

<b>Evaluation Title</b>	<i>Formative Evaluation of the WHO Special Programme on Primary Health Care</i>
<b>Commissioning Unit</b>	<i>WHO Special Programme on Primary Health Care (SP-PHC)</i>
<b>Link to the evaluation Report</b>	<a href="https://www.who.int/publications/i/item/preliminary-evaluation-of-the-who-special-programme-on-primary-health-care--report">https://www.who.int/publications/i/item/preliminary-evaluation-of-the-who-special-programme-on-primary-health-care--report</a>
<b>Evaluation Plan</b>	<i>Organization-wide Evaluation Workplan for 2022-2023</i>
<b>Unit Responsible for providing the management response</b>	<i>HQ/UHL/SP-PHC</i>

### OVERALL MANAGEMENT RESPONSE:

WHO welcomes and accepts the recommendations of the evaluation. This evaluation was conducted at the request of the Director of the Special Programme on Primary Health Care (SP-PHC) to inform early learning and strengthen strategic direction, in its relatively short life since 2020 and primarily during the COVID-19 pandemic. The evaluation report came at a pivotal time as WHO is formulating its General Programme of Work (GPW14) for 2025-28 in the context of an increasingly turbulent world within a complex global health ecosystem in the second half of the Sustainable Development Goals era.

We appreciate the acknowledgment of the roles of WHO's senior leadership and SP-PHC in elevating primary health care (PHC) within WHO and globally, as evidenced in various global political forums, including but not limited to the World Health Assembly (WHA), the UN General Assembly, and Astana 2023. Notably, during WHA76 (2023), the orientation of health systems towards primary health care received immense support from WHO the Member States. Moreover, the WHO Regional Offices have made substantial progress in prioritizing the PHC approach in their agendas, including through WHO resolutions in Regional Committees, the establishment of regional Alliances and Forums on PHC, and the formation of a regional PHC technical advisory group – with inputs from SP-PHC.

The evaluation focused on specific aspects of the work of SP-PHC, and did not include the UHC-Partnership (UHC-P) and the work related to health systems governance and resilience/EPHF that are also part of by the SP-PHC. In addition, the evaluation team could not evaluate work that was ongoing at the time of the evaluation such as the development of the 'PHC Primer', the 'Country Case Compendium' and the forthcoming PHC training course with the WHO Academy.

This management response was developed through a consultative process that engaged WHO Regional Offices (ROs) and the senior management team (SMT) of the Universal Health Coverage – Life Course (UHL) Division. Aligned with the GPW14 vision, and corresponding to the demand of countries to move from policy and advocacy into operationalization, a renewed SP-PHC strategy 2.0 and theory of change will be co-developed with ROs, the UHL SMT, and stakeholders and informed by the evaluation.

## RECOMMENDATION 1

Prioritize the development of joint accountability for PHC across WHO by ensuring the WHO's GPW14 2025-2028 includes a specific PHC outcome, output/s, and relevant indicators in its results framework along with accountability embedded in performance frameworks and review processes.

Action: ADG UHL and SP-PHC.

Timeframe: on-going

RESPONSE	ACTIONS PLANNED	RESPONSIBLE/ TIMEFRAME
Accepted	<b>1) Accountability for the PHC approach in the GPW 14 (2025-28).</b> One of the six strategic objectives of the current pre-WHA version of the GPW14 (8 March 2024) focuses on PHC: <i>“Advance the primary health care (PHC) approach and essential health system capacities for universal health coverage”</i> . It includes an outcome on PHC: <i>“The primary health care approach renewed and strengthened to accelerate universal health coverage”</i> . The upcoming WHA will decide on the GPW14.	ADG UHL, Director SP-PHC and Deputy Director SP-PHC
	<b>2) Tracking PHC progress in countries.</b> Building on the PHC Primer, a new PHC Global Report series is planned to track progress in countries with data collection planned from mid-2024 using the PHC Measurement Framework and consistent with GPW14 outcome indicators.	Integrated Health Services Department, SP-PHC Evidence lead and ROs (From Q1 2024 onwards)
	<b>3) Engender a shift in culture across the organization.</b> The renewed SP-PHC 2.0 strategy (see Action 4 below) will outline mechanisms to inspire a cultural shift towards the PHC approach. The draft SP-PHC internal engagement strategy including horizontal linkages at the HQ level will be finalized and suggested key activities taken forward.	Policy and Partnership Unit Head of SP-PHC (From Q2 2024 onward)

--	--	--

## RECOMMENDATION 2

Develop a clear strategy for a new approach/entity to promote PHC through global advocacy of PHC, policy, and strategic partnerships.

