

## Management Response

<b>Evaluation Title</b>	<b>Evaluation of WHO Contribution in Tunisia</b>
<b>Commissioning Unit</b>	<b>WHO Evaluation Office, WHO Eastern Mediterranean Regional Office</b>
<b>Link to the evaluation</b>	<b><i>URL link to report products:</i> English: <a href="#">Evaluation Brief</a>; <a href="#">Executive summary</a>; <a href="#">Evaluation report full</a>. French: <a href="#">Executive summary</a>; <a href="#">Evaluation report full</a></b>
<b>Evaluation Plan</b>	<b>Organization-wide Evaluation Workplan for 2022-2023</b>
<b>Unit Responsible for providing the management response</b>	<b>WHO Country Office (WCO), Tunisia</b>
<p><b>Overall Management Response: Accepted</b></p> <p>The evaluation represented a journey full of readings, meetings, discussions, analysis, feedback and working with internal and external stakeholders. It was an opportunity for the three levels of the Organisation to come together and reflect objectively on how WHO contributes to the health agenda in Tunisia. The process and engagement of all Country Office (CO) staff have been very beneficial and with the opportunity to review what has worked well and where gaps exist in the CO programme over the past two years (“it was like playing back a film of the past two years, seeing good things and those needing improvement”). All CO staff agreed on the need, which has been missing previously, for strategic planning and use of a results-based management approach.</p> <p>The recommendations of the evaluation were discussed in depth with CO staff. This is very timely as the CO started strategic planning for 2025 and soon will start developing the biennium 2026-2027 plan and programme budget submission under GPW14. In addition, discussion on the development of a new Country Cooperation Strategy (CCS) is also underway, with an anticipated completion date by the end of this year, 2024.</p> <p>Moving forward, to ensure effective coordination between the three levels of the Organisation, there should be a mechanism to ensure joint planning, implementation, and evaluation of the programme, together with an accountability framework.</p> <p>Working with the MoH, other government sectors, UN agencies and other partners, new and/or adapted mechanism(s) will be developed based on partnership, collaboration and coordination and joint accountability. Reaching out to the partners should start at a very early stage to ensure commitment and meaningful engagement.</p> <p>The CO has collectively acknowledged the importance and urgency of starting to address the recommendations and indeed work is already in progress.</p>	
<b>Management Response Status</b>	<i>In Progress</i>
<b>Date</b>	<i>April 2025</i>

## Recommendations and Action Plan

### Strategic Level

#### Recommendation 1 (*Developing the CCS*)

**SR1.** In line with international commitments (Agenda 2030, GPW13, GPW14) and national health challenges, WHO positioning and its strategic partnership with the Ministry of Health are reflected in a Country Cooperation Strategy (CCS) developed in a participatory and multisectoral manner.

#### Priority Actions

1. The CCS is aligned with the Ministry of Health (MoH) and is disseminated within the health system at various levels, including both central and local bodies.
2. The CCS reflects its multisectoral approach in the identification of partners as well as in its actions.
3. The CCS has a joint governance mechanism between the MoH and WHO that is both operational and realistic for its implementation and monitoring, at both the technical and strategic/decision-making levels.
4. The CCS places greater emphasis on visibility throughout its lifecycle, ensuring coordination, synergy development, and accountability both internally (among historical partners) and externally (with key health stakeholders).

The launch of the CCS, biennial programming, mid-term evaluation, and final evaluation are key governance milestones that are used to enhance visibility (with the UNCT and health actors), capitalize on lessons learned, and adapt to the changing national and international context.

<b>Management response</b>	<p><i>Accepted</i></p> <p><i>While CCS is a tool to strengthen strategic partnership with MoH, It's not the only tool. Strategic partnership and positioning with the MoH has been very inclusive, transparent, and participatory both at the senior level of the Minister and all MoH technical staff and also staff in the regions and districts in addition to discussions with other UN agencies and stakeholders.</i></p> <p><i>We also accept that the CCS will certainly further improve our strategic position. We will develop a CCS this year.</i></p>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<i>Responsible Unit(s)</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
<i>CO develops a new CCS, with the support of EMRO and HQ as required.</i>	<i>WCO/TUN (WHO Representative)</i>	<i>Q2 2025</i>	<i>In progress</i>	<i>Initial plans for developing the CCS were slightly delayed due to the unavailability of the consultancy firm. The effort is now on track with an anticipated completion date by the end of</i>

