alcohol.

⁷ <https://apps.who.int/iris/bitstream/handle/10665/325887/WHO-CSF-2019.1-eng.pdf?ua=1>

⁸ https://cdn.who.int/media/docs/default-source/alcohol/action-plan-on-alcohol_first-draft-final_formatted.pdf?sfvrsn=b690edb0_1&download=true (under development)

⁹ <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>

Develop a technical report on Reducing the harm from alcohol by regulating cross-border alcohol marketing, advertising and promotion	UCN/MSD	Q1 2024	<i>In progress</i>	Through the same decision (EB146/14), the Executive Board requested the Director-General to develop “a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the Executive Board, which could contribute to the development of the action plan”.
Develop recommendations for the prevention and management of obesity over the life course, including potential targets (WHA 74.4)	HEP/NFS	Q2 2022	<i>In progress</i>	Process: A WHO wide working group was formed and a WHO Discussion paper was developed by the Secretariat in August 2021, with web-based consultations for Member States, UN organizations, and non-State actors on the Discussion Paper (16 August -17 September 2021; Member States briefings (August - October 2021, March 2022). Recommendations for Member States for the prevention and management of obesity over the life course have been developed including policy domains of health, the built environment and physical activity, food systems, social protection, finance and trade, health literacy and education, among others to improve global outcomes and to achieve WHA and UNGA targets. Member States requested an Acceleration plan to support implementation of the recommendations for discussion at the 75 th WHA.
Develop and launch technical tools, and suite of implementation guidance to support policy implementation on physical activity for: A) ACTIVE Primary health care, ACTIVE Schools and physical activity; and mHEALTH/BHBM digital health programmes for physical activity (January 2022); and B) Promoting Walking and Cycling; ACTIVE: Promoting physical activity to older adults; ACTIVE: Developing a national multisectoral implementation plan for physical activity.	HEP/HPR/RUN	Q4 2022	<i>In progress</i>	Global Action Plan on Physical Activity (GAPPA): WHO reviewed evidence and conducted a stakeholder assessment of the impact of COVID on government and non-government sectors work on physical activity in 2021. It revealed significant impact on capacity, funding and political leadership within government but also opportunities and recognition from NGO of the need to accelerate and coordinate so countries and physical activity can build forward better. In 2021 WHO launched findings and recommendations in “Fair Play” a policy brief on physical activity calling for: 1) stronger partnerships across sectors to strengthen intervention implementation and improve the delivery effective PA programs and services to help more people be including in primary health care, and helping people living with NCDs; (2) strengthen governance frameworks and specifically regulations and standards to ensure urban planning delivers safe environments for walking and cycling and other forms of physical activity (3) develop and test innovative financing mechanisms to support PA policy implementation. WHO is working on these three areas with specific work activities as well as continuing to develop the technical tools to support policy implementation and capacity building in countries
Develop and launch the Register of Commitments from NSA towards increasing physical activity to mobilise private and CSO to align resources towards country support and implementation of GAPP	HEP/HPR/RUN	Q4 2022	<i>In progress</i>	
Publish technical report on financing mechanisms physical activity and related infrastructure projects and disseminate to inform banks and	HEP/HPR/RUN	Q4 2022	<i>In progress</i>	Publish technical report on 6 case studies of financing mechanisms for walking and cycling infrastructure projects; conduct dissemination webinars to inform banks and development agencies, governments and stakeholders to build knowledge, partnership and capacity in financing and regulatory approaches to strengthen and progress PA policy implementation

development agencies, governments and stakeholders				
Ensure sustained allocation of resources to advance tobacco control with a priority on capacity building at regional and national levels for implementation of MPOWER.	HEP/HPR	Q4 2022	<i>In progress</i>	<p>Despite the exceptional challenges brought on by the COVID-19 pandemic in 2020, progress in tobacco control has continued. Latest results show that, as of 2020, more than 5.3 billion people – 69% of the world’s population – are covered by at least one MPOWER measure at the highest level. Inspiringly, over 4.4 billion people are now covered by multiple, fully adopted MPOWER measures.</p> <p>However, the tobacco industry has continued to ramp up its interference in countries’ tobacco control efforts throughout the pandemic, capitalizing both on countries’ subdued resourcing for tobacco control and on the pandemic itself, by increasing their CSR activities as a means to gain entry to new markets and audiences. WHO pushed back on this throughout 2020 and 2021, leveraging our global reach and platform at all levels of the organization, as well as the political weight of all our political instruments, including the personal engagement of our Director-General Dr Tedros to write directly to a number of Heads of State, expressing concern where there was danger for tobacco control progress to backslide in countries due to the industry interference.</p>
Develop a global guidance on “How to enhance domestic and development financing for scaling up action on the NCD-related SDGs” to build capacities in Member States and partners to see the benefits of health taxes beyond tobacco tax	HEP/HPR	2022	<i>In progress</i>	<p>In order to build capacities in Member States and partners to see the benefits of health taxes beyond tobacco tax, WHO developed in 2021 a global guidance on “How to enhance domestic and development financing for scaling up action on the NCD-related SDGs”. Based on WHO’s 10 years’ experience in guiding countries on the implementation of tobacco taxation, this global good provides a tool to policy-makers on how to use fiscal measures (for taxation of tobacco products but also alcohol and SSBs) to reduce health-care costs and generate a domestic revenue stream for development. The output is a suite of products that include four main components: 1) Technical documents - three separate technical manuals on the implementation of tobacco, alcohol and SSB taxes; 2) Resource materials - a health taxes book; 3) advocacy and implementation tool - guidance note on NCD related legislation and taxation which builds on components 1 and 2; and 4) a synthesis document with a legislative agenda approach on health taxes and summarizing the why, what and how of tobacco, alcohol and SSB taxation.</p>

NCD-GAP objective 4: To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage

Recommendation 4. WHO Secretariat and Member States to do more to ensure those affected by NCDs are diagnosed, receiving treatment and having their condition controlled. Specifically:

- WHO Secretariat and Member States to identify practical ways in which responses to NCDs can be better integrated into primary health care and universal health coverage.
- WHO Secretariat to develop more concrete guidance on NCD management in primary care.
- WHO Secretariat and Member States to improve monitoring of the number and proportion of people receiving essential medicines in primary health care settings, particularly to reduce cardiovascular risk, ensuring that the needs of particular groups are addressed.
- WHO Secretariat, Member States, international partners and non-State actors to recognize and emphasize that it is important not to focus solely on a single NCD.

Management response	<p>Accepted.</p> <p>As reiterated in the conclusions of the midterm evaluation, NCD prevention and control cannot be achieved by addressing a single risk factor or a single noncommunicable disease. While a combination of population wide and individual strategies are required to reduce exposure to behavioural and environmental NCD risk factors an integrated primary health care approach is essential to cost-effectively address metabolic risk factors.</p> <p>WHO will continue to provide technical support to Member States to strengthen capacity to monitor progress towards global NCD target 8 (increase treatment coverage of people with high cardiovascular risk) and global NCD target 9 (increase access to a core set of essential diagnostics and medicines). Implementation of WHO Hearts and PEN packages in primary health care settings will be supported to reduce cardiovascular risk and operationalize an integrated approach across risk factors and to attain the proposed targets for improving treatment and outcomes of diabetes.</p> <p>The Operational Framework for Primary Health Care¹⁰ provides guidance for countries to strengthen primary health care systems through intersectoral actions, empowered people and communities. WHO PEN App provides the package for primary care as an easy access digital solution.¹¹</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop and disseminate technical support packages and compendium for Member States to integrate NCDs into UHC and PHC scale-up	UCN/NCD with UHL/PHC, UHL/HGF	Q2 2023	<i>In progress</i>	<p>Most of the packages is taken into account the integration into and the Health system to respond and is also converted into elements in the UHC Compendium https://www.who.int/universal-health-coverage/compendium. NCDs to be integrated into PHC and UHC was the most requested in this biennium's CSP. Examples of packages is WHO Package of essential NCD interventions for primary health care (PEN) , Global Hearts, WHO updated cardiovascular risk charts, tools for improving access to medicines and technology and other WHO tools and packages, such as MhGAP intervention guide for mental, neurological and substance use disorders. An implementation guidance of integrating NCD into other programs and PHC is being finalised and to be launched in 1st half of 2022 (GPHG566). Direct long term technical support with resources to countries is being initiated Strategic roundtable was supporting the step wise approach to include prioritising NCDs into National UHC benefit package https://www.who.int/publications/i/item/strengthening-ncd-service-delivery-through-</p>

¹⁰ Operational Framework for Primary Health Care. <https://www.who.int/publications/i/item/9789240017832>

¹¹ <https://play.google.com/store/apps/details?id=org.who.WHOPEN&hl=en&gl=US> and <https://apps.apple.com/gb/app/whopen/id1566338877>

				uhc-benefit-package-technical-meeting-report-geneva-switzerland-14-15-july-2020 Global guidance on prioritising NCD in UHC benefit Package has been initiated
Develop guidance to strengthen and monitor diabetes responses within national NCD programmes (global diabetes compact)	UCN/NCD	Q3 2022	<i>In progress</i>	WHA74.4 was passed by Member States at the WHA 74 and requests the Director-General to develop recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes. In response, the Secretariat submitted EB 150/7, Annex 2 proposing recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including treatment coverage targets. The 75 th WHA will consider proposed recommendations and potential targets
Develop and implement surveys to collect routine NCD medicines and health products data on pricing and availability at the dispensing points of private and public health facilities using the WHO MedMon tool	UCN/NCD	Q4 2022	<i>In progress</i>	<p>This action will drive countries to contribute to the NCD-GAP target (no. 9) of 80% availability of the affordable basic technologies and essential medicines and target (8) of at least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.</p> <ul style="list-style-type: none"> • WHO regional training on the new WHO Country Assessment Platform for MedMon to support national medicines price and availability surveys and update of WHO Manual on measuring medicines, prices, availability, and affordability. • MedMon Surveys: Complete 5 NCD medicine and health product surveys: KGZ, TJK, UBZ, GHAN, NEP • Policy Dialogue in KGZ • Strategies for measuring, monitoring and managing NCD medicine: Review of publicly available price information sources to identify potential websites from where the following information can be extracted for NCD medicines and health products
Develop draft global strategy on tackling oral diseases in accordance with WHA74.5 (2021)	UCN/NCD	Q3 2022	<i>In progress</i>	The strategy will inform the development of a global action plan on oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030. See EB/150-7 Annex 3.
Provide technical assistance for implementation of the global strategy to accelerate the elimination of cervical cancer, global breast cancer initiative and the initiative for childhood cancer.	UCN/UCA, UCN/NCD, UHL/HHS, UHL/SRH, UHL/IVB, Regional Offices	Q3 2022	<i>In progress</i>	<p>See EB/150 Annex 7e. Resolution WHA73.2 (OP 4(4)), requests the Director-General: to report on progress in implementation of this resolution in 2022 and 2025 as part of the consolidated report to be submitted to the Health Assembly through the Executive Board in line with paragraph 3(e) of decision WHA72(11) (2019), and to submit a final report in 2030 with lessons learned, best practices and recommendations for further acceleration towards the elimination of cervical cancer as a public health problem. Breast cancer initiative successfully launched in 2021 with technical foundations established through set of publications.</p> <p>Childhood cancer Initiative now active in >50 Member States with tracking of progress, routine reporting of impact and case studies. Community of practice established.</p>
Develop a framework for meaningful engagement of people living with NCD (PLWNCD) and mental health conditions	GNP/GCM, UCN/NCD, HEP/ECH, UCN/MSD, ROs	Q3 2022	<i>In progress</i>	Informal consultations will be co-hosted by all six Regional Offices (across 2022) and the WHO Global Coordination Mechanism for Noncommunicable Disease (GCM/NCD). The consultations will seek participatory development for the framework, explore why meaningful engagement is important, and how it can be implemented at a regional and national level, ultimately feeding into the co-development of the WHO Framework
Develop guidance and tools to support national governments to	GCM/GNP, UCN/NCD, HEP,	2023	<i>In progress</i>	Guidance and tools will support national governments to assess the landscape and to meaningfully engage with civil society and the private sector in NCD prevention and control

assess the landscape and to meaningfully engage with civil society and the private sector in NCD prevention and control	GNP, MHP, CRE/DAN			optimizing their complementary expertise and resources in healthcare systems, availability of medicines, service delivery, and monitoring while giving due regard to managing conflicts of interest. Use of Health System Performance Assessment tool specific to NCD services has been carried out in 1 country to help develop a framework for use for NCD. This has been used as part of landscape analysis focusing on both epi but also health systems component
Launch of the 3 rd phase of the WHO Civil Society Working Group on NCDs	GNP, NCD, HEP MHP, CRE/DAN	2022-2025	<i>In progress</i>	A WHO Civil society working group co-chaired by NCDA is giving advice on the NCDs agenda. NSA are engaged through Global Diabetes Compact Forum, HEARTS forum, GARD, cancer partner forum under Global Childhood cancer Initiative and also under tripartite collaboration for cancer IAEA, IARC, WHO meets on regular basis. NSA is included in web-based consultations. A STAG on NCDs is established as well TAG on Diabetes and NCDs Research and Innovation including PLWNCDs. Private sector dialogues to respond to WHO asks are convened on regular basis for commitments and actions with Food and Beverage companies (NFS), Sports and goods Industry (HEP), Pharmacological and device companies (NCDs)
Develop strategy and guidance for integration of rehabilitation along the continuum of care for persons with NCDs in primary health care	UCN/NCD	2021	<i>Implemented</i>	WHO has developed a number of technical products to support strengthening health systems for rehabilitation as part of the WHO Rehabilitation 2030 Initiative. Those resources are currently implemented in 21 countries across all WHO regions as part of the integrated care of persons with NCDs.

NCD-GAP objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of NCDs

Recommendation 5. WHO Secretariat and Member States to determine how the priority of NCD research can best be raised. Specifically:

- WHO Secretariat and Member States to determine if lack of sufficient funding or an efficient funding mechanism might be an underlying reason why little progress has been made on NCD research and if so how this can be resolved.
- WHO Secretariat to develop a clear plan as to how it will support this area of work including identifying current research priorities and needs and how these will be addressed.
- WHO Secretariat to identify respective roles and responsibilities for this objective, particularly given the establishment of a Science Division.
- WHO Secretariat with the involvement of the WHO collaborating centres to identify ways in which WHO collaborating centres working on NCDs can contribute to this objective.

Management response	<p>Accepted.</p> <p>The NCD implementation roadmap will explore how International partners can support and strengthen research and innovation through working with academic partners and research institutions in countries to support the NCD agenda. It will recommend that countries give priority to implementation research to identify how to implement policies and interventions in contexts where populations and/or resources may differ from that where they were initially formulated and evaluated.</p> <p>WHO, including through the Global NCD Department, will continue to advocate for increased funding and scale-up of implementation research to address gaps in NCD prevention and control in LMICs, and engage relevant stakeholders from governments, civil society, and academia, including WHO collaborating centers for enhanced collaboration and resource-sharing.</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop annual report on monitor progress related to research on NCD made over time using the agreed Action Plan Indicator on NCD research, including by Member States, the WHO Secretariat and international partners/non-State actors	UCN/NCD, STAG NCD	Q3 2023	<i>In progress</i>	The midterm evaluation notes that progress in research has not been reported to the WHA made over time including by Member States, the WHO Secretariat and international partners/non-State actors by using Action Plan Indicator on NCD research, link to Annual Report from IARC and also deep- dive reports like the ongoing scientific review on implementation research on NCDs and review of funding to support NCDs research
Develop research agenda for using digital interventions to scale up screening and early diagnosis and support self-care and management for people living with NCDs.	UCN/NCD	Q2 2023	<i>In progress</i>	COVID-19 pandemic further highlighted the role Digital Health Solutions play in expanding service delivery channels across the continuum of care for NCDs, mitigating also the disruption of services caused by the pandemic. The work on DH for NCD management will be further consolidated during the 2022-23 biennium. An integrated mHealth for NCDs handbook has been approved to be developed as a Technical Product for the department. The Handbook will be complemented by digital products: A myself Care Module, a digital solution that would help individuals living with a NCD or NCD risk factors to better understand and learn about self-care. mPalliative Care Module is an additional planned digital product to support capacity building of health care providers on palliative care. Strengthening knowledge generation and experience

				sharing on the implementation on digital health solutions for NCDs will also be further pursued in collaboration with strategic partners, in line with broader implementation research NCD agenda.
Establish a Technical Advisory Group on NCD Research and Innovation	UCN/NCD, SCI/HFR	2021	<i>Implemented</i>	<p>Research and innovation activities are essential for effective and efficient implementation of the WHO Global NCD Action Plan 2013-2030 and the achievement of SDG 3.4 on NCDs by 2030. The midterm evaluation concluded that research has been the weakest NCD-GAP objective in terms of implementation. The TAG RI will provide technical advice to WHO on matters relating to WHO's work on research and innovation in relation to the prevention and control of NCDs</p> <ul style="list-style-type: none"> • Identify strategies to encourage and facilitate NCD research and innovation at the global, regional and national level in the next 10 years that will support countries in the implementation of the WHO Global NCD Action Plan 2013-2030 and the achievement of SDG 3.4 on NCDs by 2030. • Update the global agenda for NCD-research & innovation and promote the translation of knowledge into action in low- and middle-income countries • Identify ways of supporting low- and middle-income countries in building capacity for high quality research required for implementation and evaluation of intervention, guidelines, technical packages and programmes in the areas of NCDs
Develop research gap analysis and demand identification for innovation as part of programmatic initiatives	NCD, DHI, SCI, IARC, GAPf	2025	<i>In progress</i>	Research Gap analysis and demand identification for innovation are done as part of Global Diabetes Compact, eye care and hearing disorders plus Rehabilitation and hypertension guideline implementation and will be used for research proposals to relevant partners like GACR, IARC, EU and innovation landscaping will be used in the collaboration with WHO Innovation unit
Develop research reports and build local research capacity as part of ongoing country support on implementation research	UCN/NCD, SCI/HFR	2024	<i>In progress</i>	Implementation research is part of the Government of Norway Flagship initiative in 5 countries and will be used as pilot for the development of a 3 level structure to support research and local capacity building for sustainable action. Future funding proposal will have a mandatory research component
Develop and implement strategy for expanding engagement of WHO collaborating centres working on NCDs in implementation research	UCN/NCD, SCI/QNS	Q4 2022	<i>In progress</i>	In 2021, the strategy for improving engagement with and visibility of WHO CCs has been finalized. We are at the start of the implementation phase.

NCD-GAP objective 6: To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

Recommendation 6. WHO Secretariat and Member States to consider ways in which the monitoring and surveillance of NCD responses can be further strengthened. Specifically:

- WHO Secretariat and Member States to identify how to conduct risk factor surveys in a more cost-effective and sustainable manner that builds local capacity and is coherent with other national data systems.
- WHO Secretariat to ensure that future reporting to Member States on the AP indicator set includes the indicator on research (AP5).
- WHO Secretariat to revise and update the AP indicator definitions and to clarify the baseline year for progress reporting to the Health Assembly, and then report on these to Member States.
- WHO Secretariat to make data more readily available publicly, through online platforms, and to increase the use of the available data , for example through in-house analysis in collaboration with partners.
- WHO Secretariat, Member States, international partners and non-State actors to develop metrics for actors other than Member States, that is WHO, international partners and non-State actors.
- WHO Secretariat and Member States to strengthen mechanisms for validation of country-reported data, for example through civil society and in-county verification.
- WHO Secretariat to brief Member States on what monitoring and reporting implications there are of extending the NCD-GAP to 2030, including what will be reported in 2025 and in 2030, respectively.
- WHO Secretariat and Member States to ensure that the final evaluation of the NCD-GAP can to assess progress at the outcome level as specified in the global monitoring framework. This will require having an appropriate framework in place, for example a theory of change, and exploring and analysing associations between documented progress and observed changes in outcomes. The evaluation should also explore why some countries perform above levels expected based on country income group through case studies.

