

Selected Corporate and Decentralized evaluations

Findings, recommendations, actions and learning

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1. Introduction

1.1 This document provides details of the actions taken by the Secretariat in response to recommendations from selected evaluations conducted during the period January 2016 to April 2019. The Evaluation Office has specific responsibilities with regard to tracking the management response to high-level evaluations. The selection of the corporate and decentralized programme evaluations was based on criteria that related to organizational requirement, significance and utility.

1.2 The Evaluation Office developed a management response template to track the implementation of recommendations from the evaluations. This template includes the recommendations copied verbatim from each evaluation report and details of the management response and the status of implementation as at April 2019. The template draws on best practice from other UN agencies' evaluation tracking mechanisms. It was sent to the responsible managers and senior staff involved in the evaluations; their responses to the template are included in this document. Additional questions were also asked to provide information about the context, background and findings of the evaluation. Where necessary, the Evaluation Office gave guidance to the responsible unit on how to complete the template.

1.3 The management responses to the specific recommendations were assessed as follows: (i) accepted; (ii) partially accepted; (iii) not accepted; or (iv) other. The status of the management response was also tracked and categorized as either: (i) not started; (ii) in progress; or (iii) implemented.

1.4 The evaluation findings and recommendations highlighted should contribute toward improved performance and increased accountability for results. The management responses should also inform key decision-making and future programme and project development, especially where the recommendations have been incorporated more broadly in wider policies and plans or have influenced departmental strategy.

2. Detailed information on the status of recently completed evaluations

2.1 Country office evaluation – Romania

2.1.1 The evaluation of the country office in Romania covered the Biennial Collaborative Agreements between the Government of Romania and the WHO Regional Office for Europe for the period 2014–2017. This was the first country office evaluation to be undertaken in the WHO European Region. As with all country office evaluations, its main purpose was to identify achievements, challenges and gaps, and to document WHO best practices and innovations in Romania. This included not only the results of the country office but also contributions from the regional and global levels to the country programme.

2.1.2 The evaluation concluded that, overall, during the period under review, WHO was seen as an essential partner in Romania at the policy and technical levels and its leadership was considered essential to advance elements of the national health agenda. Recommendations included: (i) the development of a longer-term 4-5 year strategic planning instrument to address the more systemic and long-term needs of Romania, the directions set by its Government, the Thirteenth General Programme of Work, the Sustainable Development Goals, and WHO's comparative advantage; (ii) ensuring that the WHO country office has the requisite capacity and resources to provide critical support to Romania as it embarks on long-term health system reform; (iii) strengthening of those core functions that would help WHO increase and sustain the effectiveness of its support to Romania; and (iv) enhancing strategic partnerships at country level.

2.1.3 In its management response, the country office highlighted that the new strategic planning process incorporates as a first-step agreement on strategic priorities for bilateral cooperation for the period of the Thirteenth General Programme of Work, thus inherently providing the opportunity for a strategic plan that is longer than the two-year period of the biennial collaborative agreements. As part of the strategic planning process, human resource capacities in the country Office are being reviewed in light of the longer-term priorities set in the country support plan. The country office is also committed to the establishment of formal engagement mechanisms with relevant stakeholders to support strengthening of its convening power and broadening its partner base in order to better contribute towards improving the health status in Romania.

Management Response – Country Office Evaluation, Romania

Evaluation Title	Country Office Evaluation – Romania
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	https://www.who.int/about/evaluation/romania_country_office_evaluation_report.pdf?ua=1
Evaluation Plan	WHO Organization-wide evaluation workplan for 2018-2019
Unit Responsible for response	WHO Country office Romania
Overall Management Response: The Country office evaluation supported demonstration of achievements against the objectives formulated in the Biennial Collaborative Agreements (BCA), that will assist WHO country office address identified challenges and fully utilize opportunities for improvement. All the recommendations have been accepted, some have been initiated, and other is in progress. Critical point to COE is that WHO country office stakeholders and partners feel ownership for the report, which will enable for more efficient collaboration between WHO and the country.	
Management Response Status	In progress
Date	18 February 2019