	<i>(WR), PME officer), with support from EMRO and HQ</i>			<i>Q2 2025. The CCS final document is completed and shared with the Ministry of Health. The next step is finalizing the editing in coordination with CCU until the final official signature ceremony of the document. The new CCS takes into account the priority actions included under this recommendation.</i>
<i>WCO facilitates strengthening MoH senior staff skills to enable them to engage meaningfully in strategic planning and the development of the new CO strategic plan under GPW14</i>	<i>WCO/TUN (WR, HSS)</i>	<i>Q4 2024</i>	<i>Implemented</i>	<i>Capacity building is crucial to ensure deep engagement of MoH counterparts in strategic planning to ensure sustainability and accountability. Successfully completed capacity building for 100 Ministry of Health personnel in strategic planning and management, in collaboration with Université de Montréal (UdeM).</i>

### **Recommendation 2 (Diversification of partners)**

**SR2. WHO has expanded its partner portfolio, enhancing (i) the multisectoral approach to health, (ii) collaboration with agencies and technical and financial partners, (iii) direct engagement with regions and areas experiencing greater inequities, and (iv) the implementation of more ambitious strategies to reduce vulnerabilities and improve healthcare access for specific population groups.**

#### **Priority Actions**

1. The actor mapping developed during the creation of the new CCS is being used to identify synergies and foster joint initiatives, both at the institutional and operational levels, with new organizations.
2. Existing partnerships that have delivered strong results—such as in antibiotic resistance and the "health in all policies" approach—are being strengthened and expanded.
3. Collaborations are being formed with civil society organizations that specialize in specific areas, focusing on particularly vulnerable groups (such as migrants, refugees, survivors of gender-based violence, and key populations). These collaborations also extend to youth organizations (leveraging their human capital) and the academic sector (for generating and sharing knowledge, e.g., through research and studies).
4. Partnerships with international financial institutions and the Ministry of Health are enabling medium-term reforms in the national health system, particularly in governance, financing, and workforce development.

WHO-supported initiatives ensure the involvement of health institutions and professionals from key disadvantaged regions.

<b>Management response</b>	<i>Accepted</i> <i>WHO works with all government sectors, UN agencies, multilaterals, and private sectors. The CO acknowledges that it is not always easy to reach all rural areas for many reasons including receiving permission from MoH. Most of NCD activities are led by the Ministry of Sports and Youth, Ministry of Education, Ministry of Finance and local government. The CO has a strong partnership with the World Bank</i>
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	with joint activities on financing of drugs/vaccines. Late in 2023, the CO organized a partners coordination meeting (Health Partners Group, HPG) that convened almost 40 health partners to agree on a coordination mechanism led by WHO. Thematic working groups have been initiated in 5 priority areas under the umbrella of the HPG (Emergency Preparedness and Response, Mental Health, Vulnerable Populations, Health Financing and Social Protection, Digital Health).			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>
<i>Develop a strategy to ensure that vulnerable populations are reached</i>	<i>WCO/TUN</i>	<i>Q3 2025</i>	<i>In progress</i>	<i>WCO programme staff started visiting all rural and hard-to-reach areas to assess needs together with MoH counterparts and regional and district health colleagues. This will lead to the development of a strategic approach to increase outreach to said populations.</i>
<i>Undertake a PHC assessment in all country regions and districts to establish a baseline of needs to inform further support to PHC (essential service package, family medicine training, etc.)</i>	<i>WCO/TUN (Health System Team)</i>	<i>Q4 2025</i>	<i>In progress</i>	<i>Planning discussions are underway with the MoH. WHO prepared a concept note for an assessment of the PHC system to inform recommendations on how different policy options could contribute to strengthening PHC in Tunisia. WHO also developed a blueprint for the preparation of a national roadmap to reform PHC in two phases: (1) diagnostic phase, and (2) interventional phase to implement recommendations proposed in phase 1. WHO has supported the development of the PHC system through other workstreams. WHO is financing the participation of 48 general practitioners in a two-year program leading to a Regional Professional Diploma in Family Medicine delivered by the Arab Board of Health Specializations (ABHS). The curriculum includes one year of training on 16 modules covering vital health topics, and one year of practical training in PHC facilities in Tunisia that have been accredited with WHO support.</i>