Management response	Accepted. WHO will continue to provide technical support for periodic NCD risk factor surveys, country capacity assessments, diseases registries, health facility level data as appropriate and reliable vital registration. Envisaged actions are detailed below, with an overall timeline up to 2030.			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Revise NCD GAP M&E framework refining outcome level indicators, and develop a theory of change and related results framework	UCN/NCD	Q4 2022	<i>In progress</i>	The theory of change, results framework and accompanying refined M&E framework will ensure that the final evaluation of the NCD-GAP is able to assess progress at the outcome level, as specified in the global monitoring framework.
Conduct assessment of NCD country capacity and strengthen	UCN/NCD, TEN	2021	<i>Implemented</i>	The 2021 NCD country capacity assessment, achieved a 100% Member State response rate. The assessment survey includes robust efforts to validate the country reported achievements and triangulates this data with other objective sources, where available. The survey findings have

mechanisms for validation of country-reported data.				highlighted uneven implementation of key NCD prevention, management and surveillance activities across countries. 34 countries have implemented 10 or more of the commitments made on the prevention and control of NCDs at the United Nations General Assembly. There has been low progress in the achievement of the nine NCD voluntary global targets, and no countries are on track to achieve all nine targets by 2025, against their 2010 baselines. Only 14 countries are on track to meet the SDG target to reduce premature mortality from NCDs by 2030, against a 2015 baseline.
Report to the WHA on AP indicators to track progress in implementation of NCD-GAP across 6 objectives	UCN/NCD	Q3 2022	<i>In progress</i>	Future reporting to Member States on the AP indicator set will include the indicator on research (AP5). The AP indicator definitions will be revised /updated and Member States will be informed about the baseline year for progress reporting to the Health Assembly. WHO has published updated guidance on the monitoring and reporting implications there are for the extended NCD GAP to 2030, including clarification on baselines and targets.
Develop web portal to bring together data from different sources and render it comparable to allow tracking of global, regional, and cross-country progress in NCD prevention and control	UCN/NCD	Q3 2022	<i>In progress</i>	WHO is developing an NCD web portal which will bring together data from different sources and render it comparable. This web portal will complement the World Health Observatory, a tool which makes NCD indicators, including from the NCD country capacity assessments, widely accessible. The NCD web portal will serve to make data more available through this on-line platform. Countries will be able to track their progress across the NCD Global Monitoring Framework in the web portal. WHO will work towards reflecting NCD-related indicators in health systems performance and access to healthcare metrics. NCD measures will be included as integral components of the national and subnational health information systems aligned with the WHO SCORE package. ¹²
Operationalize NCD Microdata repository making NCD data publicly available	UCN/NCD	2021	<i>Implemented</i>	The WHO NCD microdata repository supports open data access to improve evidence-based and data-informed public health programming for NCD prevention and control. It contains data from relevant NCD surveys that used standardized and recommended WHO tools and methods for undertaking population-based surveys on NCD risk factors and related behaviours. These include: STEPS, the Global Adult Tobacco Survey (GATS), the Global School-Based Student Health Survey (GSHS), and the Global Youth Tobacco Survey (GYTS).
Provide technical support for periodic NCD risk factor surveys (WHO STEPS, GSHS, GATS), country capacity assessments, disease registries, collection of health facility level data as appropriate and improving the reliability of vital registration.	UCN/NCD	Ongoing	<i>In progress</i>	WHO provides technical and financial support to countries to implement NCD risk factor surveys, both integrated and topic specific, to track population level exposure to NCD risk factors and determinants at country level and support wide dissemination and use of data in national and regional programming efforts to prevent and control NCDs. This work compliments other actions to support countries to strengthen their routine health information systems to more fully capture and report on NCD morbidity and health systems performance to diagnose, treat and manage those people living with NCDs.
Assess the feasibility, quality, validity and reliability of using mobile phone surveys for NCD surveillance in LMICs.	UCN/NCD	Q1 2023	<i>In progress</i>	WHO is collaborating with US CDC, and the Johns Hopkins Bloomberg School of Public Health (JHSPH), through the Bloomberg Data for Health initiative to explore the feasibility of using mobile phone to collect data and supplement household face-to-face surveys for NCD risk factor assessment. implementation of nationally representative NCD risk factor surveys using the modality of mobile phones in several selected countries, along with a face-to-face household survey using the WHO STEPS

¹² <https://www.who.int/data/data-collection-tools/score/dashboard#/>

				<p>approach implemented concurrently. Data collected using the two platforms (mobile phone and face-to-face) are being analyzed and findings disseminated.</p> <p>IARC (WHO) is supporting countries to develop population based cancer registries through the Global Initiative for Cancer Registry Development.</p>
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Cross-cutting issues

Recommendation 7. WHO Secretariat to undertake a functional review to consider the extent to which its structure and capacity are optimal for providing technical support to NCD responses. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to develop an NCD resource plan which outlines human and financial resources needed and available for providing technical support for the prevention and control of NCDs, particularly at the country level. This to be based on focusing WHO resources on the biggest causes of death and disease burden faced by countries. • WHO Secretariat to assess the extent to which the current structures for NCDs are optimal, particularly in terms of a coherent approach to address risk factors and ensuring maximal input relating to NCD management within universal health coverage. • WHO Secretariat to review the coordination models across WHO departments and teams that are available to senior leadership and others to ensure coherence of the different elements of the NCD response. 				
Management response	Accepted. Key actions are listed below.			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop a human and financial resource plan for providing WHO technical support for the prevention and control of NCDs	UCN/NCD, HEP, MSD, all regional NCD Directors	Q1 2023	<i>In progress</i>	The plan will outline human and financial resources needed and available for providing technical support by WHO for the prevention and control of NCDs, particularly at the country level. This to be based on focusing WHO resources on the biggest causes of death and disease burden faced by countries.
Conduct an Organization-wide functional review of structures, financing and human resources to identify fit-for-purpose NCD Programme.	NCD DDG with UHC, UHL and Regional Offices	Q2 2023	<i>Not started</i>	Conduct an assessment of the extent to which the current organizational structures for NCD prevention and control are optimal, particularly in terms of a coherent approach to addressing risk factors and ensuring maximal input relating to NCD management within PHC and universal health coverage.
Review and update internal mechanisms to ensure coherence across all levels for	NCD, all related NCDs departments in HQ: HEP,	Q3 2023	<i>In progress</i>	Internal coherence to date include several across HQ and RO for NCDs: TEN on NCDs twice a month, NCDWIN Steering Committee every quarter, across programs through ODTs like 1.1.1,1.12,3.2.1, JWT of the UHC-P, by coordination through global and regional management groups linked through Global Initiatives like GICC, CCEI, Flagship NCDs programs. Fragmentation

to achieve NCD-GAP targets and country-level impact.	NFS, MSD, FCTC, GNP, ECH, SDO, all regional NCD and HEP directors			does exist as do transaction costs for coordination across the three levels of the Organization. Following from the functional review above, consideration will be given on further reinforcing coherence and coordination.
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Recommendation 8. WHO Secretariat and Member States to consider how they can more effectively promote and support multisectoral engagement on NCDs. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to recruit people with a more diverse skills set, for example relating to multisectoral engagement. • WHO Secretariat to continue to effectively implement the Framework of Engagement with Non-State Actors as a guide to engaging non-State actors. • WHO Secretariat to support Member States to engage appropriately and effectively with the private sector by producing examples of effective engagement with the private sector, offering guidance on how Member States might protect themselves from undue industry interference drawing on WHO experience in this area (e.g. the WHO FCTC). • WHO Secretariat to provide technical support on procurement of medicines and medical technology in line with the NCD-GAP target (no. 9) of 80% availability of the affordable basic technologies and essential medicines. • WHO Secretariat to better engage, and to support Member States to better engage, with civil society, including producing evidence of good practice on civil society engagement, supporting civil society to monitor contributions to the NCD-GAP and issuing guidelines on civil society involvement in the multisectoral response, including strengthening accountability of NCD reporting and ensuring that people living with NCDs are involved in decision-making and monitoring processes. 				
Management response	<p>Accepted.</p> <p>The WHO Global NCD Platform (GNP) was established as part of the new NCD-related architecture and aligned with the updated roles and responsibilities of the NCD-related departments at WHO headquarters. GNP maximizes the mandates and synergies of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) and the UN Interagency Taskforce on NCDs (UNIATF), with the purpose of mobilize meaningful and effective commitments and contributions from UN organizations, NGOs, academic institutions, philanthropic foundations and the private sector to support the overall strategic directions and priorities of WHO's work on SDG target 3.4 and other NCD-related SDGs with the aim of promoting policy coherence and maximizing the number of countries that will be able to reach SDG 3.4 by 2030, taking into account the commitments included in the UNGA Political Declarations on NCDs from 2011, 2014 and 2018.</p> <p>WHO GCM/NCD will facilitates the multisectoral collaboration and multistakeholder engagement for strengthening national NCD responses and sustain the meaningful involvement of people living with NCDs in support of effective, equitable and inclusive national NCD policies, programmes, and services. All technical NCDs related departments have recruited a more diverse staff, there is FENSA focal points in all departments, direct responsibility to work with the private sector is taken care of from technical departments in their respective areas of work according to the mandate from the Political Declaration as well as structures for engaging with civil society and other NSA</p> <p>The "Global Action Plan for Healthy Lives and Well-being for All" brings together 13 multilateral health, development and humanitarian agencies including WHO to provide coherent and coordinated support to countries to accelerate progress towards the health-related Sustainable Development Goals (SDGs). Although each agency has a specific mandate, the agencies as a group complement each other and advance all the SDG 3 targets.</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop and implement workplan of WHO GCM and management response to the final GCM evaluation	DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	Q2 2022	<i>In progress</i>	Decision WHA74(11) extended the current terms of reference of the WHO GCM/NCD until 2030 with a mid-term evaluation in 2025. In addition, Decision WHA74(11) requests the Director-General to develop, in consultation with Member States and non-State-actors, a workplan for the GCM/NCD to be submitted to WHA75 through the EB150 (as Annex 10). A draft workplan was developed through a comprehensive consultative process across WHO NCD-related focal points, Member States, UN agencies and NSAs and is organized around 5 priority areas of work requested by Member States in

				Decision WHA74(11). They relate to knowledge collaboration, global stocktaking of multisectoral and multistakeholder action, guidance on engagement with Non-State Actors, capacity development and engagement with civil society and people living with NCDs. See EB150/7, Annex 10
Provide technical support on procurement and supply chain management of medicines and health technologies in line with the NCD-GAP target (no. 9) of 80% availability of the affordable basic technologies and essential medicines and target (8) of at least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	NCD, MHP, CRE/DAN, LEG, IVB, EPI	2022-25	<i>In progress</i>	<p>WHO aims to increase coverage, equity, and access to treatment of quality assured essential NCD medicines and health technologies for the prevention and control of NCDs in countries and contributing to the achievement of NCD and SDG related targets.</p> <ol style="list-style-type: none"> 1. Global Report: Access to NCD Medicines - Emergent Issues During the COVID-19 Pandemic and Key Structural Factors 2. Technical Product: Forecasting and Quantification Tool for NCD medicines and health technologies 3. Dialogues with the pharmaceutical and health technologies industry to define meaningful and effective contributions to the implementation of national responses for the prevention, management, and control of noncommunicable diseases (NCDs) and the attainment of related Sustainable Development Goal (SDG) targets. The dialogues focus on mobilizing commitments and contributions by the private sector toward national NCD responses to achieve SDG targets 3.4, 3.8, and 3b by improving access to and affordability of safe, effective, and quality-assured medicines and health technology products 4. Technical Product: Develop an approach and reporting Mechanism to register pharmaceutical and health technology commitments and contributions to the achievement of the nine voluntary NCD targets for 2025 and SDG target 3.4 for 2030 5. Strategy Document and Joint UN Statement to integrate temperature-sensitive products like insulin into immunization supply chains. 6. Pooled procurement strategy and implementation plan for priority NCD medicines and health products 7. Continue with WHO MedMon surveys and policy dialogues for NCD medicines and health technologies to monitor availability and affordability in the public and private sector 8. Prequalification of selected NCD products: eg. Insulin, Blood glucose monitors 9. Development of case studies illustrating application of the scientific principles contained in the WHO guidelines to the development and regulation of insulin products, for two target audiences: manufacturers developing insulin product dossiers for regulatory approval and regulators who will review such dossier applications for licensure
Launch global platform to improve access to medicines for childhood cancer	UCN/NCD	2021	<i>Implemented</i>	A Global Platform for improving Access to Childhood Cancer Medicines, was launched to provide an uninterrupted supply of quality-assured childhood cancer medicines to low- and middle-income countries.
Launch the 3 rd phase of the WHO Civil Society Working Group on NCDs	GNP, NCD, HEP, MHP, CRE/DAN	2022-2025	<i>In progress</i>	A WHO Civil society working group co-chaired by NCDA is giving advice on the NCDs agenda. NSA are engaged through Global Diabetes Compact Forum, HEARTS forum, GARD, cancer partner forum under Global Childhood cancer Initiative and also under tripartite collaboration for cancer IAEA, IARC, WHO meets on regular basis. NSA is included in web-based consultations. A STAG on NCDs is established as well TAG on Diabetes and NCDs Research and Innovation including PLWNCDS. Private sector dialogues to respond to WHO asks are convened on regular basis for commitments and actions with Food and Beverage companies (NFS), Sports and goods Industry (HEP), Pharmacological and device companies (NCDs)

Recommendation 9. Member States and WHO Secretariat to increase their focus on how NCDs differentially affect different groups including children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons and migrants, as specified in the 2030 Agenda for Sustainable Development. Specifically: <ul style="list-style-type: none"> • WHO Secretariat to support countries in conducting disaggregated data collection and analysis of NCD prevalence and risk factors in vulnerable groups. • WHO Secretariat and Member States to design interventions addressing determinants of health including gaps and barriers that affect identified groups in line with the principles embedded in the Sustainable Development Goals of leaving no one behind and reaching the furthest behind first. • WHO Secretariat and Member States to identify ways in which they can promote health literacy for both NCD prevention and management including greater focus on patient-centred communication and on easy-to-understand and easy-to-act-on material to support self-management. 				
Management response	Accepted. The draft workplan of GCM/NCD is organized around several priority areas of work including global stocktaking of multisectoral and multistakeholder action, guidance on engagement with Non-State Actors and capacity development and engagement with civil society and people living with NCDs. WHO will provide recommendations for Member States, international partners to ensure essential service provision for people living with NCDs in humanitarian emergencies by investing in and building longer-term NCD emergency preparedness and responses during the COVID-19 pandemic and beyond, through a multisectoral approach.			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop guidance on strengthening design and implementation of policies, interventions to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies	DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	Q3 2023	<i>In progress</i>	Recommendations were in response to paragraph 40 of United Nations General Assembly resolution 73/2, and in support of Member States' commitment to "strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events" See EB150/7, Annex 4 Process: Regional Expert Consultative Meeting to Review the NCD Kit Deployment in the Eastern Mediterranean Region, 7-8 June 2021 and Informal Consultations within WHO, UN agencies, MS and humanitarian partners including WHO Global Health Cluster and the Interagency Working Group on NCD in humanitarian settings
Disseminate guidance contained in the WHO Disability Inclusion Toolkit across WHO as relates to NCD	UCN/NCD	Q1 2023	<i>In progress</i>	The UN Secretary General launched the UN Disability Inclusion Strategy (UNDIS) in June 2019. This strategy requests UN Agencies to mainstream disability across business operations and technical areas. The implementation of the strategy has led to including disability considerations in relevant documents related to NCDs as well as country support. The NCD department has played a fundamental role in developing the WHO Disability Inclusion Toolkit that is accessible to all WHO staff through intranet and that has facilitated the integration into NCD's work.
Develop and implement method to disaggregate data collection and analysis of NCD prevalence	UCN/NCD, DDI/DNA, DGO/GER	2022/2023	<i>In progress</i>	Guidance on data disaggregation by disability is now available for all staff in UNDS intranet page. The NCD Department has also developed a disability module for integration into the STEPs Survey that will enable data disaggregation by disability. Disaggregated data will also contribute to the annual UNSWAP and UNDIS reporting.

and risk factors in vulnerable groups, and report				
Develop a 'global agenda on health literacy', including a package of resource, to support informed decision-making by Member States in implementing health literacy in public health policies and programmes.	HEP/HPR, UCN/NCD	2024	<i>In progress</i>	<p>Health literacy is about ensuring that people have the knowledge, competencies and means to contribute to creating the condition and aspire for better health and quality of life. Yet, research revealed that more than one in three or more face health literacy challenges (Sørensen et al., 2015). Health literacy as a performance indicator will more over inform the economic and social impact of return on investments for decision-makers to design more effective, people-centred policies and interventions tailored to specific needs of vulnerable groups.</p> <p>A few countries have nation-wide accessible for strategic guidance; however, most countries find themselves with no, poor or little access to data. To increase the social impact of health literacy, mechanisms must be developed at global scale to generate health literacy analytics to inform policy and programmes.</p> <p>The aim of establishing the global agenda on health literacy is to support member states across the world to implement health literacy in public health policies and programmes as a way forward for improving health of people and planet. The steps toward developing the global agenda on health literacy include:</p> <ul style="list-style-type: none"> ▪ Scoping health literacy globally to gain insights in the current state ▪ Measuring population health literacy at a global scale ▪ Identifying suitable governance mechanisms to institutionalise health literacy as part of public health <p>Guiding policy-makers and decision-makers on how to implement health literacy as part of good governance Describing key population-based health literacy interventions Strengthening global health literacy partnerships</p> <p>The global agenda on health literacy would also entail considering the various needs for capacity enhancement to supports systematizing and upscaling health literacy interventions including measurement globally, regionally and nationally using a package of resources as a means to inform decision-making and integrate health literacy in their work concerning developing healthier populations. The work will strengthen the countries' efforts to improve quality of healthcare, disease prevention, health promotion and health communication.</p>
Develop guidance to Member States to support the development of health literacy interventions for the prevention and control of NCDs	GCM/GNP, HEP/HPR, UCN/NCD, ROs	Q2 2022	<i>Implemented</i>	<p>The WHO report "Health literacy development for the prevention and control of NCDs" is the final report of the 'WHO Global Expert Working Group on Health Education and Health Literacy for NCDs'. This report will provide practical recommendations for developing health literacy interventions to support countries to systematize the co-design of health literacy actions to enhance the impact of policies, programmes and services for the prevention and control of NCDs and mental health conditions, and their risk factors and determinants.</p> <p>These recommendations draw from the findings of 16 case studies from low- to high-income countries, which have generated data supporting the development of locally-owned and fit-for-purpose NCD strategies that are more likely to be embraced, implemented and sustained, especially among disadvantaged and poor communities.</p> <p>The imperative is for rapid development and systematic implementation of country-relevant, context-specific solutions. The wide-scale implementation by WHO Member States of the guidance contained in this report will generate NCD health literacy development actions that are implementable, sustainable, and respond to local contexts and demand. This will help to drive</p>

				progress towards WHO's "triple billion" targets, and improve health and well-being for current and future generations.
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Recommendation 10. There is a need to work out how including mental health and air pollution can be incorporated in practice into the NCD-GAP. Specifically: <ul style="list-style-type: none"> • WHO Secretariat and Member States to consider developing a joint operating model. • WHO Secretariat to propose to Member States the adjustments needed to current monitoring systems. Reviewing and refreshing the monitoring framework would be one way of linking the current NCDs and risk factors with mental health and air pollution while also ensuring greater alignment with major developments in the fields of international health and development since 2013, such as the Sustainable Development Goals and their targets and indicators. 				
Management response	Accepted. The NCD implementation roadmap recognizes that mental, neurological and substance use (MNS) conditions contribute to the global NCD burden. While focusing on the 'NCD 4 by 4 agenda' (tobacco use, the harmful use of alcohol, unhealthy diet, physical inactivity, cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) as per the mandate, the NCD roadmap will also present the interventions for countries to implement in fulfilment of the 5 by 5 agenda (including MNS conditions and air pollution). For example the 'WHO menu of cost-effective interventions for mental health' ¹³ and the WHO air quality guidelines ¹⁴ can be considered along with other NCD interventions as appropriate to the local context. The UN NCD Inter-Agency Task Force will continue to support Member States develop investment cases on mental health and air pollution.			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Prepare an annual report to the WHA through the EB on the progress achieved in the prevention and control of NCDs and the promotion of mental health	NCD	2022	<i>In progress</i>	As requested by the World Health Assembly WHO will submit an annual report to the WHA through the EB on the progress achieved in the prevention and control of NCDs and the promotion of mental health which will demonstrate the alignment of the NCD and Mental Health agenda and contribute to the development of a joint operating models based on country contexts. Such reports can illuminate existing links, for example with respect to risk reduction targets for dementia, which rely on NCD monitoring and surveillance. (EB150/7 Annex 6)
Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage in accordance with WHA 73.10	MSD	2022	<i>In progress</i>	The Seventy-third World Health Assembly adopted resolution WHA73.10 requesting the Director-General of WHO, inter alia, to develop a 10-year intersectoral global action plan on epilepsy and other neurological disorders, in consultation with Member States (MS), in order to promote and support a comprehensive, coordinated response across multiple sectors. This will complement the existing global action plan on the public health response to dementia 2017 – 2025 (EB/150-7 Annex 7)

¹³ <https://www.who.int/publications/i/item/9789240031081>

¹⁴ <https://apps.who.int/iris/handle/10665/345329>

Recommendation 11. UNIATF and the United Nations Economic and Social Council (ECOSOC) to consider how they can provide further support to countries, promote joint activities between United Nations agencies and further build support for NCD responses among the senior leadership of United Nations agencies. Specifically: <ul style="list-style-type: none"> • UNIATF and ECOSOC to quantify and identify necessary resources and options for how to respond to country requests including for ongoing support and follow-up, including NCDs in the context of national COVID-19 response and recovery plans. • UNIATF and ECOSOC to identify ways in which more joint actions can be conducted. • UNIATF and ECOSOC to identify ways in which support for NCDs can be built at senior levels across the United Nations. 				
Management response	Accepted.			
Key actions	Responsible	Due Date	Status	Comments
Develop UNITAF strategy for 2022-2024.	GNP/UNIATF, UNIATF Members, TEN/NCD, MSD, ROs	Q3 2022	<i>In progress</i>	To take into account the mid-point evaluation of the implementation of the WHO Global NCD Action Plan that also evaluated the work of the Task Force, and recent ECOSOC resolutions on the work of the Task Force. Currently being finalized.
Identify mechanisms, options and resources to strengthen joint action of UNITAF and ECOSOC to support implementation of NCD roadmap at country level	GNP/UNIATF, UCN/NCD, Regional Offices	Q1 2024	<i>In progress</i>	Discussed at 17th meeting in 2021. Will be further discussed at the 18th meeting in 2022 with actions including in the Task Force's 2022 report to ECOSOC. The UN NCD Inter-Agency Task Force will be the main mechanism to encourage the UN system as a whole to support delivery of the WHO NCD Implementation roadmap 2023-2030, in line with the Task Force's 2022-2024 strategic priorities which include: (i) supporting countries to deliver multisectoral action on the NCD-related SDG targets; (ii) mobilizing resources to support the development of national responses; and (iii) harmonizing action and forging partnerships. The 2022-2024 UN NCD Inter-Agency Task Force strategy will highlight how it will implement this recommendation.

Recommendation 12. WHO Secretariat and Member States to consider implementing the recommendations of the final evaluation of the GCM/NCD. The principal recommendation of the final evaluation of the GCM/NCD was that, as options going forward, (a) a strengthened, more focused approach to the delivery of the vital GCM functions through the GCM/NCD or (b) the discontinuation of the mechanism and establishment of a new operating model within WHO to ensure the functions are effectively carried forward, needed to be considered. In addition, the final evaluation contained four additional recommendations, based on the recommendations of the preliminary evaluation, which were generally not implemented. These covered developing a medium-term strategic plan, enhancing country reach, formulating a clear engagement strategy and rationalizing approaches to UN. More details of these are available in the summary report on the final evaluation of the GCM/NCD.	
Management response	Accepted. This recommendation is duly noted and it is important to note that responses to it are fully covered by the parallel management response to the recommendations contained in the final evaluation of the GCM/NCD (November 2020). Actions are also included in EB150-7 (Annex 10).

