



Evaluation: update and proposed workplan for 2026–2027

1. The Evaluation Office submits its proposed Organization-wide workplan for 2026–2027, pursuant to the WHO evaluation policy (2025).¹ In accordance with the policy, the Board is requested to review, provide input and approve the workplan. This report updates information on implementation of the 2024–2025 evaluation workplan² and provides lessons informing future planning, before the scheduled consideration of the evaluation annual report at the Executive Board’s next session.

Implementation update and lessons learned

2. During the biennium 2024–2025, evaluations expanded in scale, quality and scope; planned evaluations increased from 34 in 2022–2023 to 50. After allowance for cancelled evaluations, completion rates increased from 43% (9 of 21) in 2022–2023 to 77% (27 of 35), reflecting stronger institutional demand and capacity.

3. Drivers of progress included: senior management leadership and commitment to strengthen the function; increased staff capacity, including evaluation focal points in all regional offices; diversified funding beyond flexible sources; and use of pre-vetted long-term agreements and expanded consultant rosters.

4. The 27 evaluations completed during 2024–2025 contributed to: evidence-informed policy and effective programmatic delivery; strengthened results-based management cycle through greater use of results frameworks and results reporting; enhanced accountability; prioritized or formulated new strategies amid organizational change and financial constraint; demonstration of WHO’s comparative advantage and resource mobilization; and assessment of governance arrangements.

5. Using evaluation findings is the key to maximizing learning. Two examples highlight their utility. The evaluation in 2024 of the Member State Mechanism on Substandard and Falsified Medical Products served as a blueprint for creating a theory of change, results framework, revision of the strategic plan and ongoing review of its governance. The country programme evaluation (CPE) in Djibouti, led by the WHO Representative and the Regional Director for the

¹ Approved in decision EB157(2) (2025).

² Document EB157/4.

Eastern Mediterranean, attracted new donor support for the country office and led to a new Country Cooperation Strategy.

6. For the first time, independent evaluation has been integrated into operational planning for the Programme budget 2026–2027. The Secretariat is developing systematic approaches to integrate evaluation budgets in donor proposals and into programmes or projects with budgets exceeding US\$ 10 million.

7. The Evaluation Office and regional focal points implemented more agile, timely and cost-effective approaches, including hybrid evaluation teams blending in-house and external expertise and greater reliance on individual independent experts; streamlined methodologies; greater use of existing evidence and secondary data; and new deliverables such as real-time learning briefs.

8. The Evaluation Workplan 2024–2025³ provided the foundation for ongoing evaluation activities. All completed reports are publicly available on the WHO website.⁴

Development of the 2026–2027 evaluation workplan

9. The proposed workplan, grounded in the WHO evaluation policy (2025) and aligned with the Fourteenth General Programme of Work, 2025–2028 (GPW 14) covers evaluations at all WHO levels across types (corporate, decentralized, country programme and joint evaluations). In line with the policy, selection criteria include requirements (for example, a governing body decision or resolution), significance and/or utility. Evaluations can focus on strategic, thematic, programmatic or cross-cutting topics.

10. Building on lessons learned, the workplan includes priority evaluations addressing accountability and learning needs. They promote cross-organizational collaboration and advance strategic relevance, underscoring WHO's responsiveness to the context of financial constraints.

11. The workplan reflects an ambitious agenda aligned with the GPW 14 priority of effective WHO health leadership, emphasizing country-level impact through CPEs across regions. Planned evaluations address gaps in GPW 14 objective evaluation coverage, including gender mainstreaming (corporate), climate adaptation and digital systems (decentralized).

12. The workplan was developed through consultations with senior management at all three organizational levels and partners, and incorporates feedback from the Independent Expert Oversight Advisory Committee. Within the Secretariat, commissioning entities were asked to prioritize evaluation topics and timing. Risk analysis contributed to identifying potential issues and implementation challenges.

13. Prioritization of topics was guided by established criteria, coverage norms, alignment with GPW 14 priorities, stakeholder needs and resource availability. The workplan was prepared within WHO's Programme budget and operational planning cycle. Given WHO's significant budget reductions, resource limitations were considered so as to align expectations with feasible delivery.

³ [Evaluation workplan 2024–2025](#). Geneva: World Health Organization; 2025 (accessed 5 December 2025).

⁴ [WHO Evaluation Office](#). Geneva: World Health Organization (accessed 5 December 2025).

14. Planned evaluations are presented by major office and type, prioritized by available funding. Proposed topics focus on the greatest potential for organizational learning and strengthened accountability. Some evaluations which have not yet begun are carried over from the 2024–2025 workplan. Evaluations that have begun and were fully funded during 2024–2025 are rolled into the 2026–2027 workplan.

