



WHO contribution in Tunisia (2019-2023)

Executive summary



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Executive Summary

Introduction

This evaluation of the World Health Organization's (WHO) contribution focuses on the results achieved at the country level, drawing on inputs from all three levels of the Organization. It also assesses WHO's contributions in relation to Tunisia's public health needs and the objectives outlined in WHO's general work programs and key strategic frameworks for the country.

The evaluation covers WHO's activities in Tunisia from 2019 to 2023, organized through biennial work plans, though not guided by a formal Country Cooperation Strategy (CCS). This period spans three biennia and two General Programmes of Work (GPW) – GPW12 (2014-2019) and GPW13 (2019-2023), which has been extended until 2024. In budget terms, WHO's planned contribution was US\$ 28,782,261, with US\$ 22,783,263 executed as of October 20, 2023. Notably, the Emergency Fund for Outbreak and Crisis Response (OCR) used for the COVID-19 response accounts for 59% of the total budget executed during the evaluation period.

Through its biennial planning, WHO in Tunisia has focused on:

- i) Improving access to quality essential health services, reducing financial hardships, and enhancing access to medicines, vaccines, diagnostics, and essential devices, all part of health system reforms toward universal health coverage (UHC);
- ii) Strengthening preparedness, detection, and management of health emergencies, as well as improving the prevention of epidemics and pandemics;
- iii) Addressing health determinants, reducing risk factors, and applying a health-in-all-policies approach to improve population health and well-being.

In addition, WHO has adapted its efforts in Tunisia to address emerging challenges, such as the COVID-19 pandemic, with both immediate crisis responses and follow-up actions during the 2020-2021 and 2022-2023 biennia.

Methodology

The evaluation is structured as a non-experimental assessment, guided by participation and utilization principles, and serves both summative and formative purposes. It uses a theoretical framework to evaluate what works and what doesn't, while identifying the factors that explain these outcomes.

The evaluation criteria include relevance, coherence, effectiveness, efficiency, and sustainability. The main evaluation questions, which are aligned with these criteria, are derived from the terms of reference (ToR) and the reconstruction of the theory of change (ToC). These questions are further broken down into eight sub-questions in the evaluation matrix.

Three levels of analysis were considered: i) Strategic analysis, which focuses on coherence; ii) Programmatic analysis, which looks at progress towards expected results and addresses effectiveness, efficiency, and

sustainability; and iii) Organizational analysis, which examines WHO's internal structure, the Results-Based Management (RBM) system, and the technical support provided by the Regional Office (RO) and headquarters (HQ).

The evaluation follows a human rights-based approach, incorporating gender perspectives and health equity as core principles, in line with the guidelines of the United Nations Evaluation Group (UNEG) and WHO. Data collection used a mixed-methods approach (qualitative and quantitative), which included: i) semi-structured interviews with 75 participants, 53% of whom were women; ii) a review of approximately 435 documents, including a budget analysis; iii) field observations during visits to health facilities and local stakeholders in Sfax, Sousse, and El-Kef; and iv) timeline development.

The validation process was structured around three key stages: i) review of the initial draft of the evaluation report; ii) two workshops for presenting and validating results and co-creating recommendations with the Country Office (CO) and the Evaluation Reference Group (ERG); and iii) final review of the report's final version. The evaluation adhered to the ethical guidelines set by UNEG and WHO's five evaluation principles.

Findings

Relevance - How well are WHO's interventions adapted to the context and the evolving health needs and rights of the Tunisian population, as well as the needs, policies, and priorities of national and regional partners and institutions? And do they remain relevant as circumstances change?

WHO's objectives in Tunisia have been clearly aligned with national health priorities, structural needs, and emerging challenges. Since the 2020-2021 biennium, there has been increased visibility for noncommunicable diseases (NCDs), social and environmental determinants of health, health emergency preparedness, and data generation and innovation. WHO's support, which began in 2012, is widely recognized for its key role in the Social Dialogue process, leading to the publication of the 2014 White Paper, "For Better Health in Tunisia: Let's Walk the Path Together," (Original in French: *Pour une meilleure santé en Tunisie: Faisons le chemin ensemble*) and the drafting of the National Health Policy (NHP) for 2030, validated in April 2021.

While WHO has historically enjoyed strong collaboration with the Ministry of Health (MoH) at the central level, its presence has been more limited at the regional level, particularly in the most disadvantaged areas. Strategic but sporadic partnerships have also been initiated with other actors to address the multisectoral nature of health.