	The draft workplan for the GCM, with accompanying performance measures, ensures a more focused approach to the delivery of its functions and with clearly defined objectives and measurable and practical milestones.			
Status	In progress			
Key actions	Responsible	Due Date	Status	Comments
Develop and implement workplan for the extended mandate of the WHO GCM/NCD workplan	DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	June 2022	<i>In progress</i>	<p>The draft workplan includes a clear vision and performance indicators to ensure GCM's work is integrated with WHO's NCD programme and contributes to the achievement of the objectives set in the WHO Global NCD Action Plan 2013–2030 and the NCD implementation roadmap 2023-2030. The workplan also builds on the findings, conclusions and recommendations set out in the report of the final evaluation of the GCM and relevant recommendations from the mid-point evaluation of the NCD GAP.</p> <p>This workplan sets out priority areas, including:</p> <ul style="list-style-type: none"> • Supporting knowledge collaboration and the dissemination of innovative multistakeholder responses at country level; • Enabling the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives; • Providing and updating guidance to Member States on engagement with non-State actors including on the prevention and management of potential risks. • Global facilitator for the strengthened capacity of Member States and civil society to develop national NCD multistakeholder responses, • Convener of civil society, including people living with noncommunicable diseases <p>Through Decision EB150(4), EB150 noted document EB150/7 and the draft GCM/NCD workplan (Annex 10), and requests WHA75 to adopt the draft Work plan for the GCM/NCD.</p>

2.5. Final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases

2.5.1. Building on the 2017 preliminary evaluation of the GCM/NCD, the objective of the final evaluation was to assess the effectiveness of the GCM/NCD, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension. The scope of the final evaluation involved an assessment of the results derived from the implementation of the workplan covering the period 2018–2019, which reportedly took into account the recommendations of the preliminary evaluation, as well as the workplan for 2020. It also considered the lessons learned and the extent to which the recommendations of the preliminary evaluation were actioned, and to what effect.

2.5.2. The evaluation found that the five functions, and hence the mandate, of the GCM/NCD continue to be relevant in supporting the implementation of the global action plan on the prevention and control of noncommunicable diseases, 2013–2020 (NCD-GAP) and are well aligned with the Thirteenth General Programme of Work, 2019–2023 (GPW13) and target 3.4 of SDG 3. The preliminary evaluation noted the absence of a results framework and strategic plan and that is still the case. These essential managerial tools would enable the GCM/NCD to establish priorities, demonstrate its role in support of other WHO departments and external stakeholders, realize potential synergies and, ultimately, confirm its relevance.

Activity in respect of advocacy and awareness-raising centred on the organization of meetings, global dialogues, etc., and the immediate networking opportunities they provided, but it is difficult to identify specific results and practical changes in policy or practice that stem from such events. There was less evidence of tangible outputs in relation to encouraging innovation and identifying barriers, advancing multisectoral action and advocating for the mobilization of resources.

Notable efforts to enhance coordination within WHO in order to achieve the NCD-related SDG targets include placing the GCM/NCD and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (UNIATF) together within the Global NCD Platform, and the establishment of the WHO internal horizontal network for collective action towards the NCD-related SDG targets. However, benefits could clearly be gained by clarifying roles and relationships within the Global NCD Platform, as well as between the Platform and other units within WHO. The planned establishment of a pooled fund to enhance sustainable financing for the GCM/NCD and Member States' efforts towards prevention and control of NCDs could deliver benefits. However, in the light of the intention to set up a Multi-Partner Trust Fund under the auspices of UNIATF the justification for two such funds need to be considered. Civil society reported significant benefits from its involvement with the GCM/NCD, and particularly with policy dialogues although it also considered that its potential role as a contributor to (rather than a beneficiary of) the GCM/NCD work, had not been fully recognized. Private sector associations were less able to articulate specific benefits and sought more concrete joint plans of work which they considered had not yet materialized. Many stakeholders supported retaining the GCM/NCD in line with the continuation of the NCD-GAP and the SDG Goal targets to 2030. However, a majority agreed it was timely for the GCM/NCD to evolve.

2.5.3. In its management response, WHO accepted the recommendations. As of October 2021, work is already in progress to address all of the recommendations of the final evaluation. These and the additional elements that will further implement the recommendations are provided in the managerial response. These will also reflect the strategic directions provided by WHO NCD-related focal points across the 3-levels, and inputs from GCM/NCD Participants. As an integral part of the WHO NCD programme, the GCM/NCD will continuously engage across WHO, including regional and country offices, and with relevant stakeholders to foster meaningful engagement between WHO, Member States, and non-State actors, with representation across WHO regions and income settings.

Management Response

Evaluation Title	Final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) (November 2020)
Commissioning Unit	DGO/EVL
Link to the evaluation	https://www.who.int/publications/m/item/final-evaluation-of-the-global-coordination-mechanism-on-the-prevention-and-control-of-noncommunicable-diseases-volume-1-report
Evaluation Plan	Organization-wide Evaluation Workplan for 2020-2021
Unit Responsible for providing the management response	HQ/DDG/GNP
<p>Overall Management Response: Accepted</p> <p>WHO welcomes and accepts the recommendations of the report of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD).</p> <p>In 2013, the 66th World Health Assembly (WHA) requested the Director-General, through resolution WHA66.10, to develop a draft terms of reference (ToR) for a global coordination mechanism on the prevention and control of noncommunicable diseases aimed at facilitating engagement among Member States, United Nations funds, programmes and agencies, and other international partners and non-State actors. The draft ToR were endorsed by the 67th WHA in May 2014.</p> <p>A preliminary evaluation of the GCM/NCD was conducted in 2017 and reported to the 71st WHA in A71/14 Add. 1. The preliminary evaluation assessed the extent to which the GCM/NCD produced results and provided added value, presented an understanding of the results achieved between 2014 and 2017, and examined their relevance, effectiveness and efficiency, considering the ToRs and workplans so far. Building on the preliminary evaluation, the objective of this final evaluation was to assess the effectiveness of the GCM/NCD, its added value and its continued relevance to the achievement of the 2025 voluntary global targets, including its possible extension. The final evaluation assessed the results derived from implementing its additional workplans. It also considered the lessons learned and the uptake of the recommendations of the preliminary evaluation of the GCM/NCD.</p> <p>The overall findings of the final evaluation recognized the strength of the GCM/NCD's mandate, purpose and objectives, concluding that the mechanism's five functions, and hence the mandate, continue to be relevant and a useful to achieve its general purpose as an adequate platform to contribute to the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2030 (NCD-GAP) and are well aligned with the Thirteenth General Programme of Work 2019–2023 and target 3.4 of Sustainable Development Goal 3. As such, they can be considered to be “core business” for WHO as a whole – a fact which is made clear in the wording of the NCD-GAP itself and in the key findings and recommendations of the mid-point evaluation of NCD-GAP 2013-2020 (EB148/7 Add.2 and A74/10 Add.2). The evaluation findings also confirmed the GCM/NCD as “the first and currently the only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes, at the global, regional and national levels”.</p>	

The final evaluation presented a ‘principal recommendation’ that addressed the conclusion that the status quo is not an option for the GCM/NCD, and that the GCM/NCD needs to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with relevant internal and external actors, and proposed possible options in this regard.

Contingent upon the outcome of the principal recommendation, the report added 4 ‘additional recommendations’ that are aligned with recommendations from the preliminary evaluation of the GCM/NCD, that had generally not been implemented but which aimed to strengthen the performance of the GCM/NCD, to better deliver on its mandate, as well as to enhance its enabling role in supporting the implementation of the NCD-GAP, the Political Declarations of the high-level meetings of the General Assembly on the prevention and control of NCDs, and the achievement of the NCD (SDG 3.4) and NCD-related targets of the 2030 Agenda for Sustainable Development.

The Executive Board decided ([EB 148\(7\)](#)) and requested WHO to undertake a consultative process with Member States and relevant stakeholders and to develop an options paper for the GCM for consideration at the 74th World Health Assembly (WHA). WHA74 considered the final evaluation ([A74/10 Add. 2](#)) and the options paper ([A74/10 Add.3](#)) for the GCM/NCD, and adopted Decision WHA74(11) on “the role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO’s work on multistakeholder engagement for the prevention and control of noncommunicable diseases,” extending the GCM until 2030 with a mid-term evaluation in 2025.

Work is already in progress to address all of the recommendations of the final evaluation. These and the additional elements that will further implement the recommendations are provided in the managerial response. These will also reflect the strategic directions provided by WHO NCD-related focal points across the 3-levels, and inputs from GCM/NCD Participants. As an integral part of the WHO NCD programme, the GCM/NCD will continuously engage across WHO, including regional and country offices, and with relevant stakeholders to foster meaningful engagement between WHO, Member States, and non-State actors, with representation across WHO regions and income settings.

Management Response Status	<i>In Progress</i>
Date	October 2021

Recommendations and Action Plan

Recommendation 1. The GCM/NCD is, to date, the first and currently the only formal Member State-led mechanism within the WHO Secretariat aimed at facilitating multistakeholder engagement and cross-sectoral collaboration in the area of NCDs. Its unique mandate rests primarily in its engagement capacity and its potential to create links between multisectoral actors, including Member States, non-State actors, United Nations actors and other technical programmes, at the global, regional and national levels.

As the functions originally envisaged for the GCM/NCD remain valid and relevant contributions to the NCD-GAP, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goal targets to 2030, these functions should be continued. However, **the mechanism needs to evolve towards, or possibly be replaced by, a more targeted and action-oriented model, or alternative approach, in closer collaboration with relevant internal and external actors.**

Options in this regard include:

- (a) a strengthened, more focused approach to delivery of the vital functions through the GCM/NCD, with a clear role and responsibility within WHO's internal NCD organizational architecture to avoid duplication of efforts. In this scenario, Member States also need to play a stronger role in the mechanism;
- (b) discontinuation of the mechanism and establishment of a new operating model within WHO to ensure the functions are effectively carried forward. This could involve the functions of the GCM/NCD and its external engagement/linkage dimensions being undertaken either by the Global NCD Platform, one of the NCD technical departments or the Health and Multilateral Partnerships Department. In this scenario, there also needs to be a clear role and responsibility within WHO's internal NCD organizational architecture and, possibly, an avenue for Member States'/non-State actors' leadership/contribution on specific issues (e.g. through working groups as per current practice).

The WHO Secretariat should undertake a further consultative process ⁽¹⁾ with Member States ahead of a decision at the Seventy-fourth World Health Assembly in May 2021. This consultation could be supported by a Secretariat options paper on the future of the mechanism.

(1) To allow for a more substantive consultation/participation on the merits and challenges of the options proposed

Management response	Accepted In response to EB148(7), the WHO Secretariat prepared a draft options paper for the GCM/NCD and launched a consultative process to enable WHO 3-levels, Member States, UN organizations and non-State actors to provide their views on the draft options paper in March-April 2021 before a final options paper was submitted for consideration by Member States at the WHA74. The option set out in the document were directly aligned with the recommendations ('principal' and 'additional') contained in the final evaluation report.			
Status	Implemented			
Key actions	Responsible	Due Date	Status	Comments
Develop an Options Paper for the GCM/NCD through a consultative process with WHO 3-levels, Member States, UN organizations and non-State actors for Member State consideration at WHA74.	DDG, DDG/GNP, DDG/GNP/GCM with GBS, WIN-NCD, TEN/NCD	March-April 2021	<i>Implemented</i>	1. The consultation process on a draft options paper included: <ul style="list-style-type: none"> • Presentations and discussions at the Steering Group of the WHO Internal Network on NCDs and at the WHO 3-level Technical Experts Network on NCDs; • Web-based consultation of the draft document, open to Member States, UN agencies and non-State actors, from 15-26 March 2021;

	and GCM Participants			<ul style="list-style-type: none"> • Informal virtual consultation (Zoom) with GCM/NCD non-State actor participants, 26 March 2021; • Informal virtual consultation (Zoom) with WHO Member States and UN agencies, 01 April 2021. • All inputs received are publicly available at https://www.who.int/news-room/articles-detail/final-evaluation-whogcmncd <p>2. A final Options paper directly aligned with the recommendations ('principal' and 'additional') contained in the final evaluation report and reflecting the outcomes of the consultation process was presented for consideration at WHA74 as A74/10 Add.3.</p> <p>3. WHA74 adopted Decision WHA74(11) on the role of the GCM/NCD in WHO's work on multistakeholder engagement for the prevention and control of NCDs.</p>
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Additional recommendations

Contingent upon the outcome of the preceding recommendation, the recommendations of the preliminary evaluation which aimed to strengthen the performance of the GCM/NCD, and which were generally not implemented, are for the most part still valid to ensure the effective coordination and implementation of the functions. As such, WHO should:

<p>Recommendation 2. Develop a medium-term strategic plan with clear allocation of responsibility for the delivery of the five functions in synergy with the broader WHO strategy for implementing the NCD-GAP:</p> <ul style="list-style-type: none"> • The WHO strategy for delivering the five functions should have a clear vision and a robust results framework based on a theory of change linking the functions with implementation of the NCD-GAP, complemented by an accountability framework (with well-defined reporting lines and modalities, together with outcome and performance indicators). • Planning in support of those functions should be undertaken in full synergy with planning of the WHO departments and functional units that are responsible for progressing the NCD-GAP and driving achievement of its objectives by 2030 (including WHO units beyond the traditional NCD space, such as health systems, pharmaceuticals, environment and climate change, and social determinants). 	
Management response	<p>Accepted</p> <p>Decision WHA74(11) requested the WHO Director General to develop, in consultation with Member States and non-State actors, a workplan for the GCM/NCD, to be submitted to the 75th WHA, through the Executive Board at its 150th session. The WHA also noted that the workplan be aligned with FENSA, ensure a more focused approach to the delivery of the GCM/NCD's functions (with clearly defined objectives and measurable and practical milestones) that ensure that the work of the GCM/NCD contributes to the achievement of the objectives set in the NCD/GA, identifying 5 priority areas of work for the GCM/NCD. In response, between July-September 2021, the WHO Secretariat prepared a draft workplan for the GCM/NCD; launched and implemented a consultative process to enable WHO 3-levels, Member States, UN organizations and non-State actors to provide their views on the draft workplan, including a clear allocation of responsibilities and synergy with WHO's NCD programme.</p>

	The final GCM/NCD workplan, 2022-2025 includes a Vision, Theory of Change, Logic Model, activities, expected outcomes and performance indicators and will be presented to EB 150 (agenda item 7) as Annex 10 of Director-General's "Report on the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (EB150/XXXX)." It aligns with and responds to the extended terms of reference of the GCM/NCD, the recommendations of the preliminary and final evaluations of the GCM/NCD, key conclusions and recommendations from the mid-point evaluation of the NCD-GAP 2013-2020, the new NCD-related architecture and the updated roles and responsibilities of the NCD-related departments at WHO 3-levels resulting from WHO transformation, and the WHO NCD Implementation Roadmap 2023-2030 (currently in draft). All activities support one or more of the three strategic priorities that underpin WHO's 13 th General Programme of Work. WHA74(11) also requested WHO to submit an independent mid-point evaluation of the extended mandate of the GCM/NCD (2030) to the 78 th WHA in 2025.			
Status	Implemented			
Key actions	Responsible	Due Date	Status	Comments
Develop draft workplan 2022-2025 for the GCM/NCD, including a Vision, Theory of Change, Logic Model, activities for 2022-2025, and performance indicators through a consultative process with WHO 3-levels, Member States, UN organizations and non-State actors. .	DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	September 2021	<i>Implemented</i>	<p>The consultation process included:</p> <ul style="list-style-type: none"> • Presentations and discussions at the Steering Group of the WHO Internal Network on NCDs and at the WHO 3-level Technical Experts Network on NCDs; • A comprehensive desk review of core documents and frameworks including WHO institutional, NCD and related areas, and GCM/NCD-specific, August and September 2021; • In-depth interviews with key informants at NCD-related departments at WHO Headquarters and Regional Offices, August and September 2021 • Web-based consultation of the draft document, open to Member States, UN agencies and non-State actors, from 06-22 September 2021; • Informal virtual consultation (Zoom) with GCM/NCD non-State actor participants, 22 September 2021; • Informal virtual consultation (Zoom) with WHO Member States and UN agencies, 24 September 2021. • All inputs received are publicly available at https://www.who.int/news-room/articles-detail/who-gcm-ncd-workplan-2022-2025-consultation
Develop a vision, a results framework based on a theory of change, logic model, and performance measures for each workplan activity that prioritizes impact at country level	DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	September 2021	<i>Implemented</i>	Details are further elaborated in Annex 10 of EB150/XX and reflected in this Management Response. Expected outcomes and performance measures for workplan activities prioritize impact in LMICs across WHO regions, and track progress toward objectives over time and will inform timely adaptation.
Refine accountability framework with well-defined reporting lines and modalities, together with outcome and performance indicators based on EB150 and WHA75 input.	DDG/GNP, DDG/GNP/GCM, GBS, WIN-NCD, TEN/NCD and GCM Participants	Q3 2022	<i>In progress</i>	The accountability framework, inclusive of the workplan, related theory of change and logic model, will be refined based on continuing input from Members States, WHO's PB2022-2023 strategic planning and will be enhanced by qualitative and quantitative data, case studies and other performance measures.

Initiate and implement an independent mid-point evaluation of the extended mandate of the GCM/NCD (to 2030) and to submit to the 78 th WHA in 2025	DGO/EVL	2024	<i>Not initiated</i>	The mid-term evaluation was requested by Member States in WHA74(11).
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<p>Recommendation 3: Enhance the country reach of WHO’s work in delivering the five functions, with a particular focus on reaching national NCD focal points and country stakeholders, in synergy with the “triple billion” goals of the Thirteenth General Programme of Work, 2019–2023.</p> <ul style="list-style-type: none"> • Influence at, and support to, the country level should set the directions of WHO at the three levels of the Organization in delivering those functions. WHO country offices continue to be the principal focal point for supporting national approaches to prevention and control of NCDs but this must be underpinned by a clearer strategy for inputs from the global and regional levels. • Future workplans, activities and associated results should be linked to a strategic plan encompassing the three levels of the Organization. • The delayed “how to” tools and practical materials planned in 2018–2019 should be developed to support countries to establish multisectoral, multi-stakeholder coordination platforms to help to address prevention and control of NCDs. • Engagement from country representatives should extend beyond the ministry of health to other interested sectors. • Collaboration and coordination with the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases should be strengthened to support country-level activities. • A rapid review of partnerships and participants should be conducted, in collaboration with WHO NCD technical departments, to ensure that those engaging with the functional unit are central to achieving intended results per region or country. • Specific outputs, such as policy dialogues and the Knowledge Action Portal, should seek to focus increasingly on providing practical guidance on how to drive multisectoral action at the country level and to attract participants whose role and status enable them to apply, at the country level, the knowledge they gain from such events. 				
Management response	<p>Accepted</p> <p>WHA74(11) identified five priority areas for GCM/NCD for supporting a more focused implementation approach at country level in line with the GCM/NCD terms of references and aligning across the WHO NCD-related programmes:</p> <ol style="list-style-type: none"> 1. an operational backbone for knowledge collaboration and dissemination of innovative multistakeholder responses at country level, raising awareness and promoting knowledge collaboration among Member States and non-State actors, co-creating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches; 2. an enabler for the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action; 3. providing and updating guidance to Member States on engagement with non-State actors, including on the prevention and management of potential risks; 4. a global facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of NCDs; and 5. a convener of civil society, including people living with noncommunicable diseases, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses <p>GCM/NCD implementation of its workplan will continuously engage all relevant stakeholders across WHO (including FCTC and UNIATF), Member States, non-State actors. Performance measures will track progress toward objectives over time and will inform timely adaptation.</p>			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments

Create WHO Global NCD Platform Department (GNP), in the Office of the Deputy Director-General, comprising two units -- GCM/NCD Secretariat and UN Interagency Taskforce on NCDs (UNIATF)	DG, DDG	September 2019	<i>Implemented</i>	GNP was established as a result of the new NCD-related architecture and the updated roles and responsibilities of the NCD-related departments at WHO headquarters which resulted from WHO transformation. The GNP maximizes the mandates and synergies of the GCM/NCD and the UN Interagency Taskforce on NCDs (UNIATF), including by identifying cross-cutting strategic initiatives that leverage both mandates supporting governments develop whole-of-government and whole-of-society responses to address SDG 3.4 and other NCD-related SDGs.
Convene WHO informal working groups, with representation from its 3 levels, to support implementation of GCM/NCD workplan	DDG/GNP/GCM, WIN-NCD	Ongoing	<i>In progress</i>	Specific WHO informal working groups, with representation from HQ and Regional and Country office, has been already launched for an activity in the workplan for the GCM/NCD for the period 2022-2025 - <i>Activity 3.1.1</i> : Conduct a comprehensive consultative process across WHO, Member States, and relevant NSAs to develop a tool to guide decision-making by Member States on private sector engagement for prevention and control of NCDs.
Adapt and improve the WHO Knowledge Action Portal (KAP) to enhance its functionalities for improved engagement and knowledge collaboration with GCM/NCD Participants across the workplan activities.	DDG/GNP/GCM, CRE/DAN, and GCM Participants	Q3 2022	<i>In progress</i>	Activity 1.1.2 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Refined KAP utilized by countries and other WHO stakeholders to enhance engagement and collaboration and align GCM/NCD outputs with country needs.
Conduct stock take of global, regional and country level multisectoral, multi-stakeholder, and community engagement experiences and best practices	DDG/GNP/GCM, WIN-NCD, TEN/NCD, and GCM Participants	2022	<i>In progress</i>	Activity 1.1.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: The WHO Knowledge Action Portal updated to include up-to-date and relevant information on multisectoral and multistakeholder experiences, community engagement and action that is utilized by countries and GCM participants to inform national and subnational plans and strengthen country level responses.
Implement “NCD Voices in the Decade of Action” webinars to identify and showcase health needs of marginalized and vulnerable groups and populations to advance equity in the prevention and control of NCDs	DDG/GNP/GCM, WIN-NCD, and GCM Participants	2022-2025	<i>In progress</i>	Action 1.2 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: National NCD responses informed by the perspective and the health needs of marginalized groups and vulnerable populations to ensure that the most at risk are not left behind.
Develop/implement online registry of examples of national or subnational multisectoral approaches and experiences on the prevention and	DDG/GNP/GCM, WIN-NCD, TEN/NCD and GCM Participants	Q1 2022	<i>In progress</i>	Activity 2.1.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Registry utilized by countries to build on lessons learned for effective multisectoral actions on NCDs and mental health conditions at the national and subnational levels. Activity will also include information on evidence underlying or evaluating the approaches.

control of NCDs and mental health conditions.				
Develop global “Special Report on multisectoral approaches and experiences at national or sub-national levels” for the prevention and control of NCDs and mental health conditions	DDG/GNP/GCM, WIN-NCD, TEN/NCD and GCM Participants	2023	<i>Not initiated</i>	Activity 2.1.2 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Special report with analysis of best practices, experiences and approaches utilized by Member States and other stakeholders to develop national and subnational multisectoral responses for the prevention and control of NCDs and mental health conditions.
Develop and disseminate guidance, tools and capacity development approaches for Member States on risk management and informed decision-making for engaging non-State actors in the prevention/control of NCDs, and their contextualization.	DDG/GNP/GCM, WIN-NCD, TEN/NCD, EXT, CRE/DAN, LEG and GCM Participants	2022	<i>In progress</i>	Action 3.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Support Member States on using risk management approaches in considering engagement with NSAs, including the private sector, taking into account national NCD priorities to achieve SDG 3.4, while assessing benefits against risks, including mitigation strategies.
Develop, disseminate “Guidance Framework for national multisectoral and multistakeholder coordination mechanisms for the prevention and control of NCDs and mental health condition” and support its contextualization.	DDG/GNP/GCM, WIN-NCD, TEN/NCD, CRE/DAN and GCM Participants	Q2 2022	<i>In progress</i>	Action 4.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: WHO supporting Heads of State and Government to fulfil their commitment to provide strategic leadership for NCD responses by promoting policy coherence and coordination for the development of whole-of-government, health-in-all-policies approaches and for the engagement of stakeholders in whole-of-society action in line with national NCD and SDG action plans and targets, through the establishment or strengthening of national multi-sectoral and multi-stakeholder mechanisms.
Conduct cycle 2, 3 and 4 of the NCD Lab to identify innovations that inform NCD- and NCD-related global health agendas	DDG/GNP/GCM, WIN-NCD, TEN/NCD, SCI/DHI and GCM Participants	2023	<i>In progress</i>	Activity 5.1.2 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Innovative solutions, contextualized to country context and available online, that target policy-level change, systems change, or individual level change, identified and disseminated through WHO platforms.