Recommendations and Action Plan

Recommendation 1	<p>1. The Regional Office for Europe and the Head of the WHO country office should consider a new, longer-term, 4-5 year strategic planning instrument to address the more systemic and long-term needs of Romania, the directions set by the its Government, the 13th General Programme of Work, the Sustainable Development Goals and WHO's comparative advantage. It is recommended that such an instrument:</p> <ul style="list-style-type: none"> I. articulate a country support strategy that goes beyond the short-term (2-year) planning timeframe, taking into account long-term joint commitments and outcomes, and medium-term WHO strategies; II. incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process and targets for both the expected outcome and output levels, and clarify the expected contribution from all levels of the Organization in a measurable manner; III. focus on long-term strategic issues for Romania, i.e. health sector reform towards universal health coverage (including governance, financing and legislation) and noncommunicable diseases, including mental health; and emphasize the role of gender, human rights and equity as social determinants of health; IV. facilitate a critical assessment by the WHO country office of any additional or changing priorities and ad-hoc support requests from the Government of Romania against agreed strategic priorities and commitments.
Management response	<p>Accepted</p> <ul style="list-style-type: none"> ○ To date, the country cooperation strategies are only being rolled out to countries without country offices, in the WHO European Region, as per the agreement with member States at Regional Committee 62. However, it is foreseen that once GPW13 is being implemented, and with the drafting of country support plans, discussions on whether to have a country cooperation strategy along with the BCA and country support plans, will take place ○ By way of context, the new GPW13 strategic planning process incorporates its first step is the agreement on the strategic priorities for bilateral cooperation for the period of the GPW, thus inherently providing the opportunity for a strategic plan for each country - longer than 2 years and from which subsequent PB and operational planning flows ○ WR will support the completion of the Romania country support plan to ensure it addresses the MS GPW priorities (as above) and the contribution of relevant stakeholders ○ WR will continue the discussions with stakeholders to align and firm up the long term strategic collaboration that address Romania's long term and systemic needs ○ WR will develop a PB20-21 budget that reflects the long-term priorities and strategically allocates the resources to achieve agreed strategic priorities and commitments ○ WCO will prioritize ad-hoc requests based on existing capacity at CO and RO level to leverage support to emerging requests.
Status	In progress

Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Romania Country Support Plan for GPW 13 is completed (2020-2023)	WR	1 st semester 2019	In progress	Romania's Country Support Plan is finalized based and the contribution of the 3 levels of WHO secretariat to the long term priority areas is endorsed by Senior Management
Long term partnerships/collaborations for GPW13 priorities established	WR	2 nd semester	In progress	WR will facilitate discussions with relevant stakeholders to establish long term collaboration/partnerships to address Romania's long-term priorities
Romania PB20-21 budget	WR	2 nd semester	In progress	Romania's Programme Budget 20-21 translates the priority setting exercise and the country support plan and provides the short term (2020-2021) perspective and focus of WHO work. The focus and the strategic allocation of the resources will result from the longer term vision of prioritization of areas for collaboration ...??
Assign senior level WHO technical staff to each of the GPW13 agreed priorities	WR/Technical Units	1 st semester 2019	In progress	WR to facilitate the discussions with the relevant technical officer in EURO for each of the long term priorities and obtain commitment (responsible officer in workplan)
Recommendation 2	<p>2. The WHO Secretariat should ensure that the WHO country office has the requisite capacity and resources to provide critical support to Romania as it embarks on long-term health system reform. It is recommended that:</p> <ul style="list-style-type: none"> I. the Regional Office for Europe review resource allocations to Romania, at both country and regional office levels, based on country needs for WHO support irrespective of European Union membership status; II. the WHO country office's human resource capacity is enhanced through the following options: i) additional National Professional Officer(s) and/or international professional(s), and ii) provision for longer-term technical experts. 			
Management response	<p>Accepted</p> <ul style="list-style-type: none"> ○ As part of the GPW13 HR planning process (see also next section) , CO capacities are being reviewed by RD,DPM, EXC, DAF, HRS, PRM and SRC, within this exercise, including ○ Reviewing the budget and the resources allocated to Romania both at regional and country level in light of the long-term priorities set in the country support plan and irrespective of the EU affiliation ○ WR will develop a BCA/20-21 workplan that addresses the short/midterm priorities based on the agreed and approved regional PB20-21 and HR plan 			

