



Sri Lanka–WHO

Country Cooperation Strategy | 2018–2023

Mid-Term Review



**World Health
Organization**

Sri Lanka

COUNTRY COOPERATION STRATEGY 2018-2023

MID-TERM REVIEW
WHO SRI LANKA

Summary of processes and recommendations

The World Health Organization (WHO) Country Cooperation Strategy (CCS) 2018-2023 provides the overarching structure for the work of WHO in Sri Lanka for a 5-year period in line with the national health priorities, the WHO Thirteenth General Program of Work 2019-2023 (GPW13), the WHO South-East Asia (SEA) Region's Flagship priorities and the 2030 Sustainable Development Goals (SDGs).

As part of the WHO CCS guidelines, a Mid-Term Review (MTR) was required to take place halfway through the CCS cycle to document CCS achievements and implementation challenges, to assess if WHO is on track to meet the expected deliverables at the end of cycle, to issue recommendations and to identify the pillars of WHO's future collaboration in the country. In line with these requirements, the MTR assessed the CCS relevance, effectiveness, and sustainability. In addition, the MTR revealed WHO's comparative advantage according to stakeholders' perceptions to respond to the national priorities. A detailed analysis of the CCS design was conducted, and the lessons learned and best practises from the CCS implementation process were compiled.

The WHO CCS in Sri Lanka, 2018-2023, is organized by four Strategic Priorities: **1)** Policy support for service delivery, **2)** Addressing Non-Communicable Diseases (NCDs), **3)** Resilience in the face of health threats, and **4)** Knowledge based approach to health; and **three cross-cutting approaches in health** - gender, equity and human rights (GER). The strategic priorities are divided into ten focus areas linked to the WHO SEA Regional priorities, and 26 deliverables. The deliverables are the commitments to be delivered by WHO by the end of the CCS cycle.

Methods

The **MTR relied on a mixed method approach** based on quantitative and qualitative data collection. Data collection relied primarily on a desktop review and was complemented with the qualitative inputs collected from the focus groups (FG) and key informants' interviews (KII). An online individual perception survey (IPS) was also carried out to obtain other stakeholder's inputs. The mixed data collection allowed triangulation from different sources and to reach more robust conclusions.

MTR findings were organized around the three key themes as per MTR Terms of Reference: relevance, effectiveness, and sustainability.

Summary of findings

Relevance

In terms of CCS alignment with national priorities, policies and needs, the MTR concluded that CCS covered largely the national health priorities and aligns, overall, with the national health strategies and plans. The fact that many of the national programs supported by the CCS had a similar program cycle, and that the CCS was developed through a consultative and participatory bottom-up process allowed the CCS to capture the program priorities. However, it was identified that too many themes overstretched WHO Country Office (WCO) and potential weakened WHO contribution to individual programs.

In terms of CCS alignment with international and regional commitments, the CCS is aligned with the WHO global and regional priorities which were embedded in CCS's strategic priorities and included in the biennium work plans. Regarding the CCS alignment with GPW13, since it was in force in 2019, CCS Strategic Priorities and deliverables have aligned with the GPW guidelines, outcomes, and outputs; and its framework was used in biennium WP 2020-21. CCS Strategic Priorities and focus areas align equally with the SDGs as the CCS was grounded in the global development agenda.

In terms of CCS alignment with the United Nations Sustainable Development Framework (UNDSF) 2018-22, the four Strategic Priorities align with three of the four drivers of the UNDSF (Driver 1: "Towards improved data, knowledge management and evidence-

based policy”; Driver 3: “Human security and socioeconomic resilience” and Driver 4: “Enhancing resilience to climate change and disasters and strengthening environmental management”. WCO’s perception was that WHO was not systematically engaged in the UNSDF development process and “health” was underrepresented. Nevertheless, it is recognized that WHO contributed significantly to the UNSDF drivers through the CCS implementation.

Effectiveness

Effectiveness related to the progress made against financial commitments and targets, the CCS showed high performance on resources mobilized versus planned, 94% for WP 2018-19 and 82% for WP 2020-21. The figures highlight the good record of the WCO to mobilize resources. The implementation rate was 97% for WP 2018-19 and 77% for WP 2020-21. Nevertheless, considering that the closing time for the MTR was June 30, 2021, it is expected that the implementation rate for biennium 2020-21 will be satisfactory by the end of the financial cycle. The budget breakdown by activity and programs displayed that for WP 2018-19, the activity budget allocation showed a reasonable balance among the Strategic Priorities according to the country context, except for WHO health in emergencies. The low budget assignation for this Strategic Priority raises the alert that emergency preparedness was not a priority for the country before COVID-19 outbreak. For WP 2020-21, the budget allocation almost double compared to the previous biennium due to the COVID-19 response funding received. The budget breakdown per activity indicated that despite almost half of the budget being allocated to the COVID-response, the WCO was committed to implement the WP activities as planned. The percentage of staff budget allocation, 39% for WP 2018-19, was reduced to almost half, 21% during the biennium 2020-21. This reduction reflected the enormous work effort of WCO staff to deliver the activities as planned for biennium WP 2020-21 and COVID-19 response.

