
Evaluation of the WHO normative function at the country level

Executive summary



World Health
Organization

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Cover page photo credit: WHO/Esther Ruth Mbabazi; March 2023, health worker Kaim K. tests 6-month-old Muhammad for malaria in Naseerabad

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Evaluation Reference Group

Network of Quality Norms and Standards Department of WHO; technical focal points and senior managers from six normative instruments from the global and regional levels; and focal points from seven country offices selected for this evaluation acted as the Evaluation Reference Group.

Executive summary

Background

- i. WHO's normative function is at the core of the Organization's mandate and enshrined in its Constitution. An evaluation of WHO's normative function was conducted in 2017. This proposed defining WHO's normative function as a combination of core normative products and supportive normative functions – normative elements in all core WHO functions. It also recommended a follow up to the global evaluation, assessing WHO's normative roles and functions from a country perspective in line with WHO's focus on *"placing countries squarely at the centre of its work"*, as outlined in the Thirteenth General Programme of Work.
- ii. This evaluation of WHO's normative function at country level, which forms part of the WHO Evaluation Office biennial workplan for 2022–2023, fulfils this recommendation. Its purpose is to understand and strengthen WHO's normative function at country level through an assessment of specific normative processes and products. For this, it addresses four overarching evaluation questions:
 - How have different parts of WHO been involved in the identification, preparation, formulation and validation of global normative products?
 - How have the normative products been used in countries?
 - What results have been achieved at country level?
 - How could WHO's normative function be strengthened at country level?
- iii. The evaluation aims to provide feedback and learning opportunities for the WHO Secretariat and Member States. A key intended user for the evaluation is the Department of Quality Assurance, Norms and Standards. Other key users include WHO management at HQ and Regional levels, technical departments and WHO country offices.

Methods

- iv. This evaluation used a theory-based approach, mapping the changes documented during the evaluation against the expected contribution of WHO's normative products and documenting "how" WHO has contributed to those changes.
- v. The evaluation focused on a sample of six normative products:
 - 22nd WHO Model List of Essential Medicines (EML), 2021
 - Guidance for conducting a country COVID-19 intra-action review (IAR), 2021
 - HEARTS, Technical package for cardiovascular disease management in Primary Health Care (PHC), 2020
 - Mental Health Global Action Programme (mhGAP) Intervention Guide, 2016
 - Guidelines for the treatment of malaria, 2015
 - WHO Guidelines for Indoor Air Quality: Household fuel combustion, 2014

- vi. The uses and contribution to outcomes and impacts of these normative products were documented through seven country case studies conducted in Ethiopia, Jordan, Maldives, Pakistan, the Philippines, Rwanda and Uganda. In total, 46 respondents from WHO HQ and regional offices and 229 stakeholders at country level were consulted in the framework of this evaluation.
- vii. Although those normative products have been selected to help focus the scope of work, this is not an evaluation of the normative products included in the sample. In some instances, the evaluation has considered other relevant products in the country contexts. The evaluation also provided a light-touch analysis of the overall experience of WHO's normative function in the selected countries.

Key findings

Evaluation Question 1: Involvement of three levels of WHO in the identification, preparation, formulation, and validation of global normative products

- viii. The process for selecting normative products is increasingly aligned to Member States' priorities, through prioritization criteria based on the global mandate of WHO derived from World Health Assembly (WHA) resolutions and country technical assistance demands. However, the current prioritization process is not systematically implemented, since many normative products are published despite not being included in the priority list
- ix. The process of developing normative products mostly happens at HQ level, with some involvement from Regional Offices (RO). There is no planned process to include WHO Country Offices (WCO) in the development of normative products beyond the prioritization phase.
- x. WHO normative products are highly valued by Ministries of Health in particular, since they come from a trusted partner and are considered to have a global perspective and a strong evidence base.
- xi. Feedback loops to integrate learning from countries and users' experiences in normative product development are not sufficiently developed and vary between normative products. Depending on the purpose of the product, timely availability can be key to ensuring that WHO normative products are relevant to their intended users.
- xii. Where country level stakeholders and users provide input into normative products, they have greater ownership of normative products, and they are more adapted to their intended users. Normative products are not consistently provided with guidance on how to implement and monitor them, which reduces their usefulness.

Evaluation Question 2: Use of the normative products at country level

- xiii. The evaluation case studies show that WHO normative products in the sample have been widely used at country level, although to different degrees.
- xiv. The first step in using WHO normative products often involves adapting them to a specific country context. WHO normative guidance has also been used commonly to build country capacity, in particular technical areas, and to develop and strengthen health systems. In some cases, WHO normative guidance has been used to improve or extend

health services and programmes. There was no specific example presented to the evaluation of WHO normative guidance being used specifically to promote gender equality and health equity.

- xv. The assumption that national governments, alone and unaided, can and will apply normative guidance provided by WHO is not verified. While Ministries of Health are key actors in using WHO normative guidance, a wide range of other actors are needed to participate in its implementation but are not sufficiently engaged with.
- xvi. Normative functions of WHO at country level go beyond supporting the dissemination and adoption of global normative products. The implementation of normative products is not always well-integrated in overall country planning. Also, resources are not aligned to the ambitions of WHO in terms of its normative role at country level. Key factors facilitating and hindering the use of WHO normative guidance relate to country health system maturity, time at which normative products are introduced in relation to the opportunities and events in a country, the level of resources of the WCO and other contextual factors.
- xvii. WHO does not currently monitor systematically the use of its normative products.

Evaluation Question 3: Results achieved at country level

- xviii. The evaluation found evidence of contributions of the sampled normative products to the triple billion goals and related outcomes. Three of the products (malaria treatment guidelines, mhGAP and HEARTS) reviewed for the The evaluation found evidence of contributions of the sampled normative products to the triple billion goals and related outcomes. Three of the products (malaria treatment guidelines, mhGAP and HEARTS) reviewed for the evaluation are likely contributing to improved access to quality and essential health services. While the evaluation did not encounter explicit evidence of a reduced number of people suffering financial hardship, it is probable that implementation of PHC-based guidelines will have that effect. The implementation of guidelines that promote preventive measures, for instance HEARTS and household air quality, could reduce the incidence of serious illnesses, such as cardiovascular and respiratory diseases, with the associated high costs of curative treatment. While most countries do have national essential medicine lists, the extent to which these reflect the WHO EML is unclear since this is not systematically monitored. There is little evidence, however, that national essential medicine lists contribute to more appropriate medicine use in countries. While it is likely that COVID-19 IARs have contributed to better COVID-19 responses, the evaluation also did not find any clear evidence that more people were protected from this emergency as a result. As the indoor air quality guidelines have not been widely implemented in case-study countries, it is not possible for the evaluation to comment on their impact in terms of promoting a healthier environment and sustainable societies.
- xix. evaluation are likely contributing to improved access to quality and essential health services. While the evaluation did not encounter explicit evidence of a reduced number of people suffering financial hardship, it is probable that implementation of PHC-based guidelines will have that effect. There is little evidence, however, that national essential medicine lists contribute to more appropriate medicine use in countries. While it is likely that COVID-19 IARs have contributed to better COVID-19 responses, there is no clear evidence that more people were protected from this emergency as a result. As the indoor air quality guidelines have not been widely implemented in case-study countries, it is not possible for the evaluation to comment on their impact in terms of promoting a healthier environment and sustainable societies.
- xx. While WHO normative products may be seen as contributing to health equity as part of efforts to promote primary health care and universal health coverage, there is no other evidence from the evaluation of their impact on improving gender equality and health equity or reducing discrimination.

- xxi. Monitoring of contributions and evaluating the impact of WHO normative work at country level has been extremely weak.
- xxii. The main factors influencing normative products' contribution to impact have been identified as the extent to which the product has been used in a country, and external factors such as the COVID-19 pandemic.

Conclusions and recommendations

- xxiii. This section addresses the fourth evaluation question (how could WHO's normative function be strengthened at country level?), by drawing on the findings presented under each of the three first evaluation questions as they relate to normative product development, use, and impact at country level.

Key conclusions

- The prioritization process of normative product development has improved to align with Member States' priorities, but there are still bottlenecks to ensuring it is effective.
- WHO normative products are seen as being high quality and are valued by stakeholders. However, in terms of positioning these products for use, feedback loops from country level stakeholders are insufficiently developed.
- Normative products often do not sufficiently account for end-user needs, particularly in relation to guidance on implementation, resourcing and monitoring.
- There is strong qualitative evidence that WHO normative products are being used at country level.
- Support for the implementation, monitoring and evaluation of WHO's normative products is not well integrated into country planning and budgeting processes. Key areas such as mental health, NCDs and environmental health are not resourced in line with WHO's ambitions in terms of its normative role at country level.
- The expected use and impact of normative products is insufficiently monitored and evaluated.
- Gender equality and health equity are not sufficiently prioritized in WHO's normative work.

Recommendations

Recommendation 1.