Recommendation 4. Formulate a clear engagement strategy for Member States, United Nations funds, programmes and organizations and other relevant intergovernmental organizations, and non-State actors, including the private sector, with a view to facilitating implementation of the NCD-GAP. <ul style="list-style-type: none"> The engagement strategy should explicitly clarify the purpose and expected outputs of engagement and collaboration with partners, as well as a results framework, based on the broader strategy for delivery of the functions. The engagement strategy should be aligned with a broader WHO engagement strategy for partnerships to avoid duplication of efforts. 				
Management response	Accepted			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop and implement a GCM/NCD Participants Engagement Strategy with WHO Secretariat, GCM/NCD Participants, Member States, UN agencies, and non-State actors	DDG/GNP, DDG/GNP/GCM, WIN-NCD, EXT/HMP, CRE/DAN and GCM Participants	Q2 2022	<i>In progress</i>	Activity 4.2.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Engagement Strategy disseminated and utilized by GCM/NCD to improve coordination and collaboration with and among GCM/NCD Participants to support WHO and Member States enhance multistakeholder action at the local, national, regional and global levels in order to contribute to the implementation of the NCD-GAP 2013–2030, while safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest.
Produce case studies documenting innovative partner and national/subnational multi-stakeholder engagement strategies to advance implementation of the NCD-GAP 2013–2030 and accelerate progress on SDG 3.4	DDG/GNP/GCM, WIN-NCD, with CRE/DAN and GCM Participants	2023	<i>Not initiated</i>	Activity 4.2.2 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Case studies utilized by Member States and NSAs to inform more effective national and subnational multistakeholder responses. This will include examples of commitments and contributions by partners in support of national/subnational efforts, including those of GCM/NCD Participants. Case studies will be expanded and enhanced across lifespan of the GCM/NCD
Develop/disseminate “WHO Framework for Meaningful Engagement of PLWNCDs and Mental Health Conditions and a guidance on implementation of the Framework”, and related policy briefs	DDG/GNP/GCM, WIN-NCD, TEN/NCD, and GCM Participants	2023	<i>In progress</i>	Action 5.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Global Framework utilized by WHO HQ, Regional and Country Offices and Member States to meaningfully engage PLWNCDs and mental health conditions in the co-development and co-design of NCD principles, policies, programmes and services and implementation guidance, including adaptation process, conceptualization of the framework, adaptation monitoring and evaluation, utilized by country offices to support meaningful engagement with PLWNCDs to develop country-tailored national and subnational policies and programmes.
Convene General Meeting of GCM/NCD Participants including the participation of PLWNCDs	DDG/GNP/GCM, WIN-NCD, with CRE/DAN, LEG and GCM Participants	2023	<i>Not initiated</i>	Activity 2.2.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Meeting of GCM/NCD participants to share lessons learned, assess uptake and effectiveness of GCM/NCD resources, and galvanize commitments and accelerate multi-sectoral and multi-stakeholder action at the local, national, regional and global levels to support implementation of the NCD-GAP and achieve SDG 3.4. Outcomes will inform adaptation required by the GCM/NCD for next implementation phase.

Implement 3rd phase of the WHO Civil Society Working Group (CSWG) on NCDs.	DDG/GNP/GCM, WIN-NCD, TEN/NCD, with EXT, CRE/DAN, LEG and GCM Participants	2022	<i>Not initiated</i>	Activity 3.2.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Civil Society guidance and recommendations provided to WHO Director General in support of effective policies, programmes, and services for the prevention and control of NCDs. WHO's engagement with civil society for NCDs operationalized.
Establish and sustain a process for dialogue and engagement with PLWNCDs, including a WHO Symposium on PLWNCDs and Mental Health Conditions, leading to the Fourth United Nations High-level meeting on NCDs in 2025.	DDG/GNP/GCM, WIN-NCD, TEN/NCD, with EXT/HMP, CRE/DAN, LEG and GCM Participants	2022-2025	<i>In progress</i>	Activity 5.2.1 of draft GCM/NCD workplan 2022-2025 (EB150/XX) Expected Outcome: Ongoing dialogue and meaningful engagement with PLWNCDs and application of their lived experience and lessons learned that informs WHO's strategy to deliver on its key strategic objectives for the prevention and control of NCDs and mental health conditions. The engagement process and Symposium will regularly inform WHO strategies and facilitate planning, co-creation processes, and community mobilization for PLWNCDs.

Recommendation 5. Take steps to rationalize approaches to resource mobilization for NCD-related efforts within WHO and among Member States. <ul style="list-style-type: none"> • In particular, the case for WHO establishing a pooled fund alongside the Multi-Partner Trust Fund proposed by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases will require careful management and regular review. • Efforts should also be made to ensure that NCD-related initiatives gain due recognition in the grant-making activities of the newly established WHO Foundation. • A balance should be maintained between the human resources, including leadership and staffing levels, allocated to work on prevention and control of NCDs across WHO, and the scale and scope of the Organization's ambition and purpose. 				
Management response	Accepted Securing financial resources is essential to supporting WHO, the GCM/NCD, and Member States to expand multi-stakeholder collaboration to overcome the complex challenges of delivering public health in low- and middle-income countries and scaling up action on NCDs to achieve SDG 3.4. Different strategies that can identify flexible funding from multiple stakeholders, including GCM/NCD non-State actors Participants, can support activities of the GCM/NCD, Member States, UN and other partners. Pooled funding leverages the contributions from all relevant stakeholders, safeguarding WHO's integrity and against undue influence (aligned with FENSA) increase efficiency in resource mobilization as well incentivize current and future funders. Two processes have progressed: an internal WHO mechanism to support the GCM/NCD and the Multi-Partner Trust Fund to Catalyze Country Action for NCDs and Mental Health (MPTF), established in May 2021 by UNDP, UNICEF and WHO under the broader UN NCD Task Force (Task Force).			
Status	In Progress			
Key actions	Responsible	Due Date	Status	Comments
Develop and implement a WHO resource mobilization strategy to support GCM/NCD, including possible flexible pooled funding from GCM/NCD NSA Participants	DDG/GNP, DDG/GNP/GCM, WIN-NCD, TEN/NCD, EXT/CRM, CRE/DAN, LEG and GCM Participants	2021	<i>Implemented</i>	In order to support the GCM/NCD workplan and activities, in full accordance with FENSA requirements, a "pooled, non-specified fund" mechanism will be operationalized within WHO for contributions from GCM/NCD non-State actors Participants. WHO will safeguard its mandate and reputation from any undue influence or real or perceived conflict of interest by de-linking contributions from specific earmarked activities. Contributors would have no influence on how their financial contribution is used and the acceptance of the contribution does not offer the donor any possibility for advising, influencing, participating in, or being in command of the management or implementation of operational activities The mechanism will be progressively expanded to include donations from the Member States and intergovernmental organizations, including relevant UN agencies, funds, and programmes.
Develop business case on the prevention and control of NCDs and mental health for use by the WHO Foundation	DDG with DDG/GNP, ADG/UCA, ADG/HEP, EXT/HMP, EXT/CRM	2022	<i>Not initiated</i>	Recognizing the independence of the WHO Foundation, the business case developed across WHO will provide support to the Foundation for their use, as needed.

3. Updated management responses on progress in the implementation of recommendations from evaluations completed in 2021

Corporate evaluations

3.1. Evaluation of WHO's work with collaborating centres

3.1.1. The objective of the current evaluation was to examine the relevance, effectiveness, and efficiency of the programmatic contribution of Collaborating Centres (CCs) to the achievement of WHO objectives and expected results, and also reviewing the findings from the last evaluation of WHO's work with CCs in 2007. The current evaluation documented successes, challenges and best practices, and provided lessons learned and recommendations for future use by management to inform policy and decision-making. It covered CCs that were active during the biennium 2018-2019.

3.1.2. Since the last evaluation consolidated annual report of management responses, strategic discussions around the recommendations made by the evaluation as well as the general strategic use of WHO CCs were held among high level management from all divisions in headquarters and regional offices. These resulted in a strategic document including seven concrete actions to be taken forward by technical departments working with WHO CCs. A survey to monitor the degree of implementation across the Organization was carried out in February, and the results are shared below. The strategic discussions also resulted in a clear mandate for QNS/GOR to work on the new eCC and offer new services related to training, communications and networking. Unfortunately to date it has not been possible to add the required additional human resource to QNS/GOR to take forward some of these actions. However, with existing resources this unit is offering new training opportunities to WHO staff. Furthermore, thanks to recently received (March 2022) funds from the IT Development Fund, work towards the enhancement of eCC and reporting system will be able to start this year.

Management Response

Evaluation Title	Evaluation of the WHO's work with Collaborating Centres
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/evaluation-of-who-s-work-with-collaborating-centres-volume-1-report
Evaluation Plan	
Unit Responsible for providing the management response	HQ/SCI/QNS
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation.</p> <p>It has been 12 years since the last evaluation of WHO's work with Collaborating Centres (CCs) was carried out in 2007. With over 800 current CCs in WHO and the implementation of GPW13 and the SDGs, a new evaluation of WHO's work with its CCs was very timely to assess the implementation of the 2007 evaluation's recommendations as well as to identify new areas in need of improvement. Over the past 12 years, WHO has undertaken a range of actions in response to the 2007 recommendations, leading to improvements in managing its relationship with CCs and to closer alignment of the work of CCs with WHO's priorities.</p> <p>Despite this progress, enabling actions highlighted by the evaluation are critical to ensure full utilization of the CC mechanism and partnership, along with the optimization of benefits for WHO's programmes and priorities. To note that several recommendations and sub-recommendations are directly linked to one another: 1b and 2 b; recommendation 2 and 3 (communication).</p> <p>To facilitate implementation of the recommendations, the Department of Quality Assurance, Norms and Standards (QNS) have supported the Chief Scientist and the Deputy Director-General carrying out a series of consultations with Regional Directors and Assistant Directors-General during 2020, convening the first global virtual meeting of CCs in December 2020, and a broader discussion chaired by the Director-General involving all Directors. This has been followed by a series of more in-depth consultations with selected individual Directors.</p> <p>Particular attention is given to Departments in Headquarters and Regional Offices to enable them to more strategically manage and promote the collaborative use of CCs, including key actions as better communication with the centres and more coordination within WHO. New approaches for showcasing the contributions of CCs, expanding their engagement in WHO's work and in broader dialogues, as well as opportunities within WHO for peer to peer learning and training will be offered. The electronic system to manage CCs (eCC) will be upgraded. Many of these key actions will require appropriate funding, human resources, and leadership commitment.</p>	

Terminology: “directors” refers to any director of a technical department in headquarters and/or regional offices with at least a CC. “Responsible officer” refers to any WHO professional staff in a technical department in headquarters and/or regional offices who is the main focal point for at least a CC. “Departments” refers to any technical departments in headquarters and/or regional offices that is responsible for at least a CC.	
First Management Response Status:	<i>In progress</i>
First Management Response Date: 15 April 2021	Updated Management Response Date: __ April 2022
Overall update on the actions taken since April 2021	<i>In 2021, under the leadership of the Chief Scientist and the Office of the Deputy Director-General, strategic discussions around the recommendations made by the evaluation as well as the general strategic use of WHO CCs were held among high level management from all divisions in headquarters and regional offices. These resulted in a strategic document including seven concrete actions to be taken forward by technical departments working with WHO CCs. A survey to monitor the degree of implementation across the Organization was carried out in February, and the results are shared below. The strategic discussions also resulted in a clear mandate for QNS/GOR to work on the new eCC and offer new services related to training, communications and networking. Unfortunately to date it has not been possible to add the required additional human resource to QNS/GOR to take forward some of these actions. However, with existing resources this unit is offering new training opportunities to WHO staff. Furthermore, thanks to recently received (March 2022) funds from the IT Development Fund, work towards the enhancement of eCC and reporting system will be able to start this year.</i>

Recommendations and Action Plan

<p>Recommendation 1: Develop, implement and disseminate a strategic framework for working with Collaborating Centres (CCs) at global, regional and departmental level based on the policies and procedures detailed in the WHO Manual XV.5. This framework should include, as appropriate, measures to:</p> <ol style="list-style-type: none"> conduct a strategic review of current CCs by a panel of WHO senior managers to identify those that are inactive or ineffective and establish a process that will lead to the discontinuation of CC designations based on strategic alignment and risk considerations consistently across the Organization; develop a robust monitoring and evaluation process to assess the work of CCs so as to maximize their relevance, effectiveness and efficiency, and ensure consistency of implementation across the Organization; ensure more regular and systematic engagement of directors, Assistant Directors-General, and technical counterparts in designation/redesignation and planning processes; review the designation of CCs or develop new categories of CCs to take into account the different needs of CC institutions in low- and middle-income countries, and WHO regional or country requirements; and <p>establish a mechanism for anticipating emerging health issues and forecasting needs, and for establishing pipelines for the development of new CCs to address these.</p>	
Management response	Accepted.

	<p>The review and identification of inactive and ineffective CCs to be discontinued will be carried out by individual departments in consultation with their ADG or RD. This is due to the very large number of CCs to consider as well as the specificities of each case, which are best known by the managing department.</p> <p>A monitoring and evaluation mechanism already exists, however it is underused. The key actions below aim at enhancing respective Divisions/Departments/Regional Offices' use of available data to enhance their monitoring and evaluation of the CCs they manage.</p>				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
Update and disseminate WHO's strategic framework for working with CCs	SCI and QNS	Q3 2021	<i>Implemented</i>	High-level review by DDG and Chief Scientist of existing strategic framework, with changes as needed to further promote use of CCs. Incorporates sub-recommendation 1a.	The Chief Scientist and the office of the DDG have developed a strategic framework consisting of seven concrete actions to be taken forward by technical departments working with WHO CCs. In addition, it was agreed to give a mandate to QNS/GOR to work on the new eCC and offer new services related to training, communications and networking.
Develop a corporate management charter for enhancing collaboration with CCs	DDG and SCI	Q2 2021	<i>Implemented</i>	Will identify key responsibilities for all WHO management	Key responsibilities have been updated in WHO Manual XV.5.3
Develop Division, Department and Region-specific plans and implementation for managing CCs under their areas of work	ADGs DPMs Directors	End of 2021	<i>In progress</i>	Operating under rules and policies provided by WHO Manual XV.5 and the general global strategy towards CCs contained in paragraphs XV.5.1.70-120, each regional office, division and department will develop a plan for how best to use CCs to support their output and outcome delivery under GPW13 and the current PB.	Nine technical departments working with WHO CCs have developed a strategy on how to best engage with their centres. Eleven technical departments working with WHO CCs are currently developing one.
Establish mechanisms to improve collaboration and communication between the three levels of the organization	DDGO DPMs Departments	End of 2021	<i>In progress</i>	Regularly include CCs in the discussions between technical departments at headquarters and regional offices to ensure collaboration and communication among these levels.	

				When appropriate, also include such discussions/updates in the DPMs meetings.	
Regular review of existing Centres [including assessment of their performance and continued need for the future.]	Directors Responsible officers	2021	<i>In progress</i>	At Divisional/Departmental and Regional Office level, on a regular basis, Directors and Responsible Officers to undertake an analysis of CCs under their management to determine: a. performance (can be informed by reviewing annual reports), b. continued alignment with WHO GPW, c. implementation challenges, and d. anticipated future need/contribution of a particular CC. The objective of this exercise is to identify (including early warning) those CCs that are inactive or ineffective, and establish a process that will lead to the discontinuation.	13 technical departments working with WHO CCs have performed a critical assessment of the WHO CCs they manage. Eight technical departments working with WHO CCs are currently undergoing this exercise.
Tailored plans for HQ Divisions and Regional Offices to increase collaborations with institutions in developing countries	ADGs DPMs Directors Regional Offices Country Offices	2022	<i>In progress</i>	Each HQ Division and Regional Office to develop a plan for expanding collaborations with a range of institutions in developing countries. These new collaborations may, if the conditions for designation are fully met, lead to future designations of CCs in developing countries.	As a result of the new strategic framework, six technical departments working with WHO CCs have enlarged their network of institutional collaborators (other than WHO CCs) to include at least five institutions in LMICs. Ten technical departments working with WHO CCs have enlarged their network of institutional collaborators (other than WHO CCs) but by less than five institutions in LMIC. Several departments pointed out that this is a long term objective as it requires building relationships through concrete opportunities for collaboration.

Mechanism for anticipating emerging health issues and forecasting needs, and linking to future planning for CCs	RFH ADGs/DPM/Directors	2021	<i>In progress</i>	Technical departments to benefit from the recently established forecasting function to be provided by RFH that will help them anticipating trends in public health as well with their planning of required resources including, inter alia, CCs.	
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Recommendation 2: Promote awareness of Collaborating Centres (CCs) and their contribution, both within WHO and with external audiences as appropriate. Toward this end, it is recommended that:

- a systematic mapping be undertaken of CCs' locations and areas of work (or specialization) and disseminated internally to various technical units and departments to improve awareness of CCs and the efficiency with which these are used across WHO;
- high-level internal reporting systems be established to evaluate and report on CCs' contributions across WHO by ensuring that existing data are systematically analysed and made available to senior management periodically;
- formal systems be put in place to showcase the work of CCs within WHO and externally; and

the contributions of CCs be included in high-level strategy documents and reported in an annual summary report.

Management response	Accepted.				
Status	<i>in progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
Systematic mapping of CCs' locations and areas of work (or specialization)	QNS	2022	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, regular analytics of the distribution, areas of work, and networks of CCs will be produced and distributed. Best practice syntheses shared across WHO.	Due to lack of funds no new human resource has yet been added to QNS/GOR to undertake this action.
Convene Global Seminar of WHO Heads of Collaborating Centres with DG and WHO staff (virtual)	QNS	December 2020	<i>Implemented</i>	Can be viewed here with access code fmJLs8S& Similar seminars to be organised in the future.	No update required
Enhanced use of the internal reporting systems for all phases of CCs designation and performance, including dashboard for senior management	QNS (training) Directors Responsible Officers	2021	<i>In progress</i>	Recommendations 1b, 2b and 3 are directly linked. eCC has a solid reporting system that ensures at least an annual report from each CC. This is complemented by information on performance	A dedicated training course "Searching, finding and benefitting from the existing 800+ WHO CCs" is now being offered to WHO staff by QNS/GOR.

	Regional Offices			<p>and degree of implementation of the collaborative activities that the WHO responsible officer gathers through their regular interactions with the CCs they manage.</p> <p>Responsible Officers and management to ensure existing data are systematically analysed and used for decision making towards CCs.</p> <p>QNS to provide training on best use of the reporting system</p>	
Communication strategy and material development tailored to audience and targeting to showcasing the work of CCs within WHO and externally, including updated website.	QNS DCO Responsible Officers Regional Offices	2022	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, an interactive website linking contributions of CCs with WHO objectives will be developed and regularly updated. The work of CCs will be regularly mentioned in WHO formal media and communication channels, as well as in dedicated publications/reports.	Due to lack of funds no new human resource has yet been added to QNS/GOR to undertake this action.