	<ul style="list-style-type: none"> Core staffing in WHO country office is to be determined according to the classification of country offices, as agreed in Euro Senior Management (EXC). Technical staffing is to be agreed amongst directors and proposed to WR for discussion 			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
GPW 13 HR plan	RD,DPM/EXC/S RC	1 st Semester 2019	In progress	EURO Senior Management (EXC) reviews the regional long term human resources plan in light of the strategic priorities and long term perspective and approves the regional HR plan, identifying the priority resources for all the budget centers in the region, including Romania
EURO PB 2021	EXC	1 st Semester	In progress	EURO Senior Management (EXC) reviews the consolidated regional programme budget in regional strategic priorities and long term perspective and approves the budget allocation for all the budget centers in the region, including Romania
Romania BCA	WR/SRC	2 nd Semester	In progress	WR discussed with MS and agrees on the 20-21 areas for collaboration (BCA) and, through the operational planning, develops the relevant workplans (activities and resources) to strategically allocate the resources (financial and human) in order to attain the long term results.
Recommendation 3	<p>3. To increase and sustain effectiveness of WHO support to Romania, the Regional Office for Europe and the WHO country office should strengthen those core functions that would help WHO deliver more effectively. It is recommended that:</p> <ul style="list-style-type: none"> I. the Regional Director for Europe continue to play a critical health diplomacy role in advocating for Universal Health Coverage in Romania, and to sustain commitments linked to the 13th General Programme of Work; II. the WHO country office strengthen its convening power around health and engage strategically with other health system actors, including United Nations agencies, relevant national agencies and non-State actors; III. the WHO country office, the Regional Office for Europe and its geographically dispersed offices, support capacity building of technical professionals and civil society as contributors to the sustainability of national health priorities; 			

	IV. the WHO Regional Office for Europe facilitate cross-border interaction to build coalitions and strengthen capacity building through knowledge transfer and exchange of best practices across the countries in the South Eastern European subregion.			
Management response	Accepted <ul style="list-style-type: none"> ○ To strengthen the convening power, WCO will extend current informal discussion and exchange mechanism to more formal ones, to engage additional partners and stakeholders ○ WCO to help identify best profiles of technical professionals and civil society representatives to invest into their capacity building for sustainable health system advancements 			
Status	Initiated			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Establishment of formal engagement mechanisms with relevant stakeholders to support strengthening of WCO convening power	WR/WCO	2019	In progress	To make discussions and exchange at UNCT meetings more systematic in a way to coordinate other agencies and health partners initiatives and activities to support addressing of long term and systemic health needs To work more closely with MOH and other relevant institutions on setting up regular health coordination meetings
WCO will adapt a list of stakeholders which is to partner with for the implementation of the 13 th GPW and further advancement of the SDG agenda	WR/WCO	January-March 2019	In progress	To help identify civil society representatives and engage them in all relevant processes, organized and supported by the WHO within the collaborative agreement with Romanian government. This includes planning of country priorities for collaboration
WCO will support coordination and leadership role of National Counterpart to help identify country representatives at various meetings organized by WHO, best suited to carry out	WR/WCO	2019	In progress	To support enhancement of focal points list assigned to relevant areas of collaboration, so as to simplify country nominations, and create a pull of experts and civil society champions to lead implementation of country's long term strategic plan

system improvements and reforms representatives				
Recommendation 4	<p>4. The WHO country office should enhance its strategic partnerships at country level to include a broader range of partners and national stakeholders in order to better contribute towards improving the health status in Romania. It is recommended that the WHO country office:</p> <ul style="list-style-type: none"> I. incorporate a broader participatory planning process in development of the next strategic planning instrument, including all relevant government entities, other United Nations agencies, academia, and non-state actors; II. establish a regular informal forum to bring key stakeholders around the table to discuss WHO's work and progress against planned activities, and allow exchange of knowledge and best practice; III. with support of the WHO Office to the European Union in Brussels, continue and build on the existing good relationship with the European Union in order to contribute more effectively towards its support for the Romanian health sector reform (in the near-term, this also includes support to Romania's presidency of the European Union in 2019). 			
Management response	<p>Accepted</p> <ul style="list-style-type: none"> ○ Country Office shall use its convening power to engage with extended list of partners in the planning processes ○ Current informal discussion and exchange mechanism will be turned into regular gathering with key stakeholders ○ Romanian Presidency of the European Council, January-June 2019, shall be used to extend the partnership towards further support to health system reform in Romania. WCO in close collaboration with WHO RO and WHO Office to provide support to priority health events during Romania's presidency of the Council of Europe 			
Status	In progress			
Key actions	<i>Responsible</i>	<i>Timeline</i>	<i>Status</i>	<i>Comments</i>
Establishment of participatory planning process for the development of the next strategic planning cycle	WR/WCO	2019	In progress	To identify a list of key stakeholders. To set participatory strategic planning meetings