<i>Develop and implement a capacity building approach to support the MOH in strengthening its approach to social participation in health</i>	<i>WCO/TUN (Health System Team)</i>	<i>December 2024</i>	<i>In progress</i>	<i>WHO is supporting the operationalization of the MOH governance department by building capacity and developing and implementing a road map for social participation in health.</i>
<i>Joint WHO-World Bank (and other partners) multisectoral policy dialogue on sustainable financing arrangements for medicines</i>	<i>WCO/TUN (Health System Team)</i>	<i>December 2024</i>	<i>In progress</i>	<i>WHO has partnered with the World Bank to support the government in addressing medicine financing through technical analysis, capacity building, and the development of an action plan, which will be discussed in a multisectoral policy dialogue including MOH, MOF, Ministry of Commerce, Ministry of Social Affairs, and other national stakeholders. WHO and the World Bank have delivered a range of technical assistance and capacity-building activities to the government to improve the effectiveness and efficiency of medicine financing arrangements based on analysis of pharmaceutical prices, consumption, and expenditure. This support included a WHO mission to help the government streamline the medicine classification system and a public-sector dialogue event to identify key priorities for action. WHO supported MOH to establish a working group to implement policy reforms and operational modifications of medicine classification and purchasing practices. WHO and MOH developed an advocacy note, targeting international donors to address the financial situation of the PCT and promote structural reforms through facilitating multisectoral dialogue and action.</i>
<i>Finalize the national hospital strategy (with an explicit focus on regional hospitals)</i>	<i>WCO/TUN (Health System Team)</i>	<i>Q1 2025</i>	<i>Implemented</i>	<i>The process of developing the national hospital strategy in collaboration with MOH has included a range of activities (hospital visits, workshops, webinars, etc.) to ensure that regional priorities and needs are reflected in the strategy. The strategy sets out the vision of the hospital sector within the health system, with a focus on public hospitals. The interventions proposed in the strategy are designed to address</i>

				<p><i>the main challenges described above and achieve three key goals: (1) optimize the operational efficiency of hospitals, (2) promote a person-centered approach, and (3) improve the motivation and wellbeing of health professionals. The strategy will contribute to improved management and performance of public hospitals and strengthened links with and support of primary health care (PHC) facilities, leading to improved health outcomes of the Tunisian population. The Minister of Health endorsed the national hospital strategy in March 2025. The next step is to disseminate the national hospital strategy to national and regional stakeholders to raise awareness and build ownership and accountability for implementation.</i></p>
<p><i>Engage with financial and technical partners in the HPG Health Financing and Social Protection Working Group</i></p>	<p><i>WCO/TUN (Health System Team)</i></p>	<p><i>Q2 2024</i></p>	<p><i>Implemented</i></p>	<p><i>The HGP HF-SP WG includes both funding (EU) and technical partners (AFD, IOM, UNICEF, USAID, and World Bank). The WG meets every 3 months (so far Feb and June 2024) for technical/policy discussions and coordination of support to the government. This is an ongoing activity.</i></p>

<p><b>Recommendation 3 (Active coordination within the UNCT and consolidation of the WHO's reference role in health)</b></p> <p><b>SR3. The WHO should strengthen its participation and visibility in key United Nations Country Team (UNCT) forums and consolidate its role as a strategic and technical reference for all international actors involved in health in Tunisia.</b></p> <p><u>Priority Actions</u></p> <ol style="list-style-type: none"> <li>1. The presence of the CO team in the UNCT's coordination and planning forums is stable and regular, and the WHO communicates on the areas of work and progress/challenges in its various interventions and areas of action in Tunisia.</li> <li>2. Collaboration with other UNS agencies allows for more comprehensive and efficient interventions - both in terms of advocacy and operations - in themes or areas of common interest (e.g. gender, migrants and refugees, One Health, HIV/AIDS).</li> <li>3. The Health Partners Group is being consolidated as a multi-stakeholder forum for exchange and coordination, linked to existing mechanisms, and combining a strategic level with a technical level through specialised sub-groups. The frequency of meetings is realistic and reasonable.</li> </ol>	
<p><b>Management response</b></p>	<p><i>Accepted</i></p>