Recommendation 3: Develop a communication plan for the Organization's relations with Collaborating Centres (CCs) that, <i>inter alia</i>: <ul style="list-style-type: none"> a. ensures more regular and formalised communication throughout the CC designation/redesignation process; b. establishes regular contact during the designation period and a systematic communication structure for ongoing monitoring of CCs' work; c. engages CCs more systematically in wider WHO dialogues on strategic priorities and directions; and allows more face-to-face engagement between WHO staff and CCs.					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
Regular review/discussions in Division/Department/Regional Office meetings (e.g.	ADGs/DPM/ Directors Country Offices (as relevant)	2021	<i>In progress</i>	At the Divisional/Departmental level, CCs will become part of regular management discussions	Nine technical departments working with WHO CCs have discussed about their WHO CCs (management, planning,

once/month)_ progress made by CCs and related challenges					acknowledgements) at least once a month, and nine have reported some of these discussions but with a lesser frequency.
Departments develop and implement a communication plan for CCs which informs them regularly of the work of the Organization, guides them to relevant links and ensures their presence in relevant technical meetings of the Organization (based on DCO communication guidance)	DCO (guidance) Directors Responsible officers	2021	<i>In progress</i>	Action related to Recommendation 1 above Divisions/Departments/Regional Offices to tailor specific communication and outreach reflecting the number and nature of CCs they manage, including: a. regular communications related to the management of ongoing collaborative activities b. involvement of CCs managed by the departments in higher level strategic and technical discussions c. acknowledgment of specific contributions made by these CCs managed by the department.	Five technical departments working with WHO CCs have developed a communication plan in relation to their WHO CCs, and 15 are currently developing such plans.
Enhanced country, regional and global networks of CCs	QNS HQ and Regional Office Responsible Officers	Q4 2021	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, guidance for Responsible Officers across WHO on facilitating, managing and maximizing use of CC networks will be developed, building off of best practice from existing country and thematic CC networks.	Due to lack of funds no new human resource has yet been added to QNS/GOR to undertake this action.

Recommendation 4: Use the forthcoming re-development of the Electronic Collaborating Centres (eCC) as an opportunity to improve the effectiveness and efficiency of the online system , namely through measures to: <ul style="list-style-type: none"> a. re-assess the ordering and requirements of each approval step to streamline the process and re-design the system to remove the need for resubmission and approval after each edit; b. allow for more flexibility in the formats used for proposal submission in eCC; c. improve the user interface and guidance notes of the eCC to make it more user-friendly; and provide more guidance for users on the timeframe required for each step and how to avoid delays.	
Management response	Accepted
Status	<i>In progress</i>

Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
Update design and functionality of the electronic system to manage designations/redesignations of CCs.	QNS IMT with Responsible Officers (testing)	2021	<i>In progress</i>	A detailed plan for the re-development of eCC using newer technology platforms is ready. Further testing and implementation, however, has not yet begun and will require dedicated resources.	Dedicated resources have been identified in March 2022. This action is expected to start moving forward in 2022.

Recommendation 5: Undertake a review of current staff support and management systems to identify areas for improvement, with a view to: <ul style="list-style-type: none"> a. increasing capacity in the functions of Regional Focal Points and the Global Focal Point team to include a networking, training and communication role; b. establishing a training programme for staff on planning and management processes for working with CCs and on the Framework of Engagement with Non-State Actors (FENSA) due diligence process and requirements; providing opportunities for peer learning for Responsible Officers and Regional Focal Points; and including CC-related roles (i.e., Responsible Officers, Technical Counterparts) in WHO staff Performance Management and Development System (PMDS) processes.					
Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
New staff to be added to QNS/GOR to work on networking, training and communications	DGO SCI	Q4,2021	<i>In progress</i>	This new role will enable several of the actions included in this response to be implemented.	Due to lack of funds no new human resource has yet been added to QNS/GOR to undertake this action. Different options to implement this action are being explored.
Develop a peer learning exchange and capacity strengthening approach to document best practices, monitor and synthesize lessons and learning for CCs, and	QNS Responsible Officers CRE/DAN	Q4 2021	<i>Not initiated</i>	Subject to a new staff being added to QNS/GOR, regular training opportunities to be offered to WHO staff on CCs rules (including FENSA in relation to CCs), and opportunities for peer learning for responsible officers to be organized. Includes a framework for CCs working with the WHO academy to build a global community around WHO to improve knowledge sharing and	Due to lack of funds no new human resource has yet been added to QNS/GOR to undertake this action.

develop training for WHO staff on CCs rules, across the three levels of the Organization				transfer. This will support a community of practice to capture collective experience from various Divisions, Departments and Regional Offices that have extensive experience managing CCs and, for some, CC networks. Well-defined learning and training plans based on needs analysis training materials will be developed.	
Management of CCs to be included as part of the PMDS of Directors and Responsible Officers.	ADGs DPMs Directors Responsible officers	2021	<i>In progress</i>	Directors and Responsible Officers for CCs should discuss CCs with their supervisors in the occasion of their PMDS, including an overall summary of the work of that staff with the CC that she/he manages, challenges, best practices, etc. In cases where a Responsible Officer manages more than five CCs, this should become a separate objective in the PMDS.	Nine technical units working with WHO CCs have included a reference to the work with WHO CCs (either in the objectives or in the comments section) in the 2021 PMDS of the directors and concerned units heads.

3.2. Evaluation of the Global strategy and action plan on ageing and health (2016-2020)

- 3.2.1. The Global strategy and action plan on ageing and health (GSPoA)(2016-2020) were adopted by the 69th World Health Assembly in May 2016 (resolution WHA69.3). The purpose of the evaluation was to draw lessons learned from the implementation of the GSPoA, with a view to informing the efforts of the WHO Secretariat on the development of the Decade of Healthy Ageing 2020-2030. It considered the relevance, effectiveness and efficiency of the WHO Secretariat's contribution at the three levels of the Organization to the implementation of the GSPoA, as well as the effectiveness of its engagement strategy and partnerships to deliver the action plan. Since the evaluation, the United Nations General Assembly declared 2021-2030 the Decade of Healthy Ageing after the WHA had endorsed the proposal in 2020. The evaluation leveraged the experience and lessons learnt from the GSPoA to identify key activities that can be undertaken to enhance advocacy, collaboration and coordination, and accelerate analysis, reach and impact during the Decade of Healthy Ageing. This is important given that the WHO Decade of Healthy Ageing: Baseline Report indicates the need to accelerate progress and completeness of reporting.
- 3.2.2. Since the last evaluation consolidated annual report of management responses, internal organizational changes and coordination mechanisms have been consolidated. Engagement with UN entities and civil society working on ageing has been strengthened as part of the Decade of healthy ageing. The next year will focus on expanding collaborations to other stakeholders that work with and beyond the health sector (through advocacy and engagement strategies) and continuing to strengthen impact in countries using technical guidance as well as finalizing an accountability framework and the development of 2023 progress report.

Management Response

Evaluation Title	Evaluation of the Global strategy and action plan on ageing and health (2016-2020)
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/evaluation-of-the-global-strategy-and-action-plan-on-ageing-and-health-(2016-2020)-volume-1-evaluation-report
Evaluation Plan	WHO Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	DDGO with UHL/MCA and HEP/SDH
<p>Overall Management Response: Accepted.</p> <p>WHO welcomes and accepts the recommendations of the evaluation within the context of WHO's transformation.</p> <p>Since the evaluation, the United Nations General Assembly declared 2021-2030 the Decade of Healthy Ageing after the WHA had endorsed the proposal in 2020. WHO is the lead implementing agency, in collaboration with a wide range of UN agencies, and using existing platforms.</p> <p>The evaluation identifies actions that can harness the opportunity of a "UN" decade, facilitate whole-of-government approaches, and ensure impact in countries. Particular attention to take forward the Decade of Healthy Ageing needs to support Regional and Country Offices to enhance understanding and implementation in each of the four priority action areas. For WHO to deliver on its leadership role, this will need Organization-wide planning to meet required financial and human resources across the Organization. It will also require strategic alignment and sustained support for UN country level planning and capacity strengthening, with the aim to forge stronger links to UN country teams and enable joint assessment, planning, implementation and monitoring.</p> <p>The evaluation leverages the experience and lessons learnt from the first action plan 2016-2020 and helps to identify key activities that can be undertaken to enhance advocacy, collaboration and coordination, and accelerate analysis, reach and impact during the Decade of Healthy Ageing. This is important given that the <i>WHO Decade of Healthy Ageing: Baseline Report</i> indicates the need to accelerate progress and completeness of reporting.</p>	
First Management Response Status:	In progress
First Management Response Date: April 2021	Updated Management Response Date: 6 April 2022
Overall update on the actions taken since April 2021	In progress. The past year has seen the consolidation of the internal organizational changes and coordination mechanisms. Engagement with UN entities and civil society working on ageing has been strengthened as part of the Decade of healthy ageing. The next year will focus on expanding collaborations to other stakeholders that work with and beyond the health sector (through advocacy and engagement strategies) and continuing to strengthen impact in countries using technical guidance as well as finalizing an accountability framework and the development of 2023 progress report.

Recommendations and Action Plan

<p>Recommendation 1: To take forward the Decade of Healthy Ageing within the context of the 13th General Programme of Work and the 2030 Agenda, the WHO Secretariat should undertake necessary organizational changes; external and internal advocacy; and coordination measures to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target. Toward this end, it is recommended that WHO Senior Management:</p> <ul style="list-style-type: none"> • integrate the Decade of Healthy Ageing as a high-level goal of its internal and external advocacy efforts and embed it in its strategic processes (e.g. the SDG3 GAP); • assign dedicated leadership and responsibility for this area to a senior-level expert on Ageing; <i>and</i> • ensure the Organization's visibility and technical credibility, as well as the clarity of its position and role in designing and implementing the Decade of Healthy Ageing – and in building and steering the necessary coalitions (including high-level relationships with Member States, UN agencies, donors and other stakeholders) in pursuit of the effective roll-out of the Decade of Healthy Ageing. 					
Management response	Accepted. The organization has: stewarded the Decade proposal and plan through the WHO and UN governing bodies; generated strong political support by engaging diverse leaders in advocacy; and provided a status report on healthy ageing as a baseline for the Decade. Collaboration is being built between the two departments that have a specific focus on ageing reflecting WHO's transformation.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
The Decade of Healthy Ageing has been endorsed by the World Health Assembly and the United Nations General Assembly declared 2021 - 2030 the Decade of Healthy Ageing.	HEP/SDH/DHA (GVA) and WUN (NYC) with support from UHL/MCA/AAH	2020	<i>Implemented</i>	<p>Member States endorsed the proposal at the 73rd World Health Assembly and the WHO DG's communicated the Decision to the Secretary General. On 14 December 2020 the UNGA proclaimed 2021-2030 <u>UN Decade of Healthy Ageing</u>.</p> <p>WHO was asked to lead the Decade of healthy ageing in collaboration with other UN agencies and leveraging existing co-ordination mechanisms. The Decade committee and Decade secretariat are under development.</p>	No update required

				A mapping has been completed on SDGs 3 GAP and the Decade action areas to identify opportunities for collaboration including joint priority countries.	
Develop and disseminate a Baseline report for the Decade of Healthy Ageing	UCL/MCA/AAH	2020 - 2021	<i>Implemented</i>	Requested in resolution WHA 69.3 the WHO Decade of Healthy Ageing: <u>baseline report</u> was launched on 17 December by <u>video from the Director General</u>) Regional events to share the findings of the Report and summary Report are underway to promote the implementation of its recommendations.	The summaries of the baseline report have been translated in all UN languages and disseminated through WHO channels and partners.

<p>Develop and implement a strategy for a range of external and internal advocacy efforts have been carried out to increase visibility and technical credibility on the Decade of healthy ageing and will continue over the course of the Decade.</p>	<p>UCL/MCA/AAH (for 1, 2, 6 and 7)</p> <p>HEP/SDH/DHA (for 2-5)</p>	<p>Q1 2022</p>	<p><i>Implemented</i></p>	<p>Examples of high-level advocacy on WHO Decade already carried out</p> <ol style="list-style-type: none"> 1. High level event on COVID with UNFPA, DESA and HelpAge (28 July 2020) 2. High Level Event hosted by WHO, UNFPA, OHCHR, NGO committee on Ageing and engaging Member States, Private Sector and Independent expert on Human rights on the Decade of Healthy Ageing (October 1, 2020) 3. Q and A between Dr Tedros and Captain Tom (October 1, 2020) 4. Short video developed with <u>leaders Statement on the Decade</u> 5. The first Advocacy brief in the Decade Connection series was developed on COVID-19. Other briefs will be developed on SDG, Climate change and other issues that raise over the next 10 years. 6. Short video is available on the <u>Decade of Healthy Ageing</u> Baseline Report (17 December, 2020) 7. Technical documents and webinars on Covid-19 and older people, March-October 2020, such as 'Learning from COVID-19 to strengthen care for older people.' 	<p>Advocacy efforts have continued including :</p> <p>Advocacy briefs in the Decade Connection series were developed on SDGs and Climate change. Another is being developed on the links with the Madrid International Plan Action on Ageing.</p> <p>WHO engaged in a range of High-Level events to raise awareness and advocate for engagement on the Decade implementation for example</p> <ul style="list-style-type: none"> • The International Federation on Aging 15th Global conference – Keynote address on the Decade of Healthy Ageing (November 10) • Determinants of Healthy Ageing over the Life Course” 5th Annual Seoul Symposium (8 December) <p>as well as a series of high-level events focusing on digital inclusion including:</p> <ul style="list-style-type: none"> • ICTs and Older Persons: The Decade of Healthy Ageing: Pushing Through the Role of Digital and ICTs Across the Life Course (16 April) • World Summit on the Information Society Forum 2021 – High-Level Dialogue: Ageing in a Digital World: From Vulnerable to Valuable (17 May) • Literacy for Older Persons to the Decade on Healthy Ageing" in the frame of the tenth Global Media and Information Literacy (MIL) Week (October 24 2021)
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Set- up a Multi-donor trust fund on the Decade of Healthy Ageing	WHO Secretariat	2023	<i>Not initiated</i>	CSO organizations also requested WHO to explore setting up this MTDT that would support country led activities i.e. Government and CSO.	<i>Not initiated</i>
Assign dedicated leadership and responsibility for Ageing	In view of the transformation this will be co-led by the both unit heads	2021	<i>In progress</i>	Decade Action plan includes 4 priority areas, each in two separate departments, in two divisions, reflecting WHO transformation and ways of working. Unit heads of HEP/SDH/DHA and UCL/MCA/AAH are each responsible for two action areas.	Unit heads of HEP/SDH/DHA and UCL/MCA/AAH remain responsible for two action areas.

<p>Recommendation 2: The WHO Secretariat should develop an inclusive engagement strategy to deliver the Decade of Healthy Ageing, incorporating the required cross-sectorality and multidisciplinary. It is recommended that such a strategy:</p> <ul style="list-style-type: none"> • identify and embrace the multidimensional and multisectoral aspects necessary to effectively advance the Decade of Healthy Ageing at a strategic level, with the necessary mechanisms in place to harness and capitalize on these linkages; • focus on strengthening broader relationships with governmental bodies, including and beyond ministries of health – such as, but not limited to, ministries of social welfare, development, finance, environment and others – as well as UN agencies, and non-traditional donors with which WHO has less experience in collaboration (in adherence to the principles established under the Framework on engagement with non-State actors [FENSA]); • expand and support multi-stakeholder partnerships with non-State actors within and beyond the health sector, and systematically integrate the work of clinical associations, health system specialists, long-term care systems, economic institutions and associations of older persons; <i>and</i> • provide guidance at the regional and local levels to facilitate multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing. 					
Management response	Accepted. The UN Decade is intended as a global collaboration and to that end we have started to bring together diverse sectors and stakeholders including governments, civil society, international organizations, professionals, academic or research institutions, the media and the private sector. Further efforts will be taken to strengthen broad multisectoral and multi-stakeholder collaborations by developing plans with specific stakeholder groups and expanding and linking existing partnerships working on Decade action areas or enablers.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021

Set up a Secretariat to manage collaborations, advocacy, communication and support accountability.	Roles and responsibilities under discussion	2021	<i>Implemented</i>	<p>Terms of reference for the WHO Secretariat under development.</p> <p>Accountability and monitoring team would engage: MCA (EME and AAH), DDI and DHA, RO, CO, UN agencies.</p>	<p>Terms of reference are available on the Decade Secretariat.</p> <p>Guidelines and operating procedures on Decade related communications are available.</p>
Develop and implement an approach and activities to raise awareness and strengthen multisectoral stakeholder coalitions (including high-level relationships with UN agencies, civil society and other stakeholders) to support the effective roll-out of the Decade of Healthy Ageing.	HEP/SDH/DHA UCL/MCA/AAH	<i>Q1 2022</i>	<i>Implemented</i>	<p>Meetings have been held with UN agencies (Directors and technical leads) to develop a joint plan that can support action in countries through UN country teams. Key products, processes and timelines have been identified. Roles and responsibilities within UN agencies are being defined. A report to the EC-DC is planned in the first half of 2021.</p> <p>The Director General met with civil society organizations on healthy ageing and called for a plan of action. The plan has been developed by CSO and 9 WHO departments and quarterly meetings are held to discuss and track progress.</p> <p>The World Economic Forum has established a Global Futures Council on Healthy Ageing and longevity to support private sector engagement in the Decade.</p> <p>Titchfield City Group on Age and Age Disaggregated Data (TCGA) under auspices of the UN Statistical Commission, engages national statistical offices that collate and report on data from all sectors and are responsible for reporting on SDG indicators for each country; UN Agencies and Civil Society Organizations.</p>	<p>UN agencies meet quarterly to share information, report on progress on the Joint Plan and discuss joint projects.</p> <p>The Director General had a second meeting with civil society organizations on the decade of healthy ageing. Quarterly meetings between CSO representatives and WHO colleagues across departments are used to share progress related to the Plan.</p> <p>The World Economic Forum hosted: In conversation with the private sector on the UN Decade of Healthy Ageing, 23 June.</p>
The secretariat has expanded existing multi-stakeholder partnerships with non-State actors within and beyond the health sector including the following:		<i>Q1 2022</i>	<i>Implemented</i>	Existing consortiums/ networks have continued to meet and develop, exchange information and collaborate on technical products and support their implementation. A mapping on available consortia and gaps is underway to identify additional mechanisms that may be needed.	A mapping on available consortia has been developed. This is being used to review the type and nature of collaboration that CSO have within these consortia

1. Clinical consortium on Healthy Ageing (CCHA) 2. Global network on Long-term Care (GNLTC) 3. Consortium on Metrics and Evidence on Healthy Ageing (CMEHA) 4. WHO Collaborating Center Network on Healthy Ageing Plus 5. Global Network for Age-friendly Cities and Communities (GNAFCC)	UCL/MCA/AAH: <i>for 1 -4</i> HEP/SDH/DHA: <i>for 5</i>				as part of the DG – CSO plan on the decade. Terms of reference for a <i>Global Collaborative on Healthy Ageing</i> that can bring all stakeholders together is currently being developed. Existing networks and consortia continue to meet and exchange as needed. For example, affiliates to the GNAFCC meet bimonthly.
Guidance on developing national and sub national multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing is under development.	HEP/SDH/DHA UCL/MCA/AAH	Q4 2022	<i>In progress</i>	Approved global goods: Guidance on development national age -friendly programmes is under development and being coordinated by HEP/SDH/DHA. SDG indicator report being coordinated by UCL/MCA/AAH with UNDESA, UNFPA, and Titchfield city group on age and age disaggregated data.	Guidance on the development of national age -friendly programmes will be finalized in 2022. SDG indicator report is under development and will be finalized in 2022.

Recommendation 3:

In alignment with the 13th General Programme of Work and the 2030 Agenda, the Decade of Healthy Ageing should **adopt a clear country focus**. WHO Secretariat's contribution to the Decade of Healthy Ageing should be designed accordingly and based on a robust accountability framework. It is recommended that such an instrument:

- devise and incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process for both the expected outcome and output levels, and clarify the expected contributions from all levels of the Organization so that tangible change can be measured;
- be flexible and open for adaptation as the Decade of Healthy Ageing is rolled out;
- in coherence with Delivering as One and the on-going reform of the UN development system, orient WHO's contribution toward facilitating implementation at country level, providing the necessary guidance and tools to facilitate the local translation and adaptation of global norms, standards and guidelines to various contexts and settings.