Identified need for WHO support for designing and implementation of priority events under the Romanian Presidency of the Council of Europe	WR/WCO/WHO RO/WHO EU	January-June 2019	In progress	To assist MOH to develop concepts of and conduct health priority events throughout the Presidency
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2.2 Summative evaluation of the WHO Rapid Access Expansion Programme

2.2.1 At the request of Global Affairs Canada, an external evaluation of the summative evaluation of the WHO Rapid Access Expansion Programme was commissioned by the Evaluation Office. This Programme supported high-burden countries to increase coverage of diagnostic, treatment and referral services for the major causes of death among children under 5 years of age (diarrhoea, pneumonia and malaria) through the scaling up of integrated community case management (iCCM). The evaluation assessed the effectiveness, efficiency, relevance, impact and sustainability of the results of the Programme in order to inform policy dialogue and future design and implementation of iCCM.

2.2.2 The evaluation concluded that iCCM services, as delivered under the Rapid Access Expansion Programme, can fill important gaps in national strategies for universal health coverage by creating access to essential health services to children who need timely treatment for malaria, diarrhoea and acute respiratory infections but who do not have easy access to primary health care facilities, provided these services are sustainably funded. Recommendations centred on: (i) ensuring that the achievements of Rapid Access Expansion Programme are not lost, by working with partner governments to ensure sustainability of funding; (ii) including programme implementation through non-State actors as a possible alternate option to the established approach of direct implementation through governments; (iii) consolidating and disseminating the lessons learned by the Programme, supporting research to better understand the role and effectiveness of community engagement strategies for iCCM, and conducting a systematic review of gender equality issues in the supply and demand for iCCM in different social and cultural contexts; and (iv) focussing WHO's technical and programme support on iCCM to ministries of health and development partners towards the achievement of universal health coverage and reduction of child mortality through iCCM services.

2.2.3 In its management response, the Secretariat stated that it had already advocated with the relevant countries' technical and funding partners to support iCCM scale-up under the financing of key strategies such as Child Health, Malaria Strategic Plans and new initiatives, and continues to support these countries to implement the iCCM sustainability plan. While noting that the success of the Programme was largely due to WHO's emphasis on ministry of health leadership, the Secretariat stated that WHO would play an active role in convening partners for the purpose of defining and addressing the health system gaps. The opportunities of national-level meetings are used to share periodic implementation and evaluation reports and highlight lessons learned at a national level. Research on iCCM, including community engagement strategies and gender equality issues, is in progress and a systematic review of gender equality in iCCM is planned by June 2020.

Management Response

Evaluation Title	Summative Evaluation of the WHO Rapid Access Expansion (RACe) Initiative	
Commissioning Unit	WHO Evaluation Office	
Link to the evaluation report	Synthesis report, country briefs, executive summary and annexes are available in English. Synthesis report, executive summary and relevant country briefs and annexes are also available in French and Portuguese: http://www.who.int/about/evaluation/RACE/en/#race_en Link to the synthesis report in English: http://www.who.int/about/evaluation/race_eval_synthesisreport_v1.pdf?ua=1	
Evaluation Plan	Organization-wide evaluation workplan 2016-2017	
Unit Responsible for providing the management response	Global Malaria Programme (GMP)	
Overall Management Response:		
Summary of the overall reactions of senior management to the recommendations The RACe Programme represents one of the few instances outside of emergency and epidemics where WHO has played a strong operational role, and the evaluation recognized the positive effect on policy, implementation quality and national, regional and global learning. The RACe experience indicates that WHO has the capacity to balance the normative role with a strong operational role, and that the operational involvement strengthens WHO’s normative and technical support roles. The WHO Secretariat welcomes the comprehensive report on the Summative Evaluation of the WHO Rapid Access Expansion (RACe) Initiative which provides a thorough look into the achievements of the project and guidance for future programming.		
WHO has advocated the importance of iCCM as a key strategy to achieve Universal Health Coverage and reduce child mortality. But currently countries are struggling to integrate iCCM into their primary health care system and achieve impact with strategies delivered through their community health platforms. Previous evaluations of large scale iCCM programmes have been largely inconclusive, and this fills the knowledge gap. These conclusions will guide WHO and global stakeholders in funding, programme development, and implementation quality, and the RACe experience has the potential to form the basis of a platform for WHO involvement in operational issues.		
The findings of this evaluation are mostly in line with our understanding of the results of the external evaluation and the observations of the RACe Programme International Steering Committee and the Ministries of Health involved in RACe. We note that in many cases, the recommendations ask that WHO assure conditions in national health systems, which is beyond the mandate of WHO. We used our understanding of the intent of the recommendation in our responses.		
Management Response Status	In progress	
Date	16 October 2018	