Action: SP-PHC

Timeframe: now till Sept. 2024

<p><b>Accepted with the following comments:</b></p> <ul style="list-style-type: none"> <li>- Until now, the guiding compass for SP-PHC has been WHO GPW13 with its associated output scorecards to track progress</li> </ul>	<p><b>4) SP-PHC Strategy.</b> Aligned with the GPW14, a renewed SP-PHC 2.0 strategy reflecting the evaluation's findings and recommendations on the broader work of SP-PHC and UHC will be co-developed with the ROs and the UHL SMT. A dedicated effort will be placed on communicating the role of the SP-PHC as a coordinating entity for PHC within WHO as part of the 2.0 strategy as it is co-developed.</p> <p><b>5) Partnership Engagement Plan.</b> A SP-PHC partnership engagement plan has been drafted, which outlines the strategic direction on partnership development for SP-PHC (both external and internal) to power the radical reorientation of health systems towards a PHC approach to achieve UHC. It will be finalized and a workplan for implementation developed as part of the overall SP-PHC strategy.</p>	<p>SP-PHC and Health Systems Strengthening and PHC focal points, RO and related programs for strategy development (Complete Q3 2024)</p> <p>Policy and Partnership Unit Head of SP-PHC (Complete Q2 2024)</p>
--	--	---

## RECOMMENDATION 3

Overhaul the SP-PHC design, organizational structure, and ways of working to ensure the new entity is fit for purpose to implement the strategy.

Action: Director SP-PHC possibly through a working group

Timeframe: Next six months

### Accepted with the following comments:

- 2023 witnessed several outputs including the PHC Primer and various technical products on PHC with other parts of WHO on subjects as diverse as immunization, HIV, tuberculosis, epilepsy, maternal and child health.

**6) SP-PHC Structure and operating model.** Following the development of the 2.0 strategy and a functional review a functional review, a revamped agile organizational structure for SP-PHC will be proposed to ensure an optimal placement of its functions within the organization to implement the new 2.0 strategy. This will include careful consideration of the interface of PHC with health systems strengthening and the UHC agenda, as well as structures required in the Regional Offices (inspired by the WHO European Center for PHC in Almaty) as well as the required human and financial resources.

**7) PHC Communication Plan.** The 2024-25 communication plan is being developed encompassing targeted messaging to various stakeholders. This plan will be integrated as part of the overall SP-PHC strategy and partner engagement plan.

Director SP-PHC, UHL SMT, ROs to develop options for discussion with ADG UHL and GPG and DG.  
(Complete Q3 2024)

Director SP-PHC with ROs, Dept of Communication  
(Complete Q3 2024)

## RECOMMENDATION 4

Support WHO to scale up the PHC approach, in response to country demand, through the development of mechanisms to strengthen learning, staff capacity and ultimately WHO technical support for PHC.

Shared action: SP-PHC and ROs

Timeframe: Next twelve months

Accepted with the following comment:	<b>8) Cross-country, Cross-regional Learning and Knowledge Management for PHC.</b> This function will be further defined in consultation with HQ and ROs as part of the SP-PHC strategy to help catalyse the reorientation of health systems toward PHC and in consultation with the WHO Academy.	Evidence Lead of the SP-PHC, UHL/SMT, ROs (Complete Q3 2024)
- The UHC-P has been central to progress in reorienting health systems towards PHC to achieve UHC, through the work of around 150 HPAs in more than 125 countries across the six WHO Regions.	<b>9) PHC Technical Support.</b> The renewed 2.0 strategy (Action 4 above) will include an agile mechanism for enhancing hands-on real-time technical support to Regional/Country Offices to advance the PHC agenda through combination of country presence, expert consultations, exchange visits and optimised PHC capacity building for WHO Health Policy Advisors. A clear mechanism for technical support requests will be developed with PHC focal points with a focus on simple processes to access WHO expertise on PHC across 3 levels of WHO. This will be tested and refined based on emerging requests in 2024.	Director SP-PHC UHL/SMT and ROs (Complete Q4 2024)
- PHC/UHC Roster of Experts is more feasible for the WHO Regional Offices many of whom already have varying mechanisms to identify and engage experts in specific domains of PHC-oriented health system.	<b>10) Health Policy Advisors (HPA) and PHC.</b> Design and deliver a dedicated effort to enhance PHC capacity within the HPA cadre. This capacity-building will delve into what and how of the PHC approach towards UHC. The UHC-P annual meeting 2024 will be a practical moment for this, supplemented with virtual workshops, and hands-on experiences tailored to address the unique challenges and opportunities based on country context. This has already started in WHO EURO Region facilitated by the PHC Center in Almaty. Integrate the HPAs into country office structures, in line with the Actions for Results Group (A.R.G) recommendation on the Core Predictable Country Presence to ensure long-term funding, sustainability and focus.	Deputy Director SP-PHC with CIU and ROs, UHL/SMT (Ongoing)

For further information about the evaluation, please contact the WHO Evaluation Office [evaluation@who.int](mailto:evaluation@who.int)  
WHO/DGO/EVL/2025.32 - © **WHO 2025**. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license.  
In line with the WHO Evaluation Policy 2018 (EB143(9)), this publication contains an independent evaluation report by the WHO  
Evaluation Office. It does not reflect the views or policies of WHO.