Management response	Accepted. The accountability framework will be developed with other UN agencies. WHO's technical work initiated before the Decade has continued to develop and will be strengthened through collaboration with other UN partners. Future activities will be developed at the outset with other UN agencies to deliver as one and support action in countries.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021
An accountability framework that incorporates a theory of change, priorities and expected contributions will be developed drawing on the Baseline report for the Decade of healthy ageing and other related efforts such as the SDG Indicator Report.	UCL/MCA and HEP/SDH	Q4 2022	<i>In progress</i>	This will include a review of strategies internal and external to WHO that will be reported on over the next ten years, what is in the Decade action plan and reported on within the Baseline report. A SDG indicator report, being led by AAH with UNDESA, UNFPA, and Titchfield city group on age and age disaggregated data will be ready in fall of 2021.	A Technical Advisory Group on Measurement, Monitoring and Evaluation of UN Decade of Healthy Ageing has been established (January 2022) An accountability framework has been developed and under review by the Technical Advisory Group on Measurement, Monitoring and Evaluation of UN Decade of Healthy Ageing.
WHO developed, with representatives from all key stakeholders, the Decade Platform a centralised repository of existing guidance, tools, reports from the field, and other	HEP/SDH/DHA	April 2021	<i>Implemented</i>	The Platform was launched in English in April and will be available in SP and FR in June. IT will evolve based on stakeholders needs and mechanisms have been built in to elicit feedback. Additional	No update required

forms of knowledge relevant to Decade implementation. Ageing data portal (specific to older adults) has been developed and linked to the Platform with country specific information including national progress indicators.	UCL/MCA/EME with support from HEP/SDH/DHA	October 2020		mechanisms, such as community fora, have already been identified and are under development. The data portal contains global ageing indicators that can be used to monitor the Decade. It can be used to develop country data profiles that with information on the Platform can be complemented	
Develop and disseminate a global report on ageism and related toolkit. This UN report was developed by WHO in collaboration with OHCHR, UNFPA and UNDESA.	HEP/SDH/DHA	March 2021	Implemented	WHO was requested in resolution WHA 69.3 to lead a Global campaign to combat ageism in collaboration with others. This report was launched by the DG on March 18. It provides the evidence base for the Campaign and for the first action are of the Decade. National and regional events are underway to share the findings and promote the implementation of its recommendations.	The main report has been translated into 4 UN languages and a range of global, regional and national dissemination events supported. A sustained Communication campaign - <i>Ageism Through the Ages</i> ran between 1 October (UN International Day of Older Persons) and 20 November 2021 (World Children's Day) as a part of the Global Campaign to Combat Ageism.
WHO has started the development of a range of guidance and other efforts to support country implementation including: 1. ICOPE implementation pilot programme (GG) 2. Guidelines on management of chronic primary low back pain in adults (GG) 3. Development of Integrated continuum of long-term care guidance tools: Country readiness and assessment	UCL/MCA/AAH : for 1 -4, 10 Joint (5, 9) HEP/SDH/DHA : for 6 -8.	1: Ongoing 2: Ongoing 3: April 2021 4: Sept2021 5: Dec 2021 6: Sept 2021 7: March 2022 8: June 2022 9: Oct 2022	All -- <i>In progress</i>	The National tool kit is intended as a living document that is co-produced between national institutes, experts and civil society. Improvements expected over the Decade COVID Guidance: MCA/AAH: Guidance on COVID and older persons is available https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health and data on older persons and COVID -19 : https://app.powerbi.com/view?r=eyJrIjojYWVWZGVkN	WHO has continued to strengthen access to guidance for example: <ul style="list-style-type: none"> UN Advocacy brief on social isolation and loneliness WHO Framework for countries to achieve an integrated continuum of long-term care. (published

<p>framework and UHC service package of long-term care interventions (GG)</p> <p>4. National case studies on data, information and decision making for healthy ageing (GG)</p> <p>5. National tool kit to measure, monitor and report on healthy ageing. (GG)</p> <p>6. Technical guidance on social isolation and loneliness</p> <p>7. Technical guidance on elder abuse</p> <p>8. Guidance on voice and meaningful engagement of older people.</p> <p>9. Healthy ageing and health equity report/tool kit (GG)</p> <p>A significant amount of WHO and IASC Guidance, case studies and opportunities for awareness and exchange have been developed that address older people in the COVID-19 response.</p>	<p>MCA/AAH – led on older people and COVID -19 related to clinical care, essential services, long term care, vaccines and data.</p> <p>SDH/DHA – on community response, ageism and elder abuse.</p>			<p>WUtNmM0Ni00MDAwLTljYWtN2EwNTM3YjQzYmRmIiwidCI6ImY2MTBjMGI3LWJkMjQtNGlzMOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9</p> <p>SDH/DHA: Guidance on COVID and older persons https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/covid-19 and case studies are available here https://www.who.int/teams/social-determinants-of-health/urban-health/covid-19/cities-responses-through-covid-19-ageing</p>	<p>Dec 2021; launch event Mar 2022 with Member States and partners)</p> <ul style="list-style-type: none"> • WHO policy brief Ageism in artificial intelligence for health • Toolkit on Participatory Video to meaningfully engage older people in the Decade. • ICOPE implementation pilot programme: ready phase report launched in April 2022. <p>Further Guidance is under development e.g. Priorities for addressing elder abuse under the Decade (June 2022)</p>
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<p>Recommendation 4: The WHO Secretariat should ensure that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place in alignment with the Decade of Healthy Ageing and its theory of change as recommended earlier. In this respect, it is recommended that the WHO Secretariat:</p> <ul style="list-style-type: none"> • secure adequate human and financial resources at the three levels of the Organization to meet the needs for the delivery of WHO's contribution to the rollout of the Decade of Healthy Ageing at global, regional and national levels; • strengthen synergies across the Secretariat to maximize collaboration, securing internal coherence, effectiveness and efficiency in the delivery of the Ageing and Health programme in WHO, by ensuring an organizational design that facilitates coordination and communication flows, leadership and visibility, aligns across relevant WHO strategies and initiatives, and ensures mutual benefit from the breadth of programme areas that are of relevance to the Decade of Healthy Ageing as a horizontal cross-cutting area, and establish the coordination, management and monitoring mechanisms required to help realize these mutual benefits; • design effective capacity-building mechanisms and share lessons learned across relevant operational units at all levels of the Organization to optimize opportunities for WHO contributions to the agenda of the Decade of Healthy Ageing and in accordance with the needs and priorities of Member States; and • structure its workplans to deliver its contribution to the Decade of Healthy Ageing at all levels of the Organization, based on a logical framework in accordance to the theory of change of the Decade of Healthy Ageing, defining goals and targets with indicators and metrics as needed to manage its support more effectively, with programme monitoring aligned to this logical framework and the 13th General Programme of Work. 						
Management response	Accepted. Activities related to increasing investment and developing an accountability framework and monitoring the Decade are outlined under recommendations 1 and 3.					
Status	<i>In progress</i>					
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since April 2021	
Implement a mechanism to coordinate across the Organization, including routine meetings between directors, unit heads and DHA and AAH teams	UCL/MCA and HEP/SDH	Q1 2022	<i>Implemented</i>	-Weekly meetings between directors and unit heads to enable joint strategic and other decision making -Monthly coordination meetings between the 2 teams to facilitate joint planning -Additional thematic meetings between the two teams on specific topics	Implemented and on-going.	
Co-led by both unit heads (DHA and AAH) as this will strengthen the roll out of the Decade.	UCL/MCA and HEP/SDH	2021	<i>Implemented</i>	Clarity on roles and responsibilities across the two teams has been an important precondition to strengthening collaboration. Progress has been made on the breakdown of roles and responsibilities.	Roles and responsibilities for both teams have been outlined.	

Develop a TENS on Healthy ageing	UCL/MCA and HEP/SDH	April 2021	<i>Implemented</i>	A joint Technical Expert Network (TENS) on ageing has been agreed and is being established.	The joint TENS on ageing meets monthly.
Provide capacity building opportunities connected to the Platform. 1. Healthy Ageing Leaders training 2. Training on ageism 3. Training on Age-friendly communities 4. Training on ICOPE 5. Training on LTC 6. Training on using data and evidence for policy and decisions	HEP/SDH/DH A: for 1 -3. UCL/MCA/AA H: for 4 -6	2020 – 2023	<i>Implemented: (1)</i> <i>In progress: (2 - 4)</i> <i>Not initiated: (5-6)</i>	Healthy Ageing Leaders training: First cohort January - March, Second cohort September - December 2020 Translation to Spanish (2021)	1. The Healthy Ageing Leaders training was updated based on feedback from the first 700 trainees. 2. A Master Class on Ageism was conducted (November 11) 3. Age-Friendly Environments (AFE) ECHO – is a multi-session learning cycle was held from February 10 to April 7.
Ageing and Health Forum inclusive of WHO HQ/RO focal points addressing older persons and healthy ageing	UCL/MCA/AAH and HEP/SDH/DHA	2014-present	<i>In progress</i>	Forum comprises staff from across WHO, key in development of the GSAP and the Decade of Healthy Ageing Baseline Report. Further formalization expected including recognition of member's contribution in their performance review plans.	<i>Under development</i>
Joint planning to ensure all issues are addressed across PB 2022-2023	UCL/MCA and HEP/SDH	As per workplan planning	<i>Implemented</i>		Joint planning was carried out for 2022-2023.

3.3. Initial evaluation of the Framework of Engagement with Non-State Actors

- 3.3.1. The evaluation, conducted in 2019, was requested by Member States when adopting the Framework of Engagement with non-State actors (FENSA) in 2016. This Initial evaluation of the implementation of the FENSA covered the period from May 2016 to and May 2019, and across all levels of the Organization. The main objectives of the evaluation were to: (a) assess the status of implementation of the FENSA; (b) assess its impact on the work of the Organization; (c) identify enabling and constraining factors affecting results achieved; and (d) make recommendations, as appropriate, on the way forward to enable the full, coherent and consistent implementation of the Framework.
- 3.3.2. Since the last evaluation consolidated annual report of management responses, both CRE/DAN and the Regional Offices have taken a number of actions leading to closure (full implementation) of 8 actions. The latter has led to full implementation of an additional three Recommendations (to the one earlier closed). Communication materials to raise awareness of FENSA have been developed and disseminated, including a “Demystifying FENSA” learning initiative. The risk register has been improved, including creation of a new mechanism to report and track donations to WHO. A functional FENSA Focal Point Network has been re-activated across the Organization.
- 3.3.3. Consultations have been held between regional offices and relevant technical units on a draft overarching engagement strategy. Based on this feedback and on patterns on engagement and needs information gathered by budget centres, an overarching strategy and specific engagement strategies for NGOs, private sector and parliaments are being finalized.

Management Response

Evaluation Title	Initial Evaluation of the Framework of Engagement with Non-State Actors (FENSA)
Commissioning Unit	DGO/EVL
Link to the evaluation	https://www.who.int/docs/default-source/documents/about-us/evaluation/fensa-report-final.pdf?sfvrsn=c62a32c5_8
Evaluation Plan	Organization-wide Evaluation Workplan for 2018-2019
Unit Responsible for providing the management response	DGO with CRE/DAN as facilitator
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation.</p> <p>As requested by Member States when adopting the Framework of Engagement with non-State actors (FENSA) in 2016, an initial evaluation of its implementation was conducted in 2019, following the two-year timeframe set for full operationalization. The recommendations presented in the initial evaluation were accepted by Member States at PBAC31 (EB146/3) and EB146 (146/38 Add.2).</p> <p>When introducing the report on the evaluation and report on FENSA implementation to Governing Bodies, the Secretariat informed PBAC/EB that a full management response would be made available following consultation across the three levels of the Organization. While many ambitious goals have been achieved since its adoption in 2016, enabling actions highlighted by the evaluation are critical to ensure full implementation of FENSA in an aligned, coordinated, and systematic manner to maximize the value added from non-State actor engagement across the Organization.</p> <p>To facilitate implementation of the recommendations, the Office of Compliance, Risk Management and Ethics, Due Diligence and Non-State Actors Unit (CRE/DAN) developed four overarching action areas that underpin a more detailed set of actions that respond to the six recommendations contained in the evaluation and are contained in this management response: a) Ensure recommendations are implemented across the Organization in an aligned, integrated, coordinated, and systematic manner; b) Re-establish the FENSA Proposal Review Committee; c) Improve and increase communication; and d) Strengthen capacity and establish better learning mechanisms. The External Relations Division is developing an engagement strategy with non-State actors that responds to Recommendation 6.</p> <p>Particular attention is given to ensuring communication for and capacity strengthening of Country Offices, Regional Offices and HQ units to enhance understanding and implementation of FENSA. Organization-wide planning will need to assess required financial and human resources across the Organization, as well as means to forge stronger links of FENSA with technical teams to make it an integral part of implementation, delivering and partnering.</p>	
First Management Response Status:	In progress
First Management Response Date: December 2020	Updated Management Response Date: 10 May 2022
Overall update on the actions taken since December 2020	

Recommendations and Action Plan

<p>Recommendation 1: There is a clear, expressed and urgent need to substantially increase communication both internally and externally. Communication should be coordinated and multi-channel to ensure coverage with consistent messaging in order to demystify the FENSA and reduce or remove persistent “myths”, supported by effective signposting to existing materials and sources of further information. In order to raise awareness of the FENSA and sensitize staff to the practicalities of its implementation, with the aim of improving buy-in and preparing the groundwork for consistent application, WHO should:</p> <ul style="list-style-type: none"> • develop a light-touch plan to enhance communication of the FENSA; • ensure that communication is tailored and adopted to key audiences, for example, technical officers; <p>conduct a coordinated series of outreach activities, such as roadshows; townhall meetings; brown bag lunches or lunch-and-learn sessions; and familiarization with the FENSA as part of the new-staff induction process.</p>					
Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Plan for communicating about the Framework of engagement with non-State actors internally in WHO, differentially targeted to key WHO staff audiences	CRE/DAN	October 2020	<i>Implemented</i>	A communication and strategy plan has been developed with the specific objectives to: demystify FENSA and promote it as an enabler for better, transparent and successful engagement between WHO and non-State actors; create awareness on FENSA within audiences internal and external to WHO; familiarize, sensitize and strengthen understanding of WHO staff on FENSA at <u>the three levels of the Organization</u> ; create new practical tools that are user-friendly to drive behavioral change in implementing FENSA; initiate learning exchange, facilitated by the FENSA Focal Points network, by capturing innovative practices and applications of FENSA; and maintain coherent information sharing, harvest feedback and disseminate success stories on FENSA’s implementation.	No update required
Communication material development tailored to audience and targeting different aspects of the Framework	CRE/DAN FENSA Focal Points Regional Offices DGO/CSS DCO	December 2021	<i>implemented</i>	With the aim of improving buy-in and preparing the groundwork for consistent application, the communication and strategy plan present audience-tailored messages, tools, and products required to increase uptake and institutionalize FENSA. These would be tailored and adapted to key audiences across the Organization and coordinated through multiple channels.	In line with the well-defined communications plan, a series of products, tools and tailored communication outcomes and messages have been developed and disseminated on a range of subjects including: secondment, official relations, emergencies, joint

					publications, human resources, financial resources, participation in meetings, and WHO's visual identity. The aim is to improve organizational awareness, buy-in, and capacity to ensure the consistent application of the Framework. This work is shared through different channels including the Secretariat's updated Intranet page and, more widely, through Intranet articles aimed at staff at all three levels of the Organization.
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Recommendation 2: There is a clear, expressed and urgent need to support capacity-building to strengthen the consistent application of the FENSA rules and procedures. Actioning the following points will help further mainstream and “stabilize” the application of the FENSA:

- A fully-costed training plan and delivery schedule should be developed, with human and financial resources made available to support preparation and delivery. Training should be informed by analysis of training needs and the identification of a hierarchy of priority recipients, in order to ensure that sufficient numbers of staff across the Organization have a shared understanding and common interpretation (critical mass). Training should be coordinated, with effective mechanisms for monitoring quality. In this vein, it will be necessary to ensure that training evolves iteratively, based on feedback and experience from participants. A training-of-trainers approach should also be considered and workshops for heads of WHO country offices and training materials for e-learning should be included.
- Updates of guides, guidances and handbooks should be undertaken to ensure that meaningful and up-to-date guidance is provided. Periodic reviews and updates should then be established and undertaken to ensure ongoing relevance and applicability. Guides and handbooks should be available in all the official languages of WHO. Feedback on guides and handbooks should periodically be sought to ensure that assets remain fit-for-purpose and are improved based on user experience (for example, enhancing the clarity of criteria to route engagements through the simplified or standardized procedural track).
- Clarity on simplified procedures should be made more widely available to ensure a common understanding of what may be classified as simplified and what may not.
- Electronic workflows and the full establishment of the Register of non-State actors, in line with paragraph 38 of the FENSA, should be expedited to allow effective documentation and coordination of engagements with all non-State actors and facilitate knowledge management by supporting the retrieval of reference material for staff. Mechanisms for maintaining the Register of non-State actors need to be established. Electronic workflows are needed to support effective implementation of the FENSA, aligning the FENSA and its systems with the transformation agenda. Data provided by non-State actors on the Register should be routinely reviewed and updated.¹⁵ Procedures for granting accreditation should be universally established.

¹⁵ Ensuring that paragraphs 39–41 of the FENSA are enacted and that self-reported data is monitored.

Management response	Accepted In order to proceed promptly with implementing recommendations including the current, CRE/DAN has developed a project plan guided by WHO's Project Management Centre of Excellence (PMCoE) that includes costing and financial elements required for the implementation of recommendations. The roadmap/implementation plan delineates two major pillars: Improving and increasing communication and strengthening capacity and establishing better learning mechanisms.				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Costed capacity reinforcement and training plan targeted to key WHO staff audiences on FENSA	CRE/DAN	October 2020	<i>Implemented</i>	A costed training plan has been also elaborated and proposes audience-tailored training modules to build capacity on FENSA implementation and its relevant procedures <u>at the three levels of the Organization</u> and recommends concrete actions on how to use FENSA as an enabler policy guiding the Organization's engagement with non-State actors. The specific objectives of the training plan are to: familiarize, sensitize and strengthen the understanding of WHO staff on FENSA; build capacity and needed technical skills of WHO staff to fully and coherently implement FENSA procedures across the three levels of the Organization; create awareness on FENSA workflows, implementation tools and key mechanisms; and establish WHO staff specific and shared roles and responsibilities in placing FENSA as an overarching WHO policy for engagements with non-State actors. The plan incorporates lessons and needs articulation from the three levels of the Organisation.	No update required
Development of learning modules, including decision trees, checklists and best practices.	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>Implemented</i>	New training modules on different aspects of the Framework and procedures are currently under development, including use of decision-trees and checklists. The modules take into consideration the needs and interest of different technical units across the three levels of the Organization, with the goal of developing a common understanding of the Framework as an enabling policy and sharing best practices and practical information on its use.	To strengthen common understanding of the Framework and facilitate learning across the Organization, the initiative "Demystifying FENSA" was launched together with several activities that included capacity-building, development and dissemination of communication

					products, as well as tools such as templates and checklists.
Update, translation and wide dissemination of guidance documents, eManual sections, and handbooks	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>In progress</i>	In order to expand access to different guidance documents including but not limited to Guide for Staff, Handbook for non-States actors and eManual Sections, CRE/DAN has initiated the update of the documents and would pursue relevant consultations on this matter , after which translations as appropriate will be pursued and dissemination facilitated through different channels.	
Develop electronic workflows using in-house mechanisms, and enhance functionality of the Register of non-State actors	CRE/DAN EXT FENSA Focal Points Regional Offices	December 2022	<i>implemented</i>	Features of WHO Register of non-State actors are regularly assessed and refined including enhancing its usability. This process requires major efforts and sufficient financial resources. An electronic workflow system would facilitate the process and ensure swift communication between non-State actors in official relations and relevant department involved. Alignment with the new system set for resource mobilization has been considered to ensure a sustained and corporate approach at the three levels of the Organization.	To strengthen the data environment by establishing a systematic monitoring and tracking mechanism, the features of the WHO Register of non-State actors have been enhanced and a new mechanism to report and track donations to WHO has been established.

Recommendation 3: There are several existing mechanisms that need further strengthening or revitalizing, including:

- Active and routine engagement with FENSA focal points in regions and technical units is needed. The management, coordination and support of this important network and community of practice will ensure that a critical mass of FENSA focal points is maintained, mitigating turnover and rotation challenges. Developing this network will provide enhanced understanding of FENSA's application to be accessed closer to the point of need (region, country or technical unit) and allow the dissemination and sharing of good practices and innovative approaches to FENSA's application across the three levels of the Organization.
- Reactivation is warranted of the FENSA Steering Committee, including overall senior management sponsorship for continued implementation as an oversight body to continue to monitor progress, as well as reactivation of the FENSA Proposal Review Committee. These bodies have been underutilized to date and offer a useful support mechanism to the specialized unit.
- A redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment is needed to protect it from routine due diligence and risk assessment, which lead to systemic overload. The focus should be redirected, inter alia, to:
 - the conduct of in-depth due diligence and risk assessment on high-risk and complicated engagements that may give rise to conflict of interest or acceptance of significant resources from non-State actors;
 - the provision of increasingly specialized knowledge for exceptional cases ("navigating the grey areas"), based on extensive institutional memory;

the proactive support and maintenance of guides, handbooks, guidances, training, the FENSA focal point network and the Register of non-State actors.					
Management response	Accepted (with exception of the Steering Committee). Senior management sponsorship for continued implementation would be exercised through the FENSA Proposal Review Committee and as per the terms of the Framework the Secretariat will continue to update the Independent Expert Oversight Advisory Committee on the implementation phases of the recommendations.				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Reconfirmation and reactivation of FENSA Focal points network across all levels of the Organization; update ToRs; reconfirm/appoint new Focal Points	CRE/DAN FENSA Focal Points Assistant Director-General (ADG- Head of a Division) Regional Offices	July 2021	<i>Implemented</i>	In response to the recommendation and in view of enhancing access to specialized knowledge and apply expert technical advice, the network of FENSA Focal Points has been reconfirmed. The configuration is that each Regional Director and Assistant Director-General (ADG-Head of a Division) reconfirms or appoints two staff members that would coordinate and define the internal approval stages in accordance with the delegation of authority. The Terms of Reference for FENSA Focal Points have been approved and the new provisions align with WHO's transformation agenda and the evaluation recommendations. The FENSA Focal Points' role is, inter alia, to support the management of the region/cluster in the strategic promotion of engagement with non-State actors; support their respective departments and units with the elaboration of clear engagement proposals facilitating an efficient due diligence and risk assessment; to conduct due diligence and risk assessment and decide if an engagement referred by the technical unit qualifies for the standard due diligence and risk assessment. The Focal Point represents also the Regional Office/Division in the FENSA focal point network.	With a view to enhancing access to specialized knowledge and applying expert technical advice, the Secretariat has reconfirmed the network of FENSA Focal Points appointed by each Regional Director and Assistant Director-General.
Alignment of roles and responsibilities for implementing core components of FENSA due diligence	CRE/DAN FENSA Focal Points Assistant Director-	July 2021	<i>Implemented</i>	The reactivation of FENSA Focal point would ensure a corporate and streamlined approach for the mitigation of potential risks, facilitate learning exchange, dissemination of good practices, and innovative approaches across three levels to break silos. It will also	As per the Framework and the terms of reference, FENSA Focal Points conduct simplified due diligence and risk assessments to facilitate engagement with non-State actors and coordinate

	General (ADG- Head of a Division) Regional Offices			<p>enable communities of practice to enhance understanding of FENSA's application closer to the point of need (region, country, technical unit).</p> <p>The reactivation of FENSA Focal Points would also facilitate the response to the recommendations calling for a redefinition and clarification of the role and responsibilities of the specialized unit responsible for performing standard due diligence and risk assessment. While the focus of the Unit would be redirected, FENSA focal points would be enabled and have the necessary guidance and support to process engagements with non-State actors in a proactive and accountable manner.</p>	<p>the internal approval stages in accordance with their delegation of authority. The reactivation of the FENSA Focal Point network ensures a corporate, streamlined approach to mitigate potential risks and facilitate learning across the Organization. Dedicated platforms have been established and rolled out for FENSA Focal Points to share knowledge, best practices, innovative approaches and background documents on non-State actors to support focal points in conducting simplified due diligence and risk assessments. The platform aims to foster the development of communities of practice to enhance understanding of the Framework's application.</p>
Reactivate FENSA Proposal Review Committee (FPRC), including revision of TORs and its operationalization	DDG ODG EXT BOS LEG Regional offices CRE/DAN	December 2020	<i>Implemented</i>	<p>The FENSA Proposal Review Committee has been reestablished as a body to resolve disagreements or incongruences with recommendations on proposed engagements. The Committee identifies also innovative applications of FENSA to enhance learning and support the FENSA Focal Points network.</p> <p>The reactivation of the FENSA Proposal Review Committee is of key importance. The Committee serves as an arbitration body and enable high-level functions confirming the strong steer from senior leadership. The FENSA Proposal Review Committee (FPRC) was originally established in response to FENSA paragraph 35 that called for "a dedicated secretariat mechanism reviews proposal of engagement referred to it and recommends engagement, continuation of engagement, engagement with measures to mitigate risks, non-engagement or disengagement from an existing or planned engagement with non-State actors".</p>	No update required

				In line with the WHO's transformation agenda, the original terms of references of the Committee have been revised. These include as per the initial version : reviewing proposals for engagement considered to have a potentially significant associated risk or require specific, senior level consideration; review proposals for engagement that illustrate specific aspects of engagement and require a consistent interpretation of existing policies; reviewing proposals for engagement requiring arbitration or where there is a difference of opinion between the proposing unit and the assessing unit; addressing questions on the interpretation and application of FENSA provisions; and making recommendations to the Director-General on the way forward concerning the above-mentioned proposals of engagement.	
Periodic reporting to IEOAC and Executive Board	CRE/DAN DGO	Ongoing	<i>Implemented</i>	The Secretariat continues to update the Independent Expert Oversight Advisory Committee on the implementation phases of the recommendations as well as the Executive Board through annual reports. The FENSA Proposal Review Committee, per its terms of reference, ensures senior management sponsorship for and internal oversight of continued implementation.	No update required

Recommendation 4: There is a need to establish an effective monitoring mechanism, at different levels of implementation, in order to ensure both accountability and ongoing learning and improvement. This includes the following:

- Systematic documentation and tracking of all engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this. This would include consistent tracking of the due diligence and risk assessments undertaken.
- Routine spot checks to ensure consistency of application (quality assurance).
- Establishment of a monitoring and evaluation mechanism to capture lesson-learning and ascertain whether intended benefits and results are achieved.