WHO's country strategic vision was developed in collaboration with the Ministry of Health (MoH) at the central level, aligning with key national health priorities and reforms. However, this vision has not been adequately reflected in the biennial programming documents, where the list of activities appears disconnected from a medium-term strategic planning document. The lack of a governance mechanism, a consistent monitoring framework, context analysis, needs and challenges identification, and stakeholder mapping further weakens the

link. The planning methodology used does not enable stakeholders to fully understand this vision or consider how it aligns with their own strategies and objectives. Additionally, it lacks a joint assessment process, leading the Country Office (CO) to sometimes undertake dispersed and less relevant actions.

WHO's contribution to the COVID-19 response was highly valued for its relevance and close coordination with the Ministry of Health (MoH), other UN agencies, and civil society organizations (CSOs). Following this, the Country Office (CO) capitalized on the heightened interest in public health issues that arose from the COVID-19 crisis, enhancing its efforts to transition toward a holistic approach aimed at building a resilient health system.

Coherence - To what extent are WHO's interventions coherent and do they present synergies with each other and with interventions by other actors in Tunisia?

The interventions of the UN system in Tunisia and WHO's vision are closely aligned with the health priorities outlined in the United Nations Sustainable Development Cooperation Framework (UNSDCF), which emphasizes a multisectoral approach.

WHO's collaboration is generally well-regarded by other UN agencies due to its focus on complementarity. However, the Country Office lacks sufficient visibility in the field of health, not fully reflecting the organization's significance. The Health Group, recently launched and promoted by WHO as a platform for exchange, coordination, and synergy among actors, is still too new to demonstrate its effectiveness.

WHO's contribution in Tunisia is also aligned with the regional strategy of the WHO Eastern Mediterranean Region Office (EMRO), Vision 2030, and globally with the actions programmed and developed in the biennia, as they align with the GPW12 and GPW13 results frameworks. The CO adheres to the organization's guidelines based on the health themes it addresses.

In both the global and national context, WHO's strategic role is clear, particularly in its ability to support the generation, transmission, and application of knowledge, where it holds significant comparative advantages. Its mission, normative role as a reference, and position as an information provider for health actors are well-established. However, these advantages are somewhat diminished by a lack of visibility and limited awareness among key health actors in Tunisia regarding WHO's priorities and the opportunities for collaboration.

Effectiveness - To what extent have the results of WHO's contribution (at the outcome level) been achieved or are likely to be achieved, and what factors have influenced (or not) their realization?

The planning and monitoring system does not provide a clear overall view of WHO's contributions or their impact on the health system in Tunisia. It also falls short in visualizing the adjustments made during implementation. The RBM in place appears to prioritize internal accountability over fostering learning for informed decision-making.

The budget execution effort (BASE¹ budget) was aligned with the prioritization set by the CO during the evaluation period, focusing on UHC, health emergency preparedness, and a multisectoral approach to prevention. However, with the onset of the COVID-19 crisis, the CO shifted its focus to this new priority, using

¹ The "BASE budget" is the most crucial component of the "Biennium Programme Budget," with its scope determined by the WHO.

OCR funds (received for the first time in Tunisia), which accounted for 59% of the committed funds during the evaluation period.

For each of the four Strategic Objectives (GPW13), key "flagship" actions were identified. These actions, designed to address national challenges and respond to emerging issues, have had a catalytic impact. They encompass areas such as communicable diseases, reproductive health, noncommunicable diseases (including new themes like mental health and risk factors like tobacco), and initiatives to strengthen essential health system functions. This includes improving drug supply and advancing the digitalization of health information systems, particularly in vaccination. Leadership and advocacy, especially in promoting a multisectoral approach and involving civil society, were hallmarks of the evaluation period.

Key issues like governance, financing, human resources (HR) in health, and the impact of climate change on health were less developed, despite their importance to building resilient health systems. Topics such as violence against women and children, elderly care, nutrition, and evidence generation based on health information systems had actions planned or initiated, but they appear to have lacked follow-through. WHO's performance during COVID-19 in Tunisia made significant contributions to mitigating the impact on the national health system, its professionals, and the population. Notably, WHO demonstrated strong scientific leadership, effective political and institutional engagement, and robust support for national response coordination. Their technical assistance in areas like cold chain management and laboratory capacity was especially commendable.