Recommendations and Action Plan

<p>Recommendation 1. Considering that iCCM services established under the RAcE Initiative are threatened by financing gaps, WHO should take immediate action to assure that the achievements of the RAcE Initiative are not lost by:</p> <p>Working with partner governments in assessing potential funding gaps for iCCM in RAcE programme areas and assisting ministries of health in resource mobilisation to assure that the services established in these areas continue without interruption.</p>				
Management response	<p>Partially accepted</p> <p>RAcE has proven that iCCM can be effective at a large scale as delivered through the Ministry of Health with strong partner support, and the Ministries and local governments are keen to continue and expand the service. While the RAcE project had an important role during the project period, only the national Governments can ultimately assure the institutionalisation of CHW and that iCCM services continue. This has been done in Malawi and Mozambique before the implementation of the RAcE project. WHO has taken a more strategic approach to address gaps in the context of health system financing and meeting child health targets. The sustainability planning process was designed to ensure that iCCM was included in the strategic and operational plans of Ministry of Health and stakeholders in other sectors. This included a process for identifying the appropriate local source of financing and the mechanism for programming the funding so that the health system has the capacity to support iCCM activities. WHO worked with Ministries to mobilize partner support for a continuation of quality services and to address any resource gaps. WHO has explored multiple avenues with GAC at global and country levels to ensure additional partial financial support to sustain iCCM services in the project countries, but the focus of international funding of the agency have evolved to different priorities in 2018.</p>			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
Advocate with the country's technical and funding partners to support iCCM scale-up under the financing of key strategies such as Child Health, Malaria Strategic Plans and new initiatives.	HQ RO WCO Governments	March 2018	Implemented	<p>In DRC, donor support following RAcE under USAID was identified at the beginning of the project, and WHO transitioned implementation support to USAID-PMI, in Tanganyika, and the systems support will continue under USAID's Integrated Health Project (IHP+). The DRC National IMCI National Strategic Plan (PCIMNE 2017-2021) and the 2018-2020 Community Health Strategic Plan include iCCM following the RAcE model, and both were developed with the full participation and commitment of the partners.</p> <p>In Nigeria the Gates Foundation has committed to support Niger State, and Abia State has included iCCM as a budget line in the State budget. Nationally, services delivered through iCCM have been included in the minimum service package (MSP) and WHO will support States to finalise the operational guideline for the basic health care provisional fund which cover key MNCH interventions.</p> <p>In Niger WHO supported the development of the National iCCM Scale-up Plan and financing continues with Ministry, UNICEF and Global Fund support.</p> <p>In Malawi iCCM implementation continues under Ministry of Health leadership with broad partner support.</p>

