



World Health Organization
Meeting of Interested Parties, 3 – 7 November 2003

EVALUATION FORM

Please return the completed form by 30 November 2003 to the address below. Additional comments are welcome.*

1. Representative of:

- Beneficiary country Donor Country NGO Private sector
- Development/UN Agency Foundation Other, please specify _____

(Voluntary) Name: _____ Title: _____ Organization: _____

2. Attended entire week or on: Monday Tuesday Wednesday Thursday Friday

3. Do you think the MIP sessions you attended gave you sufficient insight of the work of the Organization?

- Excellent Good Satisfactory Unsatisfactory

Best Features: _____

4. On which aspects of the programme would you have preferred greater emphasis?

- Strategic Technical Financial Status quo

5. Did the MIP meet your reporting and funding requirements? Yes No

Comment: _____

6. Did you use the MIP website? Yes No

Comment: _____

7. How would you prefer the MIP to be organized?

- Thematic approach Individual programmes Other - please explain

Comments: _____

8. Was the "market place" effective? Yes No

9. Suggestions for improvement (eg. duration, time of year...)