	<i>WR attends all UNCT meetings and has hosted UNCT meetings at WHO premises. Note: The UNCT conducts its meetings in French even though all members speak English, WR is not proficient in French. WHO strongly suggests that the UNCT needs to structure its meetings to focus on the country's priorities rather than on each agency's mandate. WHO will continue playing a lead role within the UN family on health, and is currently coordinating efforts to protect the health of migrant populations.</i>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
<i>Continue working with the UNRC to address language issues relevant to the conduct of UNCT meetings.</i>	<i>WCO/TUN (WR)</i>	<i>Q1 2025</i>	<i>Implemented</i>	<i>WR has been in discussions with the UNRC on the possibility of conducting meetings in English – this is being followed up on. This has been considered during 2025 in convening some meetings in the English language.</i>
<i>WHO will increase the number of participants in UN thematic working groups, as relevant to each issue.</i>	<i>WCO/TUN (PMO Health Financing)</i>	<i>Q1 2025</i>	<i>Implemented</i>	<i>WCO has already engaged in two thematic working groups, and it will join a third once a CO communication officer is recruited. Participation of assigned WHO staff to UN thematic groups is mandatory and relevant feedback is scheduled in the accountability and management meetings every Monday under the leadership of the WR.</i>

## Programmatic Level

<b>Recommendation 4 (Programmatic concentration)</b> <b>PR1. WHO's portfolio of actions and projects in Tunisia is focused on key areas and priorities that drive progress towards universal health coverage (UHC) and a resilient health system.</b> <u>Priority Actions:</u> <ol style="list-style-type: none"> <li>1. The upcoming CCS and biennium take a more concentrated approach, compared to previous biennia that covered a broader range of actions and themes. They focus on key structural areas, with priority given to strengthening the health system through the "building blocks."</li> <li>2. The next CCS and biennium prioritize cooperation methods where WHO has the most added value, with particular attention on linking evidence-based data, decision-making, and practical implementation to ensure sustainability.</li> <li>3. Leveraging WHO's strength in knowledge production and management, the country office collaborates with national universities and research centers to tap into their expertise.</li> </ol> Gender considerations and specific vulnerabilities are systematically integrated, with data disaggregated where relevant.	
<b>Management response</b>	<i>Accepted</i>

	<i>The CO portfolio is already focusing on priority areas/themes as identified in collaboration with MOH and other key health actors. The WHO CO will continuously review and prioritize activities to ensure alignment with emerging health system developments and MOH needs.</i>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
<i>Review the 2025 work plan to ensure alignment with the strategic directions and results framework of the GPW14.</i>	<i>WCO/TUN (WR, PMO, technical teams), with EMRO and HQ support</i>	<i>Q1 2026</i>	<i>Implemented</i>	<i>As part of this review, the CO reviewed its priorities in consultation with the MoH, which has also informed the development of the new CCS (see recommendation 1 above)</i>
<i>Participate in and leverage agreed actions of the 3 EMRO Regional Director's Flagship initiatives: 1. Securing equitable access and supply chain 2. Investing in a resilient health workforce. 3. Accelerating control of substance use.</i>	<i>WCO/TUN (WR, technical teams)</i>	<i>Q1 2025</i>	<i>In progress</i>	<i>The 3 flagship initiatives are very much aligned with and will support WHO and MOH priorities. WR and technical teams are participating in the WGs/platforms for all 3 initiatives. RD flagship initiatives deliverables tracking tool has been launched by DPMO in January 2025 following GMM meeting in Lyon in Dec 2024 to monitor progress on implementation, achievements, challenges and way forward at country level in coordination with EMRO.</i>

<b>Recommendation 5 (Response to COVID-19)</b> <b>PR2. The new technologies, tools and systems put in place during the emergency response to the pandemic should become fully operational</b> within regular services or health programmes. <u>Priority Actions:</u> <ol style="list-style-type: none"> <li>1. The diagnostic and technical capabilities of the national reference laboratory and other regional laboratories for genomic surveillance are in place and studies/analyses are carried out periodically.</li> <li>2. The E-vax system is being rolled out as a tool for regular monitoring and management of the national vaccination programme.</li> <li>3. The hospital facilities have an operational system and competent staff, enabling them to produce oxygen independently.</li> <li>4. The ambulances supplied are commonly used to transfer and care for patients.</li> </ol>	
<b>Management response</b>	<i>Accepted</i>