Continued annual reporting to the Executive Board on engagement with non-State actors, including tracking of secondees. Routine reporting to Regional Committees is also advised.

Management response	Accepted
Status	<i>Implemented</i>

Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Develop internal mechanism for FENSA Focal Points facilitating monitoring and learning across the Organization.	CRE/DAN FENSA Focal Points	November 2020	<i>Implemented</i>	In order to maintain both accountability and ongoing learning and improvement on FENSA, a SharePoint site has been established for FENSA focal points. This would serve as an effective monitoring mechanism, facilitate the systematic documentation and tracking of engagements with non-State actors across the three levels of the Organization, where the Register of non-State actors or electronic workflows do not presently allow this.	No update required
Continued annual reporting to the Executive Board on engagement with non-State actors	CRE/DAN	November 2020	<i>Implemented</i>	In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.10 on the Framework of Engagement with Non-State Actors, in which the Director-General was requested, inter alia, to report on the implementation of the Framework to the Executive Board at each of its January sessions under a standing agenda item, through the Programme, Budget and Administration Committee.	No update required
Recording of secondments from non-State actors	CRE/DAN BOS	November 2020	<i>Implemented</i>	In line with resolution WHA69.10 and the report on the initial evaluation of the Framework, enhancements to the WHO Register of non-State actors continue to be introduced in a phased manner to facilitate the efficiency and transparency of engagements with non-State actors in official relations. Enhancements made in the year 2020 include the establishment of a new section in the Register displaying “secondments from non-State actors”. The section will serve as recording mechanism of secondments from non-State actors and is publicly accessible https://publicspace.who.int/sites/GEM/default.aspx#	No update required

Recommendation 5: The lack of lesson-learning and knowledge exchange was identified through the evaluation. Based on an improved data environment and linked to enhanced communication activity, enhancing learning could include:

- Learning exchange, facilitated by the FENSA focal points network to support the replication of good practice and exploit opportunities for learning by harvesting pockets of good practices and innovation to break silos. Currently learning exchange is based on institutional memory rather than systematic capture and dissemination, which leaves learning processes vulnerable to the impact of turnover and rotation. A learning mechanism/platform is needed to share exemplars.
- Identification, capture and dissemination of unique/innovative applications of the FENSA, on a precedent/case study basis (using the FENSA Proposal Review Committee).

Annual synthesis circulated to all staff (as part of communication strategy) to show the learning from, and benefits of, the FENSA: sharing successes of engagement while protecting WHO and supporting global public health.

Management response	Accepted				
Status	<i>Implemented</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Improving and increasing communication	CRE/DAN FENSA Focal Points Regional Offices DCO	December 2021	<i>Implemented</i>	In order to raise awareness on the Framework and sensitize staff including FENSA focal points on the benefits and practicalities of its processes, with the aim of improving buy-in and preparing the groundwork for consistent application, it is proposed to develop a light-touch communication plan. The plan has been grounded in change management and present audience-tailored messages, tools, and products required to increase uptake and institutionalize FENSA. These are tailored and adapted to key audiences across the Organization and coordinated through multiple channels to ensure coverage and consistency in order to demystify FENSA. A series of outreach activities, such as policy briefs, virtual meetings, workshops and familiarization with the FENSA as part of the new-staff induction process would be also considered.	Series of products, tools and tailored communication outcomes and messages have been developed and disseminated across the Organisation on a range of subjects including: when to apply FENSA, secondment, official relations, emergencies, joint publications, human resources, financial resources, participation in meetings, co-sponsorship and co-organization of meetings; FENSA and other policies, FENSA and WHO collaborating centers, and WHO's visual identity. The aim is to improve organizational awareness, buy-in, and capacity to ensure the consistent application of the Framework. This work is shared through the Secretariat's updated Intranet pages and other channels aimed at staff at all three levels of the Organization.

Develop a learning exchange approach to document best practices, and to monitor and synthesize lessons and learning for FENSA across the three levels of the Organization.	CRE/DAN FENSA Focal Points Regional Offices	December 2021	<i>Implemented</i>	<p>The Evaluation report highlighted the need to capture and dissemination of unique/innovative applications of the FENSA, and support capacity-building to strengthen the consistent application of FENSA rules and procedures. Actioning those recommendations are completed through well-defined learning and training plans. Trainings are informed by needs analysis and the identification of priority recipients, before reaching out to a wider audience and ensuring that all staff across the Organization have a shared understanding and common interpretation on implementing FENSA (critical mass). A training-of-trainers approach is considered and workshops for heads of WHO country offices and training materials for e-learning are to be developed and included.</p> <p>Updates of guides, WHO eManual sections, and handbooks are carried out to ensure that meaningful and up-to-date guidance is provided at the three levels of the Organization and made available through relevant internal channels, as appropriate.</p>	Through its internal initiative “Demystifying FENSA”, the Secretariat conducted series of briefings and training sessions at the three levels of the Organisation to strengthen common understanding of the Framework as an enabling policy, enhance use of mechanisms to implement the Framework and facilitated the sharing of best practices and practical information across the Organization.
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Recommendation 6: Recognizing the increasing prominence of partnerships, which is explicit in the Thirteenth General Programme of Work, 2019–2023, and the Sustainable Development Goals, there is a need to clearly articulate an overall engagement strategy that sets out the objectives for WHO’s engagement with non-State actors and specific, concrete actions and associated resourcing and communication plans to be undertaken in a phased way. This would ensure that the FENSA is appropriately situated and calibrated as a framework within the wider approach of the Organization to engagement. Furthermore, the strategy should:

- allow senior management to amplify the Organization’s maturing position on engagements between WHO and non-State actors;
- sharpen congruence between what is espoused and what is enacted; and ensure that staff have an equally constructive yet risk-aware approach towards engagement by encouraging them to seek engagements with non-State actors while preserving WHO’s reputation and mandate;
- be relevant and applicable across the three levels of the Organization, with such relevance and applicability being defined through participation and consultation;
- include the designation of a senior-level steward to oversee implementation of the FENSA, who will ensure the application of rigorous project management principles and practices.

Management response	Accepted				
Status	<i>In progress</i>				
Key actions	Responsible	Timeline	Status	Comments	Overall update on the actions taken since December 2020
Develop a corporate WHO engagement strategy with non-State actors, including specific strategies for nongovernmental organizations and for private sector entities.	EXT/HMP Regional offices	End Q2 2022	<i>In progress</i>	<p>The strategy would also serve as an instrument to encourage engagements with non-State actors in advancing global health and WHO's priorities as articulated in the WHO's General Programme of Work and its Programme Budget.</p> <p>The engagement strategy aims to establish clear organizational objectives of engagement with non-State actors, define indicators to measure progress towards these objectives, promote organizational coherence in working with non-State actors, and embed regional and cluster-specific strategies.</p> <p>Consultations with technical units and with the three levels of the Organisation on the draft strategy will allow sensitization of staff to a more proactive engagement approach in line with both WHO's General Programme of Work and FENSA.</p>	<p>A draft overarching engagement strategy has been consulted with regions and technical units and a survey with all budget centers gathered information on current pattern of engagement and needs strategically improve engagement. Based on this feedback an overarching strategy and specific engagement strategies for NGOs, for private sector and for parliament engagement are being finalized.</p>

3.4. Country Office Evaluation – Kyrgyzstan

3.4.1. The evaluation of the country office in Kyrgyzstan covered the period of Biennial Collaborative Agreements (BCAs) for 2014-2019. This was the second country office evaluation to be undertaken in the WHO European Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in Kyrgyzstan. This included not only the results of the country office but also contributions from the regional and global levels to the country programme. An expected use for the evaluation is to support the WCO, especially as it considers the design and implementation of new strategies and programmes in-country, and together with main stakeholders to build a better, healthier future for people in Kyrgyzstan.

3.4.2. Since the last evaluation consolidated annual report of management responses, a Joint Annual Review of 2020-2021 activities was conducted in September 2021, which enabled the identification of new challenges, priorities and the adoption of a roadmap. In addition, the Contingency COVID-19 Response Plan was fully implemented in March 2022. The WCO is also actively participating in the UNDAF Mid-Term Review and working on training staff to develop and incorporate a theory of change in further planning processes. The WCO has also made important progress on implementing key actions designed to ensure its continued leadership and visibility following the end of the Transformation process, and has implemented all initiatives pertaining to the mapping of staff capacity to strategic priorities.

Management Response

Evaluation Title	Country Office Evaluation: Kyrgyzstan
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/publications/m/item/country-office-evaluation-kyrgyzstan-report
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for providing the management response	WHO Country Office, Kyrgyzstan
<p>Overall Management Response: Accepted.</p> <p>The Country Office Evaluation of WHO Country Office for Kyrgyzstan was an opportunity to review WHO presence in the country, work already completed in past several years, as well as to investigate future plans of WHO and main stakeholders in building a better, healthier future for people in Kyrgyzstan. All recommendations presented by this Country Office Evaluation were very welcome and accepted in order to further strengthen activities towards achieving Universal Health Coverage by 2030. Despite Covid-19 pandemic and emergency response in the country, most of the recommendations have already been initiated and are already in progress. Report of the Country Office Evaluation of WHO Country Office for Kyrgyzstan became a valuable document in the country not just for WHO but also for Ministry of Health as well as development partners.</p>	
First Management Response Status:	<p><i>In progress</i></p> <p>Strategic partnerships have been further scaled up, and new ones established, in areas of development partners, academic research, engagement with local stakeholders, Parliament, media, extended network of collaborators on the NCD control, partnership with stakeholders in area of public health. This is an ongoing process, as the Country Office monitors and assesses new opportunities for collaboration for the GPW13 and European Programme of Work (EPW) implementation. An immediate result of extended and strengthened partnership is a well-coordinated, efficient and effective Covid19 response. WHO is greatly valued for its ongoing support to the response, and is recognized by the general public- Covid19 related messages reached up to 6.5 million people in 2020.</p>
First Management Response Date: 18 February 2021	Updated Management Response Date: April 2022
Overall update on the actions taken since 18 February 2021	<i>ADD OVERALL COMMENTS ON ACTIONS UPDATE</i>

Recommendations and Action Plan

Recommendation 1: Support to Government for the 2030 National Health Strategy implementation

The WHO Country Office should capitalise on the significant momentum it has achieved in enhancing its strategic partnerships at country level to better contribute towards improving the health status in Kyrgyzstan. It is recommended that the WHO Country Office use its convening power around health to:

- I. consider how to facilitate better support to the Ministry of Health in its implementation of the 2030 National Health Strategy through strategic engagement with other ministries in pursuit of an intersectoral approach to health (e.g. Ministry of Agriculture on the zoonotic sources of antimicrobial resistance, Ministry of Environment on the environmental sources of noncommunicable diseases, and so on);
- II. engage strategically with other health system actors in sectors where partnership has not been as well developed, including non-State actors; and enhance partnership with other United Nations agencies wherever such intersectoral work would enhance efficiency and effectiveness in pursuit of shared objectives in support of the Government.

Management response	<p>Accepted</p> <ul style="list-style-type: none"> - Further to assistance provided to the Ministry of Health in developing the 2030 National Health Strategy, WHO Country Office has continued to provide support in the implementation of the strategy in close cooperation with Minister of Health, Deputy Ministers of Health, National Counterpart, etc. - In coordination with the Ministry of Health, support from WHO Country Office has been provided to a number of health agencies. <p>In order to enhance efficiency and effectiveness of the support provided to the Government of Kyrgyzstan, WHO Country Office has been working with all other UN agencies present in the country within the United Nations Country Team as well as directly with United Nations Resident Coordinator.</p>				
Status	<i>In progress</i>				
Key actions	Responsible	Due date	Status	Comments	Update on the actions taken since 18 February 2021
WHO Kyrgyzstan facilitate inter-sectoral working groups on prevention of NCD, reduction tobacco usage and healthy cities	WR	By the end of 2020	<i>Implemented</i>	In close collaboration with the Ministry of Health and with involvement of municipality of Bishkek city, ministries of finance, social protection, agriculture, education, sports and environment protection inter-agency working groups have regular activities towards achieving the status of healthier population.	No update required
Facilitate improvement policy dialogue and	WR	By the end of 2021	<i>In progress</i>	High Level Policy Dialogue on SDG Global Action Plan conducted in November 2019 with involvement of all SDG GAP signatory agencies, WHO HQ, EURO and CO staff.	

collaboration between Mandatory Health Insurance Fund, MoH, primary health care facilities, academia and national health centres				The event was well attended by all social sector national counterparts and clear targets and accelerators defined. As a result of collaboration WHO prepared and published Towards Healthier Kyrgyz Republic Report in 2020 https://www.euro.who.int/en/countries/kyrgyzstan/publications/towards-a-healthier-kyrgyz-republic.-progress-report-2020-on-health-and-sustainable-development-2020 . However regular policy dialogues in different health aspects should be generated by WHO on inter-sectoral approach/ Close monitoring of implementations of actions should be established.	
Close collaboration with the Office of UN Resident Coordinator and other UN Agencies maintained	WR and technical units	By the end of 2020	<i>Implemented</i>	In 2019-20 collaboration with UN Agencies was intensified around review and actions through UNDAF and SDG 2030. Due to COVID-19 related challenges UN Resident Coordinator activated Health Cluster under the leadership of WR and inter-sectoral COVID-19 Contingency and Response plans developed and implemented	No update required

Recommendation 2: Strategic focus

The Regional Office for Europe and the Head of the WHO Country Office should elaborate a longer-term strategic planning instrument – extending over a period of multiple future Biennial Collaborative Agreements, and over the period of the Thirteenth General Programme of Work and beyond – that ensures a good strategic fit with the unmet needs of Kyrgyzstan, the directions set by its Government in the 2030 National Health Strategy, the Thirteenth General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. Relying on WHO's recognized comparative advantages, this strategy should:

- I. ensure an explicit focus on long-term strategic issues for Kyrgyzstan, including: primary health care, with its emphasis on prevention; the continued burden of communicable diseases, while still addressing the growing burden of noncommunicable diseases; and the role of gender, human rights and equity as social determinants of health;
- II. articulate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner;
- III. further develop its role in bringing impartial research to bear on policy discussions (including by conducting or commissioning a cost-effectiveness analysis to demonstrate the benefits of investing in health, exploring the respective merits of voluntary versus mandatory approaches to health insurance funding), building on its successes in this area to date;
- IV. likewise increase its role in promoting health through awareness-raising initiatives aimed at behavioural change, similarly building on its successes in this area to date;

<p>V. redouble its focus on strengthening digitization and institutionalizing digital health and, within its support role to Government, in advocating for the enactment, implementation, monitoring and enforcement of the draft law on essential medicines price regulation;</p> <p>VI. set up a monitoring framework to measure WHO's progress in supporting Government toward its targets; and</p> <p>establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities and allow exchange of knowledge and best practice.</p>					
Management response	<p>Accepted</p> <ul style="list-style-type: none"> - A Country Cooperation Strategy (CCS) as WHO's medium-term strategic vision to guide the Organization's work in and with a country responding to that country's specific priorities and institutional resources needed to achieve its national health policies, strategies and plans, as well as the actions needed to achieve its national targets under the Sustainable Development Goals (SDGs) in the WHO European Region has been used to countries without country offices, as per the agreement with member States at Regional Committee 62. However, there have been discussions, related to implementation of the Thirteenth General Programme of Work, on whether to have CCSs with all countries as the strategic basis for the bottom-up planning process, consisting of the identification of a focused and coherent set of priorities responding to country needs. Up to date only few countries in the Region developed the CCS. - WHO Country Office has already been involved in supporting development of Kyrgyzstan's 2030 National Health Strategy as one of the steps for strategic basis for the bottom-up planning process and contribution to the health dimension of the UNDAF, harmonizing WHO's cooperation with Kyrgyzstan in order to achieve the SDGs by 2030. <p>WHO Representative in Kyrgyzstan has been engaged in ensuring that WHO work at country level responds to national health priorities, including national SDG targets, as well as supporting national health emergency risk assessments, national capacities in emergency risk and disaster risk management, and readiness for emergency response.</p>				
Status	<i>In progress</i>				
Key actions	Responsible	Due date	Status	Comments	Update on the actions taken since 18 February 2021
Develop and facilitate a Joint Statement of Intends by Development Partners	WR	End of 2020	<i>Implemented</i>	WHO Kyrgyzstan facilitated high level of engagement of 25 development partners to sign the joint statement of intends on support of National Health Strategy 2019-2030. The statement clearly underlines collaborative and transparent working environment and realistic targets towards Universal Health Coverage. WHO will continue facilitation of high level policy dialogue in supporting primary health care development, digital health, health promotion and reduction of risk factors of NCD. WHO will also support development of institutional capacity in response to immediate health needs of population of Kyrgyzstan.	No update required
Joint Annual Review (JAR) of Health Sector Plans an implementation of	WR and EURO technical units	April 2021	<i>Implemented</i>	WHO is leading the preparatory process for JAR 2021 with national counterparts and development partners. Despite political changes in the country and Covid-19 related restrictions all interested parties have agreed to conduct the review at the	JAR of 2020-21 activities conducted in September 2021 in a blended format. New priorities

National Health Strategy 2019-2030				end of April 2021. The agenda includes inter-sectoral collaboration towards integration of public health services into primary health care, improved quality and access to basic health services at PHC level and integration of multiple data basis in one unique electrotonic data base towards eHealth.	and challenges were identified and the road map adopted.
Facilitation of Voluntary National Report 2020	WR and WCO staff	August 2020	<i>Implemented</i>	WHO along with other UN Agencies facilitated the process of drafting, consulting and submission to UNGA the Voluntary National Report (VNR) https://sustainabledevelopment.un.org/content/documents/26459VNR_2020_Kyrgyzstan_Report_English.pdf . The report covers national commitments towards achieving the SDG 2030 through Global Action Plan implementation and monitoring national SDG indicators. Resource mobilization and institutional capacity building expected to support the VNR by all development partners. WHO will further facilitate national institutions in achieving their SDG targets with health impact.	No update required
Development and implementation of Covid-19 Contingency and Response Plans	WR and WCO staff	June 2022	<i>Implemented</i>	Due to global Covid19 pandemic WHO in Kyrgyzstan has led development partners in developing and implementation of Covid19 Contingency Plan and later, Covid19 Consolidated Response Plan on supporting national health system to timely respond to health needs of population and reduce mortality and disease burden. WHO is closely working on implementation of the plans with USAID, World Bank, ADB, GIZ, DEVCO, DFID, GAVI and newly established COVAX facility on and other initiatives.	The Contingency COVID-19 Response Plan was fully implemented in March 2022.
Participation in the UNDAF Mid-Term Review	WR and WCO staff	April 2021	<i>In progress</i>	WHO staff is facilitating three main outcomes of UNDAF Kyrgyzstan. In 2020 due to Covid-19 many activities were postponed or reprofiled for Covid19 related needs in the country. However joint work-plan was carefully reviewed and adjusted to ongoing circumstances in Kyrgyzstan. WR is a Co-Chair of Social Development and Resilient Communities outcome group and leading UNICEF, UNFPA and UNDP in joint health related activities. WR is also a Co-Chair of Gender Mainstreaming thematic group and leading UN Agencies on prevention of injuries and mental disorders due to domestic violence.	WHO as part of UNCT is actively participating in the ongoing CCA review and development of new UNSDCF process

				Despite Covid19 series of online activities will be undertaken for prevention of domestic violence in families and communities with WHO participation.	
Develop and incorporate a Theory of Change in further planning process of current and next biennia activities and outputs aligned with GPW 13 and European programme of Work (EPW)	WR and WCO staff	September 2021	<i>In progress</i>	Due to complex emergency situation in the country, including COVID-19 pandemic and cross-border unrest this activity has not yet started. During planning of BCA 2022-23 process the issue will be discussed and developed in details.	First activities are planned for 7-8 April 2022 with HQ staff travelling to Kyrgyzstan for Staff training on developing of theory of change and delivering for impact approaches.

