

Country Office Evaluation - India

Evaluation brief – July 2019

Context

Country office evaluations were included in the Organization-wide evaluation workplan for 2018-2019, approved by the Executive Board in January 2018. They encompass the entirety of WHO activities during a specific period and aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

Objectives and scope of the evaluation

The main purpose of this evaluation was to identify achievements, challenges and gaps and document best practices and innovations of WHO in India on the basis of its achievements over the period 2012-2017. These included not only results achieved by the WHO Country Office (WCO) but also contributions at regional and global levels to the country programme of work.

Key findings and conclusions

Question 1: Were the strategic choices made in the Country Cooperation Strategies (CCS) (and other relevant strategic instruments) the right ones to address India's health needs and coherent with government and partners' priorities?

Given India's growing economy and rapid development, the relevance of the CCS 2012-2017 was influenced over the period by, inter alia, emerging health issues; new policies and programmes introduced by the Government of India; evolving WHO strategies; the shift from Millennium Development Goals to Sustainable Development Goals; and needs for new skills and technologies that could not have been foreseen. The WCO was able to accommodate those changes in its biennial workplans.

The priorities identified during CCS development addressed India's major health needs, were consistent with government and partners' priorities, and coherent with WHO's high-level strategic vision as set out in the relevant General Programmes of Work and Regional priorities. The CCS identified support for India's role in global health as one of its three strategic priorities: ensuring implementation of International Health Regulations, improving system-wide stewardship and strengthening drug regulatory capacity.

Despite its broad scope, the CCS did not adequately address the role of the private sector in delivery of health services; the articulation of WCO's approach to

working with state governments; and the growing human resource challenges confronting India's health sector.

Question 2: What is the contribution/added value of WHO toward addressing the country's health needs and priorities?

There is strong consensus among Government of India officials and development partners that WHO made a significant positive contribution to health policy and programmes across a wide range of issues in India during the CCS period.

With regard to Strategic Priority 1 (Supporting an improved role of the Government of India in global health), WHO supported innovative health research to inform policy and programmes both in India and globally. WHO's support for strengthening India's regulatory systems has been recognized, especially in light of the Indian pharmaceutical industry being an important source of medicines used globally in disease control programmes.

Achievements in respect of Strategic Priority 2 (Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population) include support for high-level policy dialogue on universal health coverage with the Ministry of Health and Family Welfare, NITI Aayog and selected states prior to introduction of a National Health Protection Scheme and the creation of Health and Wellness Centres to enhance primary healthcare in communities under the *Ayushman Bharat* initiative.

Under Strategic Priority 3 (Helping to confront the new epidemiological reality), WHO technical assistance, normative support and on-the-ground implementation support contributed to major improvements of health status. Polio, yaws, and maternal and neonatal tetanus were eradicated in India over the CCS period. WHO experts also provided technical expertise in support of innovative treatment and control strategies for TB, HIV and hepatitis and WHO contributed to important national strategies and action plans, including for antimicrobial resistance and noncommunicable diseases. The National Polio Surveillance Project experience of transitioning to provide implementation support for routine immunization led to improved immunization coverage rates and strengthened surveillance for vaccine-preventable diseases.

The WCO was increasingly effective over the CCS period as a partner to the Ministry of Health and Family Welfare in respect of policy analysis and development and its capacity is now better aligned with national needs. However, less was accomplished in respect of support towards regulation for health care practitioners and facilities. While implementation research in polio was seen as a valuable contribution, support towards health systems implementation research is an area for further work.

Question 3: How did WHO achieve the results?

Key contributions of core functions: All WHO core functions were relevant for WHO's work in India over the CCS period. With the Indian health sector's growing technical capacity and increased domestic financing for health, the nature of WHO support will gradually shift from providing strong technical support to an increased focus on policy and advocacy support.

Partnerships: While there are clear indications that the WCO has gained the respect of key stakeholders and has strengthened its partnership base in recent years, the India WCO would benefit from strengthening its leadership role, its capacity to engage in partnerships and its convening power in support of joint action. Partnership with other United Nations agencies in India is strong with a good delineation of respective roles. The WCO is also increasingly requested to collaborate with state-level health administrations, especially those where health status is poor or health inequalities are significant. Given the increasing role of the private sector in universal health coverage and the potential of civil society engagement in the area of gender, equity and rights, stronger partnerships with these sectors can strengthen WHO's contribution toward achieving better health outcomes in India.

Funding: Overall, the work of WCO over the CCS period was well funded with significant contributions from the Global Polio Eradication Initiative. The Government of India also provided substantial funds. While historic funding sources and levels can be maintained for the next 2 to 3 years the longer-term situation is less clear and efforts should be made to adequately fund all areas of work as budgeted in workplans with a more strategic focus on resource mobilization and reporting.

Staffing was a challenge for WCO throughout the CCS period. A number of key positions have proved difficult to fill and heavy reliance on Special Service Agreement contracts is administratively demanding. As India continues to develop and build its own human capital, there are strong expectations on the part of the Government to receive innovative solutions and highly-skilled and politically astute support from WHO.

Monitoring: The internal review of the CCS carried out at the end of its coverage provided valuable inputs for the development of the CCS 2019-2023.

Recommendations

Recommendation 1: The head of the WCO and the Country Office should maximise the effectiveness and impact of the CCS 2019-2023 as a key strategic instrument.

Recommendation 2: To enhance the relevance and effectiveness of WHO's involvement in India, it is recommended that the WCO with support from the Regional Office for South-East Asia and headquarters as appropriate:

- i. continue to support the Government of India's efforts within the framework of universal health coverage, such as *Ayushman Bharat*, and promote inclusion of neglected health issues, such as noncommunicable diseases;
- ii. support implementation research studies with respect to implementation of universal health coverage/*Ayushman Bharat* and provide necessary expertise to facilitate emerging Government priorities, such as digital health;
- iii. develop a strategy, in consultation with Ministry of Health and Family Welfare and other Union and state government agencies as appropriate, for working with state government counterparts and contributing to state-level health issues; and
- iv. develop a strategy for collaboration with private sector and civil society organisations, as appropriate to support the Government of India, guided by the Framework for Engagement with Non-State Actors.

Recommendation 3: The WHO Secretariat should ensure adequate and sustainable human and financial resources to implement WHO's work in India and respond to the specific emerging needs of India.

Recommendation 4: As part of the planned joint consultation for the National Polio Surveillance Project transition plan and mid-term review of the CCS during the second half of 2020, the following should be considered in the terms of reference:

- i. lessons learned from polio transition;
- ii. relevance of current and planned activities beyond polio transition;
- iii. the management and funding of the National Polio Surveillance Project, including the engagement of SSAs; and
- iv. recommendations for the way forward.

Recommendation 5: The planned corporate mid-term evaluation of the polio transition plan to be conducted by the WHO Evaluation Office should consider lessons learned and best practices from the National Polio Surveillance Project model.

Contacts

For further information please contact the Evaluation Office at: evaluation@who.int.

Hyperlinks: [Evaluation report](#) and its [Annexes](#).