	<p><i>Lessons from the COVID-19 response in Tunisia included: many stakeholders many technologies and tools were introduced into the country (different regions) with little coordination from the MoH. WHO's contributions were closely coordinated and discussed with national authorities and where WHO interventions were implemented.</i></p>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>
<i>WHO CO coordinates with the MoH to assess all technologies and tools used throughout the country to ensure that they are operational</i>	<i>WCO/TUN (Emergency focal person)</i>	<i>Q4 2024</i>	<i>Implemented</i>	<i>WHO/CO will also continue building the capacity of the relevant departments in MoH as agreed. Successfully completed capacity building for 100 Ministry of Health personnel in strategic planning and management, in collaboration with Université de Montréal (UdeM).</i>
<i>Finalise the last Pressure swing adsorption (PSA) plant and ensure it is functional</i>	<i>WCO/TUN (HSS Team)</i>	<i>Q3 2024</i>	<i>Implemented</i>	<p><i>Almost 23 PSA plants were purchased by WHO and other donors. WHO commissioned a consultant and a company to ensure that all plants are functional and provide safe oxygen to designated hospitals. The last plant was completed by the end of August 2024</i></p> <p><i>Training for 27 biomedical technicians on PSA maintenance and follow-up on the preparation of 4 PSA sites, including the inauguration of the Kelibia site, have both been fully achieved. The WHO played a pivotal role in supporting Tunisia's response to the medical oxygen shortage by facilitating the procurement and installation of PSA plants in five key district hospitals through the company NOVAIR, supporting training for doctors, pharmacists, and biomedical technicians, sharing technical guidance on management and maintenance of the PSA plants, and coordinating initiatives to enhance local capacity for oxygen production and management. In 2024, Kelibia became the first site to be officially handed over to MOH and serves as a model for boosting the supply of medical oxygen through PSA plants in Tunisia. WHO is also supporting the auditing of other PSA sites and advocacy efforts to address delays in construction and equipment installation at the Moulaires site</i></p>

<p><b>Recommendation 6 (<i>Two-year planning</i>)</b>  <b>PR3. Two-year planning should become the result of collaborative multi-stakeholder and multi-sector work</b> led by the MOH and the CO.  <b>Priority Actions:</b></p> <ol style="list-style-type: none"> <li>Two-year planning is carried out jointly with the MoH on the basis of a review of the previous biennium.</li> <li>Two-year planning includes other partners, in line with the new CCS.</li> <li>The two-year plan establishes a governance mechanism that is specific, operational and realistic, at both technical and strategic levels, and that is aligned with and complementary to the new CCS.</li> <li>The biennium is equipped with a monitoring and evaluation system for the joint follow-up of actions, budget implementation and results. This system also incorporates modifications and adjustments, as well as their justification, which occur during implementation.</li> </ol>				
<b>Management response</b>	<p><i>Accepted</i>  <i>There has been some progress in engaging with stakeholders-- however, this has been limited to the MoH. Engaging other stakeholders has begun and will be structured and institutionalised.</i></p>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>
<i>CO plan developed and implemented to ensure meaningful engagement with all stakeholders as regards GPW14 and CCS development.</i>	<i>WCO/TUN (WR technical staff, PME officer)</i>	<i>Q1 2025</i>	<i>Implemented</i>	<p><i>MoH and other stakeholders including other sectors, UN agencies, multilaterals, and private sectors have already been informed about the GPW14 and strategic planning for 2025. First internal meeting to agree on the process and to agree on an action plan held on 12 June 2024.</i></p> <p><i>MoH and other stakeholders, including other sectors, UN agencies, multilaterals, and private sectors, have already been informed about the GPW14 and strategic planning for 2025. They were also involved in the presentation and discussion of the CCS in February 2025 through a consultative workshop in WHO premises.</i></p>
<i>CO planning for the 2026-2027 Programme Budget to build on recommendations included in the evaluation – with early engagement of all stakeholders</i>	<i>WCO/TUN (WR Technical staff)</i>	<i>Q3 2024</i>	<i>Implemented</i>	<i>The planning was in line with MoH priorities built on 2024-25 priorities, RD flagship initiatives, and based on the evaluation for WHO contributions in Tunisia 2019-23 and RC recommendations.</i>