				In Mozambique the World Bank and UNICEF are supporting the programme areas supported under RAcE.
Support the country to implement the iCCM sustainability plan	WCO	2018 to 2019	in progress	The sustainability plans have multiple phases of implementation, and country offices are positioned to support and follow the progress.
Recommendation 2. Considering the effectiveness of implementing the RAcE Initiative through sub-grantee contracts with non-state actors, WHO should: Include programme implementation through non-State actors (NSAs) as a possible alternate option to the established approach of direct implementation through governments, based on a contextual analysis and a capacity assessment of potential government and NSA programme partners.				
Management response	<p>Partially accepted</p> <p>The RAcE project was implemented by NSAs as sub-grantees, under the stewardship role of the Ministry of Health in the respective countries. WHO recognizes the fundamental role of the government to provide access to essential health services and we acknowledge the complementary role of NSAs in supporting Ministry of Health to establish stable delivery of iCCM services to the population.</p> <p>The traditional donor approach for supporting iCCM in the countries has been through NSAs, which led to disjointed programmes with little Ministry engagement and ownership. RAcE represented a departure from this approach that empowered Ministries, which was central to the observed success. The NSAs received funding to implement iCCM, which was accomplished through government human and material resources, and the success of the RAcE programme was largely due to WHO's emphasis on Ministry of Health Leadership.</p> <p>We note that the role of NSAs in iCCM implementation is contingent on an assessment of government capacity, and agree that the complementary role of NSAs in providing specific expertise can be leveraged in the future. We acknowledge the value brought by the experience of NSAs, and we advocate that NSAs with specific expertise (for example in strengthening the supply chain, or social mobilization) are brought in based on the needs as defined by the Ministry of Health.</p>			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
WHO will play an active role in the national iCCM technical committees, to convene partners for the purpose of defining and addressing the health system gaps.	WHO NPOs	2018-2019	In progress	This is ongoing at all RAcE sites, but this is contingent on a WHO country office with sufficient capacity.

WHO will propose a stronger operational role in future programming, along with increased involvement of NSAs.	WHO	2018-2019	Not started - for future	Future involvement with NSAs will follow the WHO Framework of engagement with non-State actors (FENSA).
<p>Recommendation 3. Considering that the RAcE Initiative generated new evidence on implementing iCCM as a health systems intervention for the achievement of universal health coverage which is, however, not yet fully documented and disseminated, WHO should:</p> <p>Consolidate and disseminate the lessons learned by RAcE and apply them in consultation with technical partners to updating the guidelines for ‘Caring for the Sick Child in the Community’ that are currently integrated in the multi-agency planning handbook ‘Caring for Newborns and Children in the Community’</p> <p>Initiate actions to close persistent knowledge gaps, by:</p> <ul style="list-style-type: none"> ○ Supporting research to better understand the role and the effectiveness of community engagement strategies for iCCM, including an assessment of the community role in contributing to CHW motivation and retention. ○ Conducting, in collaboration with interested partners, a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts. 				
Management response	<p>Accepted</p> <p>The RAcE implementation research results are being finalized and papers are expected to be published in the Journal of Global Health as a RAcE Programme collection.</p> <p>An ICCM technical consultation in partnership with UNICEF and other global partners is being planned with the RAcE learning as a key input. This will provide the basis for updating the WHO guideline document: ‘Caring for the Sick Child in the Community’ and other ICCM operational guidelines.</p> <p>WHO has developed a new Community Engagement Framework, which is being field tested in the context of the Global Malaria Programme Strategic Advisory Group on Malaria Eradication. This will provide quality operational level learning that can be adapted to iCCM programmes in the field.</p> <p>We agree with the evaluators that there is very little evidence around gender issues in iCCM, therefore a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts require more research to generate evidence that will be analysed in a systematic review.</p>			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments

WHO Country Offices to support national iCCM committees, to share the periodic implementation and evaluation reports and highlight lessons learned at a national level.	GMP/ WCO	June 2018	Implemented	All the meetings at the national level are important opportunities to communicate achievements and share the lessons learned in the implementation of the RAcE project. In Nigeria WCO organized National iCCM symposium which formed a platform to disseminate lesson learned from RACE Program May 2018 and Plan for a research priority meeting with researchers
WHO is working with the Global Child Health Task Force Implementation Science subgroup to support research on iCCM, including community engagement strategies and gender equality issues for iCCM.	WHO Global Child Health Task Force Implementation Science subgroup	December 2019	In progress	
Field testing of WHO Community Engagement Framework	GMP and HIS/SDS/QHC	March 2019	In progress	This will result in practical operational tools and guidance for implementing the community engagement framework.
WHO will commission a systematic review of gender equality in iCCM and community service delivery platforms	WHO	June 2020	Not started - for future	
<p>Recommendation 4. Considering that the RAcE Initiative underlined the role of iCCM services in national health systems development for the achievement of universal health coverage, WHO should focus its technical and programme support on iCCM to ministries of health and development partners at country level on:</p> <p>Targeting iCCM services at remote rural communities living distant from health facilities, while in each case examining all possible options to assure that children have timely access to quality health care, including alternate options to iCCM if these exist.</p> <p>Embedding programme support to iCCM firmly in a system of a continuum of care by assuring that first level referral facilities for CHWs have the capacity to provide accessible and affordable quality services to referred children.</p> <p>Assuring that national systems are in place to manage the provision of an uninterrupted supply of iCCM commodities to the community level, or that support to iCCM programming is paralleled by support to the development of such national systems.</p> <p>Advocating for the inclusion of CHWs in the national human resources for health framework as a salaried workforce or, where this is not accepted by governments, as a volunteer cadre with a fixed minimal level of stipends and incentives that is commensurate to the scope of expected services.</p> <p>Supporting the development and implementation of quality civil registration and vital statistics systems, as well as the integration of reliable community health data in national health management information systems in order to generate valid information about the impact of iCCM on the reduction of child mortality.</p> <p>Assuring that financing of iCCM services (from domestic or international sources) is firmly embedded in the national health financing framework, keeping in mind that iCCM services easily break down when there are financing gaps interrupting supervision and the flow of commodities.</p>				
Management response	<p>Accepted</p> <p>We agree with the evaluators' initiative to highlight the specific issues. However, the wordings of some recommendations are problematic. For example, WHO cannot "assure" any specific component in a national health system. WHO can proactively</p>			