Recommendation 3: Continued leadership and visibility following the end of the transformation process

- I. In order to sustain the momentum achieved through the WHO Country Office transformation process, the WHO Country Office should ensure adequate follow-up on key initiatives is maintained so that its gains are sustainable, and staff remain motivated to contribute to the significant work ahead in supporting implementation of the 2030 National Health Strategy.

In order to sustain the momentum achieved through the *WHO transformation process*, the WHO Country Office should liaise with the Regional Director and his team to ensure that the support of the Regional Office for Europe continues to maximally enable the work of the WHO Country Office in its support to implementation of the 2030 National Health Strategy (and, by extension, attainment of the health-related Sustainable Development Goals). Specific areas it should address include: maximizing internal communication and coordination within the Regional Office to ensure efficiency, coherence and complementarity of support; achieving an optimal balance between WHO Country Office accountability and delegation of authority to the WHO Country Office; and timeliness and efficiency of business processes.

Management response	<p><i>Accepted</i></p> <ul style="list-style-type: none"> - <i>WHO Country Office's</i> strong presence and developed capacity at country level ensures that our support is relevant and effective. WHO Regional Office provides guidance and further support for adequate follow-up on key initiatives. At the same time, WHO's global network also enables other countries to learn and benefit from the lessons learnt in Kyrgyzstan. <p>Regional Director for Europe provides great support to Kyrgyzstan and other countries of Central Asian sub-region, as well as to WHO Country Office. Regular meetings are held with Ministers of Health on topics important for improvement of health in countries, guided by European Programme of Work 2020-2025 'United Action for Better Health in Europe'</p>
Status	<i>In progress</i>

Key actions	Responsible	Due date	Status	Comments	Update on the actions taken since 18 February 2021
Bimonthly Meetings of Health Sector Development Partners Coordination Council (DPCC)	WR Health Policy Advisor	Ongoing	<i>In progress</i>	WHO along with the WB is a Co-Chair of DPCC Health Sector. Within the Health DPCC group a core group so called “Joint Health Financiers” have regular formal and informal meeting to discuss hot and specific health governance topics, such as health financing, quality of primary health care and other issues. Regular bimonthly meetings are conducted for broader audience on different topics.	Regular bimonthly meetings are chaired by WHO and minutes recorded.
Long term partnerships/ collaborations for GPW13 and EPW priorities established	WR	June 2021	<i>In progress</i>	WR will facilitate discussions with relevant stakeholders to establish long term collaboration/partnerships to address Kyrgyzstan’s long-term priorities. This will be an ongoing process throughout the biennium and beyond. Collaborative partnerships have been further scaled up, and new ones established, in areas of academic research (SRCMNH); engagement with local stakeholders, partners and authorities (AMR, immunization, NCD strategy development); Ministry of Emergency Readiness and collaboration with neighbouring countries are new partners for WHO; media on tobacco control; broaden network of collaborators on NCD control, and supported the establishment of PHC governance team shared between MOH and Mandatory Health Insurance Fund; professional associations and academia.	Long-term donor agreements signed and new projects on SRCMNH, Diabetes Control, UHC and CAR Project on COVID-19 control initiated in 2021. New Law on Tobacco Control adopted in September 2021.
WCO will support National Counterpart to help identify country delegates at various meetings organized by WHO, participation of Kyrgyzstan in Governing Bodies of WHO such as WHA and Regional Committee meetings	WR	Annually, with regular updates in May and September	<i>In progress</i>	To support enhancement of focal points list assigned to relevant areas of collaboration, smoothing country nominations, and create a pool of experts and civil society champions to lead implementation of country’s long-term strategic plan. It is an ongoing process. Very much depends on MOH management, including who they want to collaborate with from national institutions. Exchange with the current National Counterpart is efficient and productive, she also consults with WCO on best fit nominees to attend WHO-related meetings, while considering long term institutional and public health gain. Participation of Kyrgyzstan in Governing Bodies of WHO will enhance role of member-states in implementation of WHA resolutions and enable country’s representation and participation on main WHO events and activities.	In 2020 and 2021 on-line participation of Kyrgyzstan was facilitated. Kyrgyzstan has managed to pay membership contribution debts in 2021.

Facilitate Socio-economic Response Framework (SERF) to Covid19 impact	WCO staff	2022	<i>Implemented</i>	WHO facilitated Pillar 1 “Health First” of the Socio-Economic response Framework development and implementation. All UN Agencies united their efforts under the leadership of WHO in three main areas 1) Support surge capacity of national health system to respond Covid19; 2) Facilitate continuation of basic and essential health services; 3) Support most vulnerable groups of population so that No one left behind.	Completed
Facilitate leadership and visibility of WHO in Kyrgyzstan as an outcome of transformation process	WR and WCO staff	By the end of 2021	<i>Implemented</i>	WR with support from Regional Director and all EURO divisions will continue strengthening capacity of country office staff , developing communication materials and policy briefs for all stakeholders as well as continuously holding policy dialogue in the health systems development. WHO will also complete second edition of Kyrgyzstan Health in Transition publication and present to RC 71 Meeting.	Completed

Recommendation 4: Mapping of staff capacity to strategic priorities The WHO Country Office staffing and skills mix should be assessed in the light of the priorities, addressing gaps for relevant areas and providing capacity building opportunities to existing staff in order to be better prepared and respond more effectively to the emerging strategic priorities of the country.					
Management response	Accepted <ul style="list-style-type: none"> - WHO Country Office in coordination with the WHO Regional Office is following up closely on any gaps for relevant areas and is providing its response to country needs. - Learning and Development in EURO plays an integral role in helping our workforce successfully implement the European Programme of Work (EPW). WHO Regional Office is developing EURO Learning Strategy and data collected from the workforce through various mechanisms will feed into the strategy. Regional Director for Europe is a great supporter of country office staff who are implementing the EPW in countries which is a priority for WHO Regional Office. Any opportunities for capacity building of staff is well taken.				
Status	<i>In progress</i>				
Key actions	Responsible	Due date	Status	Comments	Update on the actions taken since 18 February 2021
Establishment and planning of process for mapping of staff capacity	WR/WCO With RD Office	2020	<i>Implemented</i>	To identify key positions at WHO Country Office in the HR Plan and prioritise the needs as per strategic priorities. To set	No update required

to strategic priorities of GPW 13 & EPW				participatory and strategic planning meetings with technical divisions. The planning process was participatory and successful.	
Complete recruitment of International VPI Officer	WR	March 2020	<i>Implemented</i>	VPI Officer in WHO CO facilitates technical support for Kyrgyzstan and leads technical working group in immunization and COVAX initiative on Covid19 vaccine deployment plan. VPI Officer will contribute to Outcome 1 of GPW and Immunization Flagship of EPW	No update required
Complete recruitment and deployment of Health Policy Advisor	WR	March 2020	<i>Implemented</i>	Health Policy Advisor will contribute to Governance of health systems and enrich policy dialogue in health agenda. Series of publications have already been published https://www.who.int/publications/i/item/governance-for-strategic-purchasing-in-kyrgyzstan-s-health-financing-system	No update required
Complete upgrading NPO positions in Human resources for Health, Laboratory Services and Health Financing and UHC	WR	By the end of 2020	<i>Implemented</i>	In 2019 majority of NPO positions were temporary. WR in close collaboration with technical divisions revise, prioritised and completed upgrading the positions to fix-term posts through appropriate competency-based selection process	No update required
Upgrade three positions of Programme Assistants, G5 to fixed term posts	WR	By March 2021	<i>Implemented</i>	Upgrading positions of programme assistants to fixed term through competency-based selection will facilitate improved quality and sustainable technical support throughout several biennia	Completed

3.5. Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020

- 3.5.1. Following the endorsement of the SDGs and commitment to ending AIDS as a public health threat by 2030, the Fast-Track strategy was established globally with targets for 2030 and milestones for 2020 for HIV treatment coverage, prevention and stigma reduction to stimulate and drive countries' actions. WHO developed the Global Health Sector Strategy on HIV 2016-2021 towards ending AIDS. The WHO African Region at its 66th Regional Committee for Africa in 2016 adopted the "HIV/AIDS: Framework for action in the WHO African Region, 2016-2020" to accelerate action on HIV prevention and treatment interventions, considering the regional context, and to guide Member States to implement the Global Health Sector Strategy on HIV. Progress made by countries would be monitored against selected key performance indicators and reported to the Regional Committee by WHO AFRO.
- 3.5.2. The purpose of the evaluation was to assess the relevance, effectiveness, efficiency and sustainability of the current AFRO HIV/AIDS Regional Framework; to document lessons learned that either facilitated or hampered the successful implementation of the framework; and to provide actionable recommendations for improving WHO AFRO's contribution which will be disseminated to all the stakeholders and key partners. In 2020, the Evaluation team used various data sources to triangulate the results of the evaluation, including a survey of 47 AFRO Member States (response rate of 60%, 105 respondents from 28 of the 47 countries).
- 3.5.3. Since the last evaluation consolidated annual report of management responses, actions for Q2 2022 have begun including the organisation of a high-level advocacy meeting to increase access to a comprehensive service package by all key populations, and the development of national 2-year accelerations plans to use the framework indicators.

Management Response

Evaluation Title	Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020
Commissioning Unit	WHO Regional Office for Africa
Link to the evaluation	
Evaluation Plan	
Unit Responsible for providing the management response	WHO AFRO UCN/HTH (for tracking MR: Lloyd MASOMERA , PBM)
<p>Overall Management Response:</p> <p>The WHO Regional office sent a memo to all the WHO Country Offices introducing the evaluation process. The activity was conducted between May and September 2020 and was adjusted to fit within the context of the worldwide COVID-19 pandemic. Using a Theory of Change based evaluation allowed the evaluation team to use various data sources to triangulate the results of the evaluation. Responses were received from 105 respondents from 28 (60%) of the 47 AFRO Member States. Most of the respondents were from the HIV sector and they included national AIDS Program Managers, WHO HIV National Program Officers, WHO AFRO HIV Program Staff and significant implementation partners.</p> <p>Major findings:</p> <ul style="list-style-type: none"> • There was a >75% level of satisfaction with WHO's 'support and the timeliness of that in implementing the Framework. • There was a mixed level of satisfaction with the availability of human, financial, and technical resources to achieve the objectives of the Framework. • There were high levels of satisfaction with the level of implementation of specific WHO guidance on implementing the Framework. • There was a high level of satisfaction with WHO's working with in country partners. • A medium to high level of satisfaction with integration and equity in HIV programming at country level. • The national strategic plans have most of the indicators in the Framework. • Financial sustainability, while mentioned in almost all the plans, is a significant issue. Most countries still rely on external support to realize their plans. • WHO guidance and support are recognized and appreciated by the countries; partners mentioned that WHO need more staff to support implementation. • The Framework needs to be disseminated more. Several countries expressed some unfamiliarity with the Framework. <p>Planned use of evaluation: The Evaluation aims to assess the relevance, effectiveness, efficiency and sustainability of the current HIV/AIDS regional Framework towards achieving the regional results of the framework. The report documents lessons learned that either facilitated or hampered the successful implementation of the framework, and provided actionable recommendations for improving WHO AFRO's contribution which will be disseminated to all the stake holders and key partners. At the WHO, it will be shared with the 28 WHO country offices participating in the Evaluation of the WHO AFRO HIV/AIDS Regional Framework for Action, 2016-2020 as well as the Ministry of Health in these countries.</p>	
First Management Response Status <i>In progress</i>	Updated Management Response Status: <i>[Ongoing]</i>
First Management Response Date April 2022	Updated Management Response Date: <i>[7 April 2022]</i>
Overall update on the actions taken since April 2022	Actions for Q2 2022 have just commenced. No updates to report at the moment.

Recommendations and Action Plan

Recommendation 1: Provide technical support to countries in the development of their HIV strategic and operational plans to ensure that these plans are aligned with the WHO Framework.					
Management response	Accepted				
Status	<i>Not Started</i>				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
1.1. Convene national stakeholders to manage the plan development process	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>Not Started</i>	Activity planned for Q4 2022	Activity not started
1.2. Conduct situation analysis and set priorities	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>Not Started</i>	Activity planned for September 2022	Activity not started
1.3. Support development of national plans and performance measurement frameworks	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	This activity is largely based on country support requests	Supported development and revision of costed National Strategic Plans (NSP) and policy briefs for TB, HIV/AIDS, STIs and hepatitis control for 14 countries (Eritrea, Eswatini, Burkina Faso, Cabo Verde, Cote d'Ivoire, Ghana, Guinea, Liberia, Mali, Niger*, Sao Tome and Principe, Sierra Leone Tanzania and Zambia)

Recommendation 2: Conduct reviews of the National Strategic Plans to improve alignment with the Framework					
Management response	Accepted				
Status	Not Started				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
2.1. Prepare review tools and convene consensus meetings.	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	The timeline for this activity needs to be extended to end of 2023	Programme review tools developed for 9 countries (Sao Tome and Principe, Sierra Leone, Cote d'Ivoire, Kenya, Mali, Nigeria, Sierra Leone, Tanzania and Zambia); TB Programmes reviews supported in Mali, Burkina Faso and Sierra Leone
2.2. Conduct desk and field reviews	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>In progress</i>	On-going activity based on country requests	Support for HIV/TB programmes for 9 countries (Sao Tome and Principe, Sierra Leone, Cote d'Ivoire, Kenya, Mali, Nigeria, Sierra Leone, Tanzania and Zambia); TB Programmes reviews supported in Mali, Burkina Faso and Sierra Leone.
2.3. Analyse findings and prepare review report	LAGO Hugues Team Leader for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>In progress</i>	Country specific reports prepared for reviews conducted.	Report writing commenced for completed field reviews. To be completed by Dec 2022

Recommendation 3: Support the implementation of the Framework and assess and report on the level of progress regularly	
Management response	Accepted

Status	<i>Not Started</i>				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
3.1. Disseminate global and regional HIV guidelines and strategies	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>In progress</i>	Activity on track	Guidelines disseminated: a. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach b. Updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring: March 2021 c. WHO New Clinical and Service Delivery Guidelines on Infant Diagnosis and HIV Viral Load in the Context of COVID-19 d. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention: Second edition
3.2. Build capacity through training, mentorship and skills building	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	Activity started and is on-going. Most activities conducted virtually.	Conducted Virtual webinars on prevention and treatment of Paediatric and adolescent HIV. AIDS Free focus countries. Training on Point-of-Care early infant diagnosis and virological testing of children living with HIV. Conducted training and consultation webinars on Voluntary Medical Male Circumcision (VMMC) and TB prevention therapy. Support to implement HIV Differentiated service delivery at scale including, multi-month dispensing (MMD), community-based testing and

					treatment, advanced disease care protocols, and back-to-care retention strategies. Facilitated Virtual Think Tank sessions on Improving the Quality of PrEP Implementation for Adolescent Girls and Young Women in Eastern and Southern Africa
3.3. Prepare regional progress reports	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	Data collection has started through the Global AIDS monitoring (GAM) system. TB data will be collected in Q2.	Data collection has started through the Global AIDS monitoring (GAM) system. TB data will be collected in Q2 Global report will be launched in July 2022. TB report will be launched in October 2022.

Recommendation 4: Develop and encourage the use of a database of Framework indicators for monitoring achievements. These indicator data should be reported regularly to all Member States and used for corrective action

Management response	Accepted				
Status	<i>Ongoing</i>				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
4.1. Conduct data quality assessment	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>Not Started</i>	Activity Not started	Activity not started. Activity expected to start in July 2022
4.2 Facilitate disaggregated data use	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	On-going activity	DQA guidelines and tools disseminated. To support implementation in 2022 – 2023 biennium.
4.3. Disseminate SI guidelines	RAZAKASOA Harilala Nirina, Medical Officer	December 2023	<i>In progress</i>	Activity on track	Conducted dissemination workshop for francophone

	for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO				countries for WHO guidelines and tools for HIV data quality assessments, including implementing unique identifiers for person centered patient monitoring and case surveillance.
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Recommendation 5: Target the implementation of the Framework based on local and country-specific contexts					
Management response	Accepted				
Status	Ongoing				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
5.1. Facilitate adaptation and uptake of innovative tools and technologies to implement framework interventions	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2022	<i>In progress</i>	Countries are implementing Differentiated service delivery approaches. Uptake of pre-exposure prophylaxis for HIV prevention is increasing. HIV self-testing approaches adaptation on-going	All 47 Countries are implementing Differentiated service delivery approaches. Uptake of pre-exposure prophylaxis for HIV prevention is increasing. HIV self-testing approaches adaptation on-going
5.2. Build capacity of Differentiated service delivery of HIV services	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2021	<i>Implemented</i>	<i>Activity is completed and continuing in 2022</i>	47 Countries are implementing Differentiated service delivery approaches.
5.3. Promote community led implementation	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	<u>On-going</u>	Supporting the community based delivery of HIV, TB and Hepatitis services. This includes the establishment of community-led monitoring. Countries supported, Angola, Botswana, Burkina Faso, Burundi, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria,

					Rwanda, Sierra Leone, Senegal, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia and Zimbabwe.
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Recommendation 6: Strengthen its support for strategic information, which will enable broader use of the Framework indicators					
Management response	Accepted				
Status	Not Started				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
6.1. Support strengthening integrated national surveillance, monitoring and evaluation system	Dr Lago	Dec 2023	Not Started	Not started. Activity expected to start in June 2022	Not started
6.2. Conduct regular quarterly cascade data reviews	Dr Lago	Oct 2023	Not Started	Not started. Activity expected to start in June 2022	Not started

Recommendation 7: Mobilize support from partners to enable the Member States to achieve the goals of the Framework					
Management response	Accepted				
Status	On-going				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
7.1. Organise a regional consultation of civil society and community led organisations as important actors in scaling up the delivery of HIV services to people most in need	LULE Frank John, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	In progress	This will be an on-going activity until end of 2023	Conducted a virtual workshop on Pediatric HIV in West and Central Africa: New Molecules and Community Engagement for Scale-up". The workshop was co-organised with UNAIDS, UNICEF, the EVA Network and the West and Central African Networks of People Living with HIV.

7.2. Implement the strategic collaboration framework between WHO and the Global Fund for AIDS, TB and Malaria	RAZAKASOA Harilala Nirina, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	<i>In progress</i>	Activities are on track	<p>Expert peer reviews provided for 6 countries for the 2021 window submissions for NFM3: Botswana, Mauritania, Niger and Chad (window 5- May)) and Gabon, South Africa (window 6- August).</p> <p>For C19RM related to mitigate COVID19 impact to ATM programmes, joint collaboration with the Emergency cluster to review (in-country and expert review) of funding proposals for 40 countries related to fast track and full funding requests. (Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Chad, Cameroon, CAR, Cote d'Ivoire, Comoros, Congo, DRC, Ethiopia, Eswatini, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Malawi, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & P., Senegal, Sierra Leone, South Sudan, Tanzania - Mainland, Tanzania – Zanzibar, Togo, Uganda, Zambia and Zimbabwe.</p> <p>AFRO is now playing a key role as an alternate member of the African Constituency Board of the Global Fund (ACB) following the revision and ratification of the ACB governance framework.</p>
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Recommendation 8: Include special populations that need focused attention in future Frameworks	
Management response	Accepted
Status	<i>Not Started</i>

Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
8.1. Organise a high-level advocacy meeting to increase access to a comprehensive service package by all key populations	MANZENGU MINGIEDI Casimir, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	June 2022	Implemented	None	Convened a High level advocacy meeting to increase access to HIV services for Key Populations. Meeting was held in Praia, Cabo Verde in March 2022.
8.2. Disseminate and support adaptation of consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations	YEBOUE Kouadio, Medical Officer for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2021	Not Started	The launch of the consolidated guidelines was postponed to 2022. The dissemination is planned for July 2022. The reason is because the global guidelines are still in development and will be launched in July 2022 at the International AIDS Conference. The delay was due to the COVID 19 pandemic where staff were repurposed for the emergency response.	The launch of the consolidated guidelines was postponed to 2022. The dissemination is planned for July 2022.
8.3. Provide technical assistance to countries for implementing national plans to accelerate the HIV treatment coverage among key populations	MOSHA Shakiwa Fausta, Technical Officer Laboratory for HIV, Tuberculosis and Hepatitis <i>including other Sexually Transmitted Infections (HTH)</i> in AFRO	December 2023	In progress	None	Supporting Mozambique, Tanzania, Zambia implementing DSD-SI and HIV Self-testing Supporting countries to scale up Dual HIV/Syphilis testing

Recommendation 9: Develop a catch-up plan for countries to use the Framework indicators					
Management response	Accepted				
Status	Not initiated				
Key actions	Responsible	Due date	Status	Comments	Update on actions taken by April 2022
9.1 Develop a catch-up plan for countries to use the framework indicators	Dr BA Ndoungou Salla	June 2022	<i>In progress</i>	The plans are to accelerate HIV testing and initiation of antiretroviral therapy	All West and Central African countries have developed 2-year accelerations plans for 2020-21. WHO's role is to ensure the plans are updated and monitoring and evaluation of these catalytic

					activities through the development of a data collection tool which is filled in by the countries every 6 months according to the 3 "95" indicators
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