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## Organizational Level

<b>Recommendation 7 (Size of the Country Office team)</b> <b>OR1. The Country Office has been strengthened with an expanded team to enhance communication, manage partnerships, and reduce the administrative workload</b> <u>Priority Actions:</u> <ol style="list-style-type: none"> <li>1. Communication and partnership development officers are in place, providing strong support for expanding partnerships and collaborations, while increasing the visibility of WHO's vision and priorities in Tunisia.</li> <li>2. The health systems team operates with a stable, multi-year framework and funding to effectively support the Ministry of Health in implementing major structural reforms to the national health system</li> </ol>				
<b>Management response</b>	<i>Accepted</i> <i>The absence of a communication and partnership officer and lack of capacity among staff in this area had impacted communication with the office and externally</i>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<i>Responsible Unit(s)</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
<i>Finalise the recruitment of a CO communication and external relations officer</i>	<i>WCO/TUN (WR)</i>	<i>Q4 2024</i>	<i>Implemented</i>	<i>The recruitment process for the new communications/external relations officer was finalized in October 2024. The new staff joined WHO in November 2024</i>
<i>Build capacity of all CO staff on key communication skills and donor relations</i>	<i>WCO/TUN (WR, Head of technical units)</i>	<i>Q3 2025</i>	<i>In progress</i>	<i>This is in progress with the new communications/external relations officer</i>

<b>Recommendation 8 (Alignment between the three WHO levels)</b> <b>OR2. The roles to be played and the contributions to be made by HQ and the Regional Office to support the activities of the CO and the MoH should be defined and integrated into the new CCS.</b>
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**Priority Actions:**

1. The CCS, and the biannual plans, define in advance the technical, material (and if possible financial) contributions of the regional and central levels to achieving the WHO's objectives in Tunisia.
2. Fluid communication with the WR and the head office ensures good coordination of interactions with Tunisian organisations, particularly collaborating centres, as well as international opportunities that could be of interest to Tunisia (networking, training, research, etc.).

<b>Management response</b>	<i>Accepted</i> <i>To date, whereas three-level efforts to strengthen joint planning, implementation and evaluation of country programmes have taken place, it remains fragmented and not structured.</i>			
<b>Status</b>	<i>In Progress</i>			
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>	<b>Comments</b>
<i>Roles of and support by RO and HQ relevant departments for CCS development clearly identified</i>	<i>WCO/TUN with relevant technical departments in EMRO and HQ (WR, Technical Heads, PME, DPM, CCU- RD)</i>	<i>Q2 2025</i>	<i>In progress</i>	<i>The new GPW14 and work of the Action Results Group for country impact provide a more structured and coordinated action across the three levels. A pilot with three technical departments in the RO and HQ is planned to operationalize this approach.</i> <i>The three levels to be actively involved at an early stage of the planning process with CO staff engagement</i> <i>Smooth coordination between the 3-organization level was in place in the early stages of the CCS development. However, RO support was rather visible during the process to accompany the CO until the final version of the CCS document. RO required action is to liaise the editing, printing and official signature of the CCS document.</i>
<i>Development of CO contribution to 2026-2027 Programme Budget developed with input from RO and HQ</i>	<i>WCO/TUN with relevant technical departments in EMRO (PME, DPM, relevant tech departments) and HQ</i>	<i>Q3 2024</i>	<i>Implemented</i>	<i>Development of WHO contributions was completed in July 2024 in coordination with RO</i>

<i>CO, RO and HQ should agree on a mechanism of follow-up and the best way to provide structured and planned support throughout the year rather than sporadic visits.</i>	<i>WCO/TUN with relevant technical departments in EMRO (PME, DPM, relevant tech departments) and HQ</i>	<i>Q3 2025</i>	<i>Not yet initiated</i>	<i>A pilot will be done with three technical departments in the RO and HQ</i>
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For further information about the evaluation, please contact the WHO Evaluation Office [evaluation@who.int](mailto:evaluation@who.int)

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