	support countries to address these issues, and in all cases, has been supporting countries to address the issues listed by the evaluators.			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
WHO will support countries to target iCCM services by mapping and identifying vulnerable populations, and integrate the results in national scale up plans.	FRH/Malaria	Ongoing	In Progress	Play active role in GF application preparation to ensure iCCM is appropriately reflected in the proposal, and appropriate funding is available.
WHO will advocate for and ensure that the following are adequately reflected in iCCM guidelines: that all iCCM programming includes assessment and building capacity of referral facilities to deliver quality services; promoting assisted referrals, and stronger monitoring of referral compliance and outcomes as part of the community component of iCCM.	WHO MCA and GMP	Ongoing	In Progress	This will be reflected in updated iCCM operational guidelines and training manuals and WHO's new child health strategy.
WHO will continue its role as a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities	WHO MCA and GMP, RO and CO	Continuing	Implemented	WHO has been a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities, presenting evidence of the health impacts of broken supply chains, but has no direct role in managing, supervising or monitoring the supply chain.
WHO will address the CHWs role in the national human resources for health framework, as part of the new "WHO guidelines on health policy and system support to optimize community health worker programmes".	WHO HIS/HWF	Ongoing	Implemented Completed in October 2018	WHO will proactively disseminate the guidelines and WHO Country Offices assist countries to review their programmes as needed.
WHO will support integration of community health data in national health management information systems	WHO HIS	Ongoing	In Progress	In the national routine monitoring systems for the community, health outcome data is missing and WHO will work with countries to advocate and recommend adding the appropriate indicators and data collection methods.
WHO will work with partners to review the challenges countries face in financing community level services through the national health financing framework, and will work with Ministries and partners to address financing issues as part of UHC.	WHO Country Offices	Ongoing	In Progress	Based on guidance on public financing for UHC from HIS/HGF.

2.3 Evaluation of the process for the election of the Director-General

2.3.1 The evaluation of the process for the election of the Director-General was conducted in an open meeting held during the 142nd session of the Executive Board in January 2018. The Secretariat was requested to bring forward a proposal, informed by the report of the evaluation management group¹ and the Board's deliberations, for adjustments to the election process for the Director-General, and any necessary revisions to the code of conduct, to be presented for consideration by the Board at its 144th session in January 2019.² The Report by the Secretariat to the 144th session of the Board³ presented proposals and options for consideration by the Board and proposed adjustments to the code of conduct for the election of the Director-General, with a view to improving its practical implementation.

¹ Document EB142/26 (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_26-en.pdf)

² See Decision EB142(8) (http://apps.who.int/gb/ebwha/pdf_files/EB142-REC1/B142_REC1-en.pdf#page=28)

³ Document EB 144/35: (http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_35-en.pdf).

3. Update on progress in the implementation of recommendations from evaluations completed in 2016-2017

3.1 Country office evaluation – Thailand

3.1.1 The first country office evaluation, undertaken by the Evaluation Office, took place in Thailand. These evaluations focus on the outcomes/results achieved by country offices, as well as contributions through global and regional inputs in the country. The purpose of the evaluation was also to identify and document best practices and innovations of WHO in Thailand on the basis of its achievements over the period 2012-2016.

