

# Independent Evaluation of WHO's COVID-19 Response in Ukraine

## Evaluation brief – April 2022

### Purpose, objective and scope of the evaluation

This evaluation was commissioned by the WHO Country Office (WCO) in Ukraine to provide an independent, objective, and systematic assessment of WHO's preparedness for, and response to, COVID-19 in Ukraine. The evaluation addresses WCO Ukraine's strategy, interventions, operations, performance and results to date, as well as its engagement and coordination with partners towards these same ends. The WHO Evaluation Office managed the evaluation and contracted an independent evaluation firm to conduct it.

The evaluation aims to critically appraise WHO's contributions to the COVID-19 response in Ukraine, bearing in mind that these efforts were conducted in addition to continuing humanitarian aid in the Eastern Conflict Area (ECA). The evaluation's primary timeframe was from early 2020 (the start of the COVID-19 response) to December 2021 (the end of data collection). It also examined key pre-COVID-19 preparedness measures that were in place in early 2020 in terms of supporting/inhibiting WHO's mobilisation and support efforts.

### Key findings and conclusions

**Question 1:** How well aligned has WHO's support to the COVID-19 response in Ukraine been with the stated needs of the Government, the specific needs of the affected population, and WHO's broad approach to humanitarian action and health emergencies in light of the GPW13 and the SDGs as well as its normative guidance on health emergencies? (Relevance, appropriateness)

There was generally good alignment between the response and the needs of the Government and affected populations, reflecting the quality of pre-existing relationships at individual and institutional levels, investment in establishing robust plans at the outset (and subsequently adjusting them as required), a strong focus on the collection and use of data to monitor progress and guide decision-making, and high levels of trust and mutual respect. Collaboration with other UN agencies was effective in ensuring an improved focus on understanding and addressing the needs of vulnerable groups at all stages of the response. From the beginning of the pandemic, the WCO based its response on WHO global guidance for COVID-19 (as set out in the Strategic Preparedness and Response Plan, SPRP), and as the pandemic evolved, continued to rely on WHO and UN strategies, guidance and instruments to align, review, and improve national frameworks.

**Question 2:** What results has WHO's support to the COVID-19 response in Ukraine produced?

**Question 3:** To what extent have WHO's interventions reached all segments of the affected population, including the most vulnerable? (Effectiveness, impact, coverage)

Targets for deliverables were achieved in respect of all 28 separate financial contributions worth over US\$ 38 million

that were obtained during the period from March 2020 to November 2021 and a remarkably high overall absorption rate of 98 per cent was achieved. Progress was excellent/good in all ten pillars of the Country Preparedness and Response Plan, with main achievements in five out of ten pillars (1, 3, 5, 6, and 7), due to a combination of relevant strategies and agile action. Focus on the needs of vulnerable groups used vulnerability assessments to specifically inform the roll-out of vaccinations (pillar 10) and recommendations to improve case management (pillar 7). WHO has also supported safeguarding equitable access to COVID-19 prevention and care, where coverage remains a challenge. The health and peace aspects in conflict areas were important and WHO was effective in providing technical and neutral mediation services. WCO Ukraine developed a systematic monitoring tool for the complete COVID-19 response, which was deployed in early 2021 and monitored budget utilisation throughout the response. An area of concern noted by a number of stakeholders was a perceived inability on the part of WHO to address the issue (and consequences) of vaccine hesitancy among the population. It should also be noted that within the SPRP vaccination pillar, as part of shared responsibilities among partners, WHO's focus was on healthcare workers while risk communication and community engagement with the wider population was with other partners.

**Question 4:** How successfully has WHO harnessed the resources at its disposal (including financial, human, physical, intellectual, organisational, and political capital, as well as partnership) to achieve maximum results in the COVID-19 response in Ukraine in the timeliest and most efficient manner possible? (Efficiency, coordination, coherence)

The evaluation considered that WCO Ukraine was quick and effective in mobilising both human resources (increasing from 13 to 74 staff by August 2021) and financial resources (over US\$ 38 million as noted earlier) through efforts of the WHO team at all levels (global, regional, and country) to respond to COVID-19 and provide support in a timely, well-prioritised manner. Staff at the country level had well-established mechanisms to access expert professional knowledge and resources quickly and confidently, both nationally and internationally, from within and beyond WHO. The WCO team built good political capital, and was recognized as a trusted neutral convenor – a major asset which reflected a history of close collaboration with both elected representatives and senior public servants in the Government of Ukraine. WHO's limited visibility at the sub-national level was considered an area for improvement. The WCO's active engagement in the humanitarian response in the ECA for a number of years led to a good understanding of issues and a number of key procedures being in place by end 2019, ensuring that additional financial and other resources to address the challenges of COVID-19 were quickly mobilised, and systems and processes could be rapidly modified (or established) to

underpin the response. WHO achieved cost-effectiveness in procurement through use of long-term agreements with local private companies and launching of an electronic supply management system.