Effectiveness in relation to CCS deliverables reported that the CCS deliverables appear to be on track comparing the achievements reported for the period, and the low tasks planned and implemented. Minor implementation delays were reported during WP2018-19, due the new government adjustments and during WP 2020-21, due the pandemic outbreak. Nevertheless, the implementation rates for both biennia were considered satisfactory from the financial perspective as well as from the stakeholder’s perception.

The main internal factors that contributed to WHO high performance reported were: WHO technical knowledge to understand and support government priorities; planning coherence of the WCO (particularly during the second biennium); WCO technical staff competencies that facilitated the entry point with the MoH despite the changes in the new government; innovation and flexibility to identify alternative ways to deliver the interventions

during the COVID-19 pandemic, and WCO resource mobilization capacity that facilitated to deliver the activities as planned. The **external factors that facilitated implementation** and increase effectiveness identified were related to the MoH implementation capacity and MoH staff senior management expertise that managed to continue their routine activities to a certain extent during the COVID-19 outbreak, while coping with the emergency response

Gender, Equity and Human Rights (GER) were not adequately mainstreamed in the CCS design and implementation. The biennium WPs did not include references to GER either. From the MoH side, GER is sufficiently addressed in the government national policies, through program disaggregated data collection by sex and socio-economic factors and a free service at the point of entry.

Partnerships have been critical to enhance WHO's work effectiveness. The CCS implementation provided many opportunities to enhance existing collaborations and develop new ones with non-state partners and within the UN system. CSO partnerships have been critical during the COVID-19 response and in supporting the NCD, mental and health environmental programs. There are many potential areas for further collaboration, but it is necessary that CSO clearance processes are simplified. Certain sectoral partnerships were perceived as weak and WHO should take a more active role to ensure that multi-sectoral programs deliver results convening all sectors' commitment. WHO has supported operational research in several programs but should consider increasing the linkages with local research institutions and build their capacity and bring country research to international standards. There are many gains from WHO emergency response coordination highly recognized by all partners that should be capitalized and expanded.

Overall, it is recognized that WHO's interventions to cope with the COVID-19 outbreak have contributed largely to the country timely response, but still managed to deliver the CCS work plan activities and sustain the individual programs through new ways to deliver interventions and reach out.

Sustainability

A few factors pointed out that CCS interventions are very likely to continue once WHO support is withdrawn, such as the CCS strong focus on staff capacity building, the good alignment between the CCS deliverables and related tasks with the country national programs, and MoH overall competencies to absorb the technical trainings and to scale them up. The fact that CCS is moving away from supporting routine activities or scaling-up has reduced MoH funding dependence.

WHO and MoH should identify a road map and milestones that guides WHO programs support shift when programs are reaching their targets. Finally, MoH managers education in public health is recognized as a strong asset for the CCS and WHO work sustainability. Advocacy is required to ensure that this education is continued and refreshed regularly.

Main recommendations

Recommendations related to the CCS Strategy

- Review and reduce the CCS focus areas and priority themes based on WHO's comparative advantage, the magnitude of the program gap and the short-term and long-term WHO's impact in the program.
- Prioritize Gender, Equity and Human rights lens in WCO's and MoH work through advocacy, training support and GER monitoring tools.
- Strengthen WCO's policy development capacity and advocacy so WHO's upstream work delivers the expected quality.

Recommendations related to CCS design

- Align the CCS with the biennium WPs and develop a simpler result-based framework for biennium planning.
- Elaborate a monitoring & evaluation framework for objectively assess if the CCS commitments are delivered.

Recommendations related to CCS implementation

- Increase CCS budget allocation flexibility so that WCO can have more autonomy for its budget allocation according to government priorities and program "timing".
- Advocate for SEARO and WHO HQ to revise WCO internal procedures. Revise WCO structure so WHO can cope with the increasing workload, adjust to government programmatic changes, and respond to the administrative and reporting needs, particularly during the emergency response.
- Sustain and enhance the gains from the emergency response documenting the opportunities of the virtual tools developed, and moving to hybrid modalities of training, capacity building and service delivery.
- Maximize WHO's convening power to strengthen partnerships that increase programs effectiveness and sustainability.

The Fourth Country Cooperation Strategy (CCS) outlines the medium-term strategic vision and provides a framework for collaboration on health between Sri Lanka and WHO over the next six years, 2018–2023.

This CCS is informed by review and analysis of the evolving health and development context, and the epidemiological and demographic transition within the country. It builds upon the lessons learnt from implementation of the previous CCS and is guided by the principles of equity, respect for human rights, value for money, people-centered care and results-driven approach.

The four strategic priorities respond to WHO's strategic advantage and value addition to further the health and development agenda in the country:

- Policy support for service delivery
- Addressing noncommunicable diseases and their determinants
- Resilience in the face of health threats
- Knowledge-based approach to health.

The WHO Country Office for Sri Lanka will use the CCS as a tool for multisectoral engagement and integrated approaches to achieve the health-related SDGs, and contribute to the health and well-being of the people in Sri Lanka.



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