15. Below, **Priority 1** covers evaluations with funding fully or partially secured as at November 2025, or fully funded during 2025 (carry-over/roll-over). **Priority 2** covers evaluations without secured funding and can only be conducted if funding is secured. Planned evaluations are presented for major offices and joint United Nations evaluations by priority related to funding availability. Where funding is unavailable, further prioritization will be required to allocate available financing.

Corporate evaluations

16. Corporate evaluations are managed by the Evaluation Office and focus on strategic, Organization-wide issues aimed at improving strategies, policies, systems processes and performance. Three are planned:

Priority 1

- Evaluability assessment of GPW 14 (2024–2025 carry-over; requirement)
- Evaluation of WHO country office strategic planning, including the Country Cooperation Strategy mechanism (2024–2025 carry-over; significance)

Priority 2

- Evaluation of gender mainstreaming in WHO (requirement/significance).

Decentralized and country programme evaluations

17. CPEs assess WHO's contributions to national health outcomes and inform the development and implementation of country cooperation strategies. They may be commissioned, managed or conducted by, or jointly with, the respective country office, Regional Office and the Evaluation Office. Coverage norms require one CPE per region per year.

18. Decentralized evaluations are commissioned, managed or conducted by divisions, departments or offices at headquarters, regional or country offices, or hosted partnerships, rather than by the Evaluation Office, which provides quality assurance and technical support.

Headquarters

Decentralized – Priority 1 – Roll-over from 2024–2025

- Developmental evaluation of the previously approved programme (UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction) (requirement)

Decentralized – Priority 1 (new)

- Assistive technology programme, with an emphasis on activities funded through the Government of Ireland’s five-year award (Health Products Policy and Standard (HPS) Department) (*utility*)

Decentralized – Priority 2

- International Pharmacopoeia as a strategic WHO mechanism for assuring the quality and safety of essential medicines in Member States (HPS Department) (*significance/utility*)

Regional Office for Africa

CPEs – Priority 1 – Roll-over from 2024–2025

- Ethiopia, Rwanda and Sierra Leone

CPEs – Priority 1 – new

- Cameroon

CPEs – Priority 2

- Cabo Verde, Democratic Republic of the Congo, Guinea, Nigeria and South Sudan

Regional Office for the Americas/Pan American Health Organization

CPEs – Priority 2

- One country to be determined

Decentralized – Priority 1 – Roll-over from 2024–2025

- Pan American Health Organization’s Technical Cooperation for Human Resources for Health in the Americas (EHRH-TC) (*significance, utility*)

Decentralized – Priority 2

- Pan American Health Organization’s capacity to implement effective voluntary contributions (*significance, utility*)
- Management information systems (*significance, utility*)

Regional Office for South-East Asia

CPEs – Priority 1

- Democratic People’s Republic of Korea

Decentralized – Priority 1

- Strategic Framework for the WHO South-East Asia Regional Vaccine Action Plan 2022–2030 as aligned with the global Immunization Agenda 2030 (*requirement*)
- WHO’s Primary Health Care revitalization support to Maldives (*significance*)
- WHO Immunization, Vaccines and Biologicals network support for immunization and surveillance, Nepal (*significance*)
- Health National Adaptation Plan, Thailand (*significance*)
- WHO contribution to the School Health Project, Timor-Leste, 2022–2026 (*significance*)

Decentralized – Priority 2

- WHO country office contribution to kala-azar and lymphatic filariasis elimination programme, India (2020–2024) (*significance*)
- WHO country office contribution during 2021 to 2024 to specific areas such as HIV prevention and treatment, Myanmar (*significance*)

Regional Office for Europe

CPEs – Priority 1

- Czechia

CPEs – Priority 2

- Ukraine

Decentralized – Priority 1

- Improving maternal and newborn health in Central Asia (*significance*)

Evaluative activity – Priority 2

- Meta-Synthesis of WHO/Europe Evaluations on Disability Inclusion, Gender Equality and Human Rights (*requirement/significance*)

Regional Office for the Eastern Mediterranean

CPEs – Priority 1 – roll-over from 2024–2025

- Oman

CPEs – Priority 2

- Kuwait, Lebanon, Morocco, occupied Palestinian territory, Qatar, Saudi Arabia and United Arab Emirates

Decentralized – Priority 1

- WHO–EU Neighbourhood, Development and International Cooperation Instrument (NDICI) 2024–2027, Jordan (*utility*)

Decentralized – Priority 2

- WHO projects in Lebanon funded by the Pandemic Fund and the European Union (*requirement*)
- WHO’s response to the conflict in Sudan (*utility*)
- Mid-term evaluation of the WHO Eastern Mediterranean Regional Strategic Operational Plan 2025–2028 (*requirement*)