**Question 5:** What have been the main internal and external factors influencing WHO's ability to respond in the most relevant, effective, efficient, and equitable manner possible? (explanatory factors)

Internal factors supporting the response included the WCOs agility alongside clear role delineation coupled with creativity in establishing and modifying “fit-for-purpose” systems and operating procedures, notably in respect of procurement. This ensured the response evolved quickly as needs and circumstances changed and, as a result, preconceptions among some partners that WHO was overly bureaucratic and slow to react were largely overcome. Other factors included: WHO's reputation, strong leadership within WCO Ukraine, the increased availability of experienced national staff, the effective mobilisation of human and financial resources by different levels of WHO and staff management practices. Internal inhibiting factors included delays due to centralised WHO processes for recruiting human resources and lengthy processes for the procurement and shipment of goods. External factors supporting the WHO response included having a strong national counterpart moving to a high leadership position in-country. External inhibiting factors included recurrent changes in national counterpart agencies, disruptions caused by ongoing reforms, vaccine hesitancy and global shortages and challenges to supply chains.

In summary, the evaluation concluded that a combination of context (several years' experience of emergency response), capability (in the form of technical knowledge from within and beyond the whole of WHO) and collaboration (across the three levels of WHO and with relevant Government counterparts) meant that WCO Ukraine was relatively well-prepared for COVID-19 and, with support from the Government of Ukraine, other partners and the other levels of WHO, was able to respond very well.

### Recommendations

Recommendations reflect the prescribed timeframe for this evaluation (early 2020 to December 2021), and those directed to the Country Office reflect the country context, findings and conclusions at the time of the evaluation. However, the war and rapidly changing humanitarian situation in the country necessitate urgent attention to adapt the COVID-19 response given the changed environment and response capacities within the country, as well as within the region given many refugees. It is noted that the findings and recommendations provide useful lessons and insights for other WHO Country Offices, Regional Offices and HQ in their COVID-19 responses, noting the need to tailor to respective contexts.

**Please see the report for sub-recommendations under each recommendation.**

### Country-Level Recommendations

**Recommendation 1:** Taking into account the rapidly changing humanitarian crisis situation in the country, the WHO Country Office in Ukraine should incorporate successful interventions and management practices of the COVID-19 response, and COVID-19 as a major communicable disease risk, into short, medium and long term strategic plans for humanitarian response.

**Recommendation 2:** The WHO Country Office in Ukraine should continue and build on its current COVID-19 response strategy and approach to pandemic preparedness.

**Recommendation 3:** The WHO Ukraine Country Office should further scale-up efforts to address vaccine hesitancy for all vaccine-preventable diseases, including its negative impacts.

**Recommendation 4:** The WHO Ukraine Country Office should plan now to ensure that progress in strengthening its national staff capacities is maintained to meet the changing demands of the pandemic response.

**Recommendation 5:** The WHO Ukraine Country Office should begin early planning for the ‘new normal’ post-pandemic, strategically adjusting its current level of support for Ukraine's health system in the medium to long-term. Early planning will be needed to ensure a well-managed transition that allows the Country Office to focus clearly on WHO's priorities as set out in GPW13 and other documents.

**Recommendation 6:** The WHO Ukraine Country Office should systematise further organisation, prioritisation of, and reporting on WHO's operations at country level.

### Regional/Global Level Recommendations

**Recommendation 7:** All WHO Regional and Country Offices should be required to arrange for (and fund) relevant staff to participate in regular functional simulation exercises to understand and practice the role of the National IHR Focal Point, with learnings from such exercises disseminated widely and incorporated into preparedness planning at all levels of the Organisation.

**Recommendation 8:** HQ and Regional Offices, in consultation with Country Offices, should establish clear “escalation” paths to permit greater flexibility in administrative processes during emergencies.

**Recommendation 9:** Heads of Country Offices should be encouraged and supported to redouble efforts to break down siloed thinking and action, and foster synergies between programmes at the country level.

**Recommendation 10:** Review the nature and extent of decision-making authority that is delegated to Heads of Country Offices with attention to allowing them greater agility and well-considered risk-taking.

**Recommendation 11:** WHO Country Offices, Regional Offices and Headquarters should increase investment in data and analytics, with a particular focus on forecasting.

**Recommendation 12:** HQ, with support from Regional Offices, should take steps now to ensure that lessons learned from COVID-19 are captured and made available to support future preparedness and response.

### Contacts

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Hyperlink: Evaluation report and Annexes on [WHO site](#)