The evaluation identified several contextual factors that impacted the implementation of actions: the macroeconomic situation, the political transition with changes in MoH leadership, challenges in fostering cross-sector collaboration, bureaucratic hurdles in public procedures, structural weaknesses in the national health system during COVID-19, and the onset of the socio-economic crisis caused by the pandemic. The latter had a direct effect on the execution of the 2020-2021 and 2022-2023 biennia, leading to disruptions like global supply chain failures and stockouts.

Technical visits from the RO and HQ are generally highly appreciated for their content, the level of expertise, the motivation they generate, and the opportunity to better understand WHO's role. The same goes for the opportunities offered to participate in regional or international events and networking. However, a perception of confusion about the roles played by WHO's three levels, the visions and priorities of headquarters and the RO versus a CO vision adapted to the national context, and long response times have created misunderstandings internally, but also among national partners.

Efficiency - To what extent have WHO's interventions produced, or are they likely to produce, results efficiently and in a timely manner?

The fragmented nature of planning—evident in nearly 400 main activities, each with a very low average budget—does not support resource optimization from a performance standpoint. The budget execution rate is much higher for the OCR and Non-Programme Budget (Non-PB) categories than for the BASE budget. The analysis indicates alignment between funds allocated to human resources and efforts to implement activities.

Despite a continuous increase in the planned BASE budget over the three biennia, the committed funds have remained stable. This could be due to the prioritization of the COVID-19 response (OCR funds during the 2020-2021 and 2022-2023 biennia) and the fact that 2023 was not yet closed at the time of the evaluation.

The budget execution level dedicated to staff (BASE budget) is higher and more closely aligned with the planned budget than that dedicated to activities. However, when factoring in the OCR budget, it becomes clear that the executed budget for activities increased by 5.6 times and 3.3 times in the 2020-2021 and 2022-2023 biennia, respectively, while the budget for staff remained constant throughout the evaluation period.

All interviewed stakeholders expressed strong appreciation for the CO's understanding of the national context, its ability to listen, its proactive approach, its search for better alternatives, and its commitment beyond its formal responsibilities.

In response to COVID-19, the CO asserted its role as a health authority, while adapting and supporting the government's crisis management plan. Organizationally, the pandemic prompted the CO to establish new partnerships, diversify its donor base, and seize opportunities for change. However, challenges with operationalizing the supply chain and the COVAX mechanism (COVID-19 vaccination) hindered WHO's response efficiency in Tunisia.

The planning and monitoring system used by the CO and the MoH for the biennia does not appear to be a structured or formalized joint strategic collaboration mechanism, as it lacks key elements of strategic planning. WHO's internal RBM system is primarily characterized by fragmentation in both planning and reporting. Without a comprehensive document outlining all actions taken and their connection to the budget, monitoring appears more focused on budget execution and deliverables rather than on the quality of the outcomes achieved.

Several internal organizational factors have been identified as limiting efficiency: the small size of the CO team relative to the large number of tasks, the complex procedures, short planning and budgeting cycles, and language barriers.

Sustainability - To what extent has WHO contributed to strengthening national capacities and ownership to meet Tunisia's health humanitarian and development needs and priorities?

Most of the interventions supported by WHO have contributed to strengthening the national health system's capacities and show good potential for continuity. They align with current national priorities and projects, as well as emerging issues, even in a context marked by turnover within the Ministry of Health (MoH) and the pandemic.

However, several factors have hindered the consolidation, national ownership, or sustainability of some interventions. These include the absence of a sufficiently developed administrative or legal framework, limitations in material or financial resources due to the economic crisis, and bureaucratic hurdles within public administrations and WHO. Additionally, the fragmentation of joint action plans and the low predictability of funding have posed challenges to programming actions and implementing reforms in the national health system that require medium- to long-term continuity.

The assessment of national capacity-building for a resilient and sustainable health system indicates that the results are primarily concentrated in governance, service delivery, and population health, with less focus on medicines and technology, as well as personnel. Health system financing, a critical challenge for the national health system, has seen more limited contributions from WHO.

Cross-Cutting Principles: Human rights approach, gender, and health equity

From a strategic perspective, human rights, health equity, and gender considerations are central to WHO and are reflected in the principles and guidelines of the Tunisian National Health Policy. However, since the biennia lack specific indicators, it is difficult to analyze progress at this level. Some initiatives targeting vulnerable populations and direct engagement with the most disadvantaged regions have been launched. Nevertheless, in a context where women's socio-economic empowerment remains a challenge, the integration of a gender perspective in WHO's contributions does not seem clear or systematic.

Conclusions

At the strategic level

SF1. WHO has successfully reinforced its role as the leading health agency in Tunisia, despite the growing presence of national actors. This achievement is due to decades of strong institutional and political dialogue with the Ministry of Health (MoH), its technical expertise, its ability to mobilize during the Social Dialogue process, and its reasonably effective and swift response to COVID-19.

SF2. By aligning its actions with national priorities and needs, as well as with the UN system, WHO has developed strategic partnerships to promote the implementation of a multisectoral approach to health. However, the absence of a strategic document for Tunisia and the limited human resources within the Country Office (CO) have hindered its visibility and made it difficult for key international actors and partners to fully understand its priorities.

At the programmatic level

PF1. The CO is recognized for its strong collaboration, both strategically and operationally, with national partners, especially the Ministry of Health (MoH). However, the fragmentation caused by the biennial planning and implementation system hampers both efficiency and effectiveness, while also diminishing strategic visibility.

PF2. During the evaluation period, key public health issues for Tunisia, such as noncommunicable diseases (NCDs), gained renewed attention. This included promoting a multisectoral approach to risk factors, addressing mental health, and improving drug supply. Advocacy and community involvement played a crucial role in driving this progress, resulting in lasting changes, such as in tobacco control. While significant actions were initiated to

advance universal health coverage, these efforts are still ongoing and remain highly dependent on contextual factors and the development of medium-term strategic partnerships. Additionally, WHO's interventions did not sufficiently address the structural changes required to enhance essential public health functions or strengthen the foundational elements of the health system.

PF3. WHO's support for the national COVID-19 response was timely, swiftly activating national response mechanisms and providing essential scientific information, coordinating efforts, and reinforcing certain capacities within the national health system. Much of the emergency aid provided during the pandemic was later transformed into strengthening regular health services and building capacities to respond to future crises. However, inefficiencies were noted in supporting the national response, particularly in constructing and operationalizing hospital services, providing biomedical equipment, and ensuring the timely deployment of the national vaccination strategy.

At the organizational level

OF1. The professional and personal dedication of the CO team has been a key factor in enabling a small office to consistently provide technical support and manage a large number of projects. The team showed remarkable efficiency and adaptability during the COVID-19 response, taking on new roles and managing a budget five times larger than usual. However, the increased workload led to technical and reputational risks, as some partner demands could not be fully addressed. Strengthening the CO is a critical step to reduce the burden on staff handling multiple roles and tasks, better align the team with upcoming strategic planning, and reinforce WHO's leadership in the health sector.

OF2. The RBM system used by the CO does not give WHO a comprehensive view of its contributions in Tunisia during the biennia. Fragmentation, lack of visibility of changes made during implementation, and the absence of clear result indicators, along with changing report formats, are major issues that complicate the CO team's analytical work, while also consuming a significant amount of time.

OF3. The added value of the Regional Office and headquarters was clear in terms of their expertise, adaptable tools for the national context, and international networking opportunities. However, this was somewhat undermined by a lack of clarity regarding the roles of each of the three levels of WHO, complex administrative procedures, and the "misalignment" of EMRO and HQ with the specific needs of the Tunisian context.

Key recommendations

At the strategic level

SR1. To ensure alignment with international commitments (such as Agenda 2030, GPW13, and GPW14) and address national health challenges, WHO's role and strategic partnership with the Ministry of Health should be captured in a collaborative, multisectoral Country Cooperation Strategy (CCS).

SR2. WHO should broaden its partner portfolio to enhance (i) the multisectoral approach to health, (ii) collaboration with technical and financial agencies and partners, (iii) direct engagement with regions or areas facing greater inequities, and (iv) the implementation of more ambitious strategies and actions to reduce vulnerabilities and barriers to healthcare access for specific population groups.

SR3. WHO should enhance its participation and visibility in key United Nations Country Team (UNCT) forums, solidifying its role as a strategic and technical leader for all international actors involved in health in Tunisia.

At the programmatic level

PR1. WHO's portfolio of actions and projects in Tunisia should focus on priority areas and themes that promote Universal Health Coverage and strengthen a resilient health system.

PR2. The new technologies, tools, and systems introduced during the pandemic emergency response should be fully integrated into routine health services and programs.

PR3. Biennial planning should be the outcome of a collaborative, multi-actor, and multisectoral effort led by the MoH and the CO.

At the organizational Level

OR1. The CO should strengthen its team to improve communication and partnership management while reducing the administrative workload.

OR2. The roles and contributions of the HQ and the RO in supporting the Country Office CO and MoH initiatives should be clearly defined and integrated into the new Country Cooperation Strategy (CCS).

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