Further improve the prioritization of normative products and guidance

- Prioritise the development of normative products based on agreed Member States' priorities. In particular, an analysis of the strategic priorities and deliverables in Country Cooperation Strategies (CCS) should be conducted as part of a country-led approach to prioritisation.
- Ensure that the normative products prioritization process is more systematically implemented by i) strengthening oversight and accountability of the normative products process centrally and ii) ensuring that country-facing normative products are prioritized in line with available resources to support their development and use.

Recommendation 2.

Revisit the process of normative product development to include feedback loop mechanisms and outline the role of regional offices and WCOs.

- Quality standards for normative product development should include meaningful engagement of expected users and practitioners in countries from the design stage, including promoting the development of normative products by practitioners and experts in countries where they are meant to be implemented.
- Develop key principles to ensure the relevance and usefulness of normative products for their intended users.
- Further clarify the roles of the three levels of WHO in fostering participation of country level stakeholders in normative product development, including:
 - At the global level, by developing avenues for country implementation experience so as to inform normative product development in a more systematic way.
 - At a regional level, by ensuring that RO support the analysis and sharing of country-generated evidence and facilitate the participation of country level stakeholders in normative product development.
 - At a country level, by emphasizing the role of the WCO in supporting country capacity to gather, analyse and use evidence to inform policy and programme decisions at the national level as well as global level.

Recommendation 3.

Normative products to include mechanisms to support an implementation plan.

- Ensure that quality standards for normative products and accompanying products as part of guidance packages go beyond information provision to include guidance on how to implement, the resources needed and how to identify them, and what success looks like.
- Normative products/packages should include a monitoring framework that aligns to the WHO corporate result framework, outlining expected contribution at country level as well as contribution to WHO outcomes.

Recommendation 4.

Incorporate the implementation of global normative products in Country Support Plans (CSP) based on country priorities and context. Normative work of WHO at country level to be planned as a process, beyond policy level, to include support for implementation and monitoring.

- Normative products should be highlighted to specific country offices and their counterparts in Ministries of Health based on an analysis of their CCS priorities.
- CSP should include activities to support the use and impact of normative products at country level in line with the delivery of WCO's strategic objectives.
- The monitoring and evaluation of normative product implementation should be integrated in the overall M&E framework of the CSP as part of the WHO corporate monitoring system.
- WCOs to identify and work with a wider range of stakeholders wherever possible, such as other sectors, civil society and private health care providers, as part of their implementation strategy for normative products, without undermining their relationship with Ministry of Health.

Recommendation 5.

Resources in line with planned activities and expected results should be made available at country level to support the adoption and implementation of normative products, with sufficient flexibility for WCO to align resources with priority areas.

- Ensure that there are plans to resource the implementation and monitoring of normative products at country level. This may be achieved by ensuring that i) the planning of normative products to be developed during a biennium is linked to resource allocation for their implementation, ii) there is funding available centrally to support the implementation of critical normative products in selected countries, and iii) that an increasing share of flexible funding be dedicated to developing WHO country capacity and normative work.
- Ensure that where it is not feasible for WHO to provide all the support needed for implementation, WHO advocates to mobilise domestic funding and supports the government to develop proposals and obtain the funding from other partners.
- Ensure that sufficient technical capacity is available in country offices in priority areas so that WHO is a credible partner for stakeholders implementing normative products, including through leveraging existing human resources policies and developing incentives to strengthen human resources capacity at country level.
- Ensure that WCO can use resources more flexibly to support country capacity as needs arise.
- Ensure that emergency funding supports capacity development of the health system, from continuity of support to the implementation of normative products.

Recommendation 6.

Evaluation of WHO's normative work implementation and contribution at country level should be strengthened.

- A cross-departmental, corporate theory of change outlining WHO's normative function in different contexts should be designed as the basis for assessing the use and impact of normative products.
- Based on this, WHO's normative work use and contribution at country level should be better reflected in WHO's corporate monitoring system.
- Once normative products have been identified for the biennium, WCO should report on how they have been used and what difference they have made over the expected timeframe.
- WHO should conduct more country-level evaluations.

Recommendation 7.

Ensure that gender equality and health equity and human rights (GER) considerations are integrated in WHO's normative work.

- Ensure that the corporate theory of change of WHO's normative function outlines how it intends to contribute to GER.
- Ensure that normative products specify how to implement the recommendations in a way that promotes GER.

- Ensure that GER considerations are included systematically in the monitoring of the contribution that normative products make to outcomes and impacts, along with clear guidance on disaggregated data collection and analysis. This may be done as a collaboration between the GER Unit and QNS Department.
- Ensure all WCO staff have adequate awareness and capacity on gender equality, health equity and human rights.

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