Regional Office for the Western Pacific

CPEs – Priority 1 – roll-over from 2024–2025

- Mongolia

CPEs – Priority 1 (new)

- Indonesia (to be confirmed) and Lao People’s Democratic Republic (to be confirmed)

Decentralized – Priority 1

- Regional Office mechanism for regular programme budget performance review, monitoring and reporting (*significance*)

Decentralized – Priority 2

- WHO’s contribution to implement HEARTS: for cardiovascular disease management in the Western Pacific Region (*significance*)

Joint United Nations evaluations

19. For joint evaluations, WHO engages United Nations entities, agencies and inter-agency evaluation networks through participation in reference or management groups and/or small contributions. Joint evaluations are led by partners or WHO; in the biennium 2026–2027, all will be partner-led.

Joint – Priority 1

Three evaluations rolled over from 2024–2025:

- Inter-Agency Humanitarian Evaluation of the humanitarian response in the Democratic Republic of the Congo (United Nations Office for the Coordination of Humanitarian Affairs (OCHA) lead; staff time and funding)
- Inter-Agency Humanitarian Evaluation of the humanitarian response in Sudan (OCHA lead; staff time and funding)

- United Nations Food Systems Summit (UNFSS) Follow Up: Joint Evaluation of Food Systems Coordination Hub (United Nations System-wide Evaluation Office lead; WHO staff time contribution only)

One new planned evaluation:

- Inter-Agency meta-synthesis of evaluation reports of priority area of health of the United Nations Youth Strategy (UNICEF/UNFPA lead; WHO staff time contribution only)

20. Subject to funding, the 2026–2027 workplan envisages 52 evaluations (of which 12 are ongoing and rolled over). As at December 2025, of the 40 remaining evaluations, 15 (37.5%) are fully funded while resources must be mobilized to initiate 25 (62.5%). Ongoing prioritization is required as funding becomes available. If fully implemented, the workplan would have adequate coverage across WHO and GPW 14 priorities, enabling assessment of WHO's contributions and supporting evidence-based policies, strategies and programmes.

Table 1. Summary of planned evaluations, 2026–2027

Type	Total number	Of which,	Of which,	Of which,	Lead offices
		Carry over	Rolled over (Ongoing)	New	
Corporate	3	2	0	1	Evaluation Office
Country Programme	24	–	5	19	Jointly by three levels of WHO ^a
Decentralized	21	–	2	19	Headquarters: 3; regional offices 18 ^b
Joint	4	–	3	1	Evaluation Office: 4
Total	52	2	10	40	

^a Breakdown of country programme evaluation by region: Africa 9; Americas/PAHO 1; South-East Asia 1; Europe 2; Eastern Mediterranean 8; Western Pacific 3.

^b Breakdown by region: Americas/PAHO 3; South-East Asia 7; Europe 2; Eastern Mediterranean 4; Western Pacific 2.

Evaluation function and systems

Professional capacity development

21. To strengthen evaluation culture and practice across WHO, the Evaluation Office, with regional offices, developed and is piloting an online capacity-development programme for all WHO staff members and those involved in commissioning and managing evaluations. The Office will continue supporting the integration of newly appointed WHO Representatives and staff, focusing on evaluation principles, roles and responsibilities.

Quality assurance

22. To enhance quality assurance of evaluation processes and products, and ensure adherence to United Nations Evaluation Group norms and standards, the Evaluation Office will: provide guidance, including WHO evaluation standard operating procedures; manage a quality assurance mechanism for corporate and decentralized evaluations; support regional offices with quality assurance; and develop and conduct independent quality assessments of final reports of corporate and decentralized final.

Communication

23. Various methods and tools are used to increase communication and utilization of evaluation reports, their recommendations and to enhance awareness of the evaluation function across the Organization. These include informal information sessions for Member States, social media channels, webinars, newsletters, podcasts and targeted messaging.

Management response system

24. Continuous monitoring of implementation of recommendations contributes to learning and accountability. The management response system is being reinforced to enable systematic follow-up and monitoring with evaluation owners. Senior management will periodically review implementation. Progress updates on the implementation status of recommendations derived from the consolidated recommendation-tracking platform and dashboard will be included in the evaluation annual report to the Board through the Programme, Budget and Administration Committee.

Action by the Executive Board

25. The Board is invited to note the report and consider the following draft decision:

The Executive Board, having considered the report by the Director-General⁵ and the report of the Programme, Budget and Administration Committee of the Executive Board, decided to approve the Organization-wide evaluation workplan for 2026–2027.

⁵ Document EB158/34.