3.1.2 The country office evaluation addressed three main questions, namely: (i) were the strategic choices made in the country cooperation strategy the right ones to address Thailand's health needs and coherent with government and partners' priorities? (ii) what is the contribution/added value of WHO toward addressing the country's health needs and priorities? and (iii) how did who achieve the results?

3.1.3 Since the last annual evaluation report, work progressed in the area of programme management and monitoring with the WCO co-chairing and providing technical support to the Coordinating Subcommittee which oversees the monitoring and evaluation of the CCS. Several meetings of the Coordinating Subcommittee took place in 2018 and it plans to meet at least twice a year moving forward. The WCO M&E framework, which contains a specific section on mainstreaming of gender, equity and human rights, was approved by the CCS executive Committee in January 2019.

3.1.4 In response to the recommendation around the country office capacity to implement its workplans beyond the CCS priorities and activities, the recruitment of all NPOs has been completed and a position of interpreter created. While this position is currently vacant, options are being explored to ensure the function of interpreter in the WCO. In addition, senior WCO staff have received training to support the international trade and health priority programme and they continue to develop their expertise in this area and explore the cross-programmatic links in this multisectoral domain. Finally, flexible funding was secured to support CCS activities through a grant letter of agreement mechanism.

Management Response – Country Office Evaluation, Thailand

Evaluation Title	Country Office Evaluation - Thailand
Commissioning Unit	WHO Evaluation Office
Link to the evaluation	http://www.who.int/about/evaluation/thailand_country_office_evaluation_report.pdf?ua=1
Evaluation Plan	Organization-wide evaluation workplan 2016-2017
Unit Responsible for response	WHO Country Office, Thailand
Overall Management Response: The Country Office evaluation has provided important insights for the WHO-Thailand CCS 2017-2021. The WHO Country Office (WCO) has accepted all of the recommendations from the evaluation; some have been completely implemented already, all are in progress. Broad stakeholder engagement, especially by the Royal Thai Government in the planning and conduct of the evaluation makes it a powerful tool for improving the WCO performance over the next five years. We sincerely hope that all levels of the Secretariat read the evaluation carefully and support the WCO in the implementation of these recommendations.	
Management Response Status	Recommendations from the evaluation have been completely implemented.
Date	March 2019

Recommendations and Action Plan

Recommendation A	The Head of the WHO Country Office and the WHO Country Office team to contribute actively to Country Cooperation Strategy governance activities and to engage with other national partners to support implementation of Country Cooperation Strategy priorities and activities, in particular in the area of programme management and monitoring.					
Management response	Accepted <ul style="list-style-type: none"> - WR will co-chair the Coordinating Subcommittee (CS) which oversees the monitoring and evaluation of the CCS – CS to meet in early 2018; - WCO will provide technical support to the CS and leverage expertise on M&E as appropriate from all levels of the Organization; - WCO has completed a structured M&E framework to guide implementation of the CCS (see below); All CCS program sub-committees have representation by senior level WHO technical staff to monitor implementation of CCS workplans.					
Status	Implemented					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
M&E framework development for CCS 2017-2021 Priority Programmes	Liviu Vedrasco Sara López (intern)	September 2017 – January 2018	Implemented	The framework has to be agreed on by all the Priority Programmes (PP) stakeholders, especially by the Programme Managers. It includes specific indicators for each PP as well as report templates and a timeline regarding evaluation processes and meetings of the Executive Committee and Sub-committees.		
WCO will provide technical support to the CS and leverage expertise on M&E	Liviu Vedrasco	throughout the CCS period	In progress	WCO will assist the CS with the implementation of the M&E framework.	Implemented	WCO provided technical support to the CS. WR co-chaired several CS meetings in 2018. CS will meet at least twice a year moving forward,

Assign senior level WHO technical staff to each of the CCS program sub-committees	WR	August 2017	Implemented	P5 level technical staff participate in all Program Subcommittees, except Migrant Health which is represented by a NPO experienced in this area.		
Recommendation B	The WHO Secretariat to ensure that the WHO Country Office has the capacity to implement its workplans beyond the Country Cooperation Strategy priorities and activities, including through appropriate funding mechanisms and staffing of the Office					
Management response	<p>Accepted</p> <ul style="list-style-type: none"> - Currently sufficient HR at WCