Evaluation brief

Why an evaluation of the normative function at the country level?

WHO’s normative function is at the core of the organization’s mandate and enshrined in its constitution. An evaluation was conducted in 2017, which defined the WHO 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 the organization’s normative roles and functions from a country perspective in line with the focus of WHO on “placing countries squarely at the centre of its work”, as outlined in the 13th General Programme of Work (GPW 13).

What is the purpose of the evaluation?

The purpose of the evaluation is to understand and strengthen WHO’s normative function at the country level through an assessment of specific normative processes and products. 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 normative products been used in countries?
- What results have been achieved at the country level?
- How could the WHO normative function be strengthened at the country level?

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 headquarters, regional and country offices and technical departments.

What methods have been used?

This evaluation used a theory-based approach, mapping the changes documented during the evaluation against the expected contribution of normative products, and documenting how WHO has contributed to those changes. It 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; and WHO Guidelines for Indoor Air Quality: household fuel combustion, 2014.

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.

Over 275 respondents from WHO headquarters, regional and country offices and stakeholders at the country level were consulted for the evaluation.

What are the key findings?

Involvement of three levels of WHO in the identification, preparation, formulation, and validation of global normative products: 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 resolutions and country technical assistance demands. The current prioritization process, however, is not systematically implemented. Many normative products are published despite not being included in the priority list.

The process of developing normative products happens mostly at the headquarters level, with some involvement from WHO regional offices. There is no planned process to include country offices in the development of normative products beyond the prioritization phase. 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.
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 normative products are relevant to their intended users. When country-level stakeholders and users provide input into normative products, they have greater ownership and normative products are more adapted to their intended users. Guidance on how to implement and monitor these products is not consistently provided, which reduces their usefulness.

**Use of the normative products at the country level:** The evaluation case studies show that WHO normative products in the sample have been widely used at the country level, although to different degrees. The first step in using normative products often involves adapting them to a specific country context. WHO normative guidance has been used commonly to build country capacity, in particular in technical areas, and to develop and strengthen health systems. In some cases, 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. 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 they are not sufficiently engaged. Normative functions of WHO at the 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 WHO country planning. Resources are not aligned to the ambitions of WHO in terms of its normative role at the country level. Key factors facilitating and hindering the use of WHO normative guidance relate to country health system maturity, the time at which normative products are introduced in relation to opportunities and events in a country, levels of resources and other contextual factors.

**Results achieved at the country level:** The evaluation found evidence of contributions of the sampled normative products to the Triple Billion targets and related outcomes. Three of the products (Malaria Treatment Guidelines, Mental Health Global Action Programme (mhGAP) and HEARTS, Technical package for Cardiovascular Disease Management in Primary Health Care) 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 as a result of using WHO normative products, it is probable that implementation of PHC-based guidelines will contribute to this effect. There is limited evidence, however, that national essential medicine lists contribute to more appropriate medicine use in countries. While it is likely that COVID-19 Intra-action Reviews (IARs) have contributed to better COVID-19 responses, there is no clear evidence that more people were protected in this emergency as a result. As the indoor air quality guidelines have not been widely implemented in the 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.

While WHO’s 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.

Monitoring of contributions and evaluating the impact of WHO’s normative work at the country level has been extremely weak. 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.

**What are the main 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 of a high quality and are valued by stakeholders. In terms of positioning these products for use, however, 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’s normative products are being used at the 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, noncommunicable diseases (NCDS) and environmental health are not resourced in line with WHO’s ambitions in terms of its normative role at the 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.

**Recommendation 2:** Revisit the process of normative product development to include feedback loop mechanisms and outline the role of regional and country offices.

**Recommendation 3:** Normative products to include mechanisms to support an implementation plan.

**Recommendation 4:** Incorporate the implementation of global normative products in country support plans, based on country priorities and context. WHO’s normative work at the country level should be planned as a process beyond the policy level, to include support for implementation and monitoring.

**Recommendation 5:** Resources in line with planned activities and expected results should be made available at the country level to support the adoption and implementation of normative products, with sufficient flexibility for WHO country offices to align resources with priority areas.

**Recommendation 6:** Evaluation of WHO’s normative work implementation and contribution at the country level should be strengthened.

**Recommendation 7:** Ensure gender equality, health equity and human rights considerations are integrated into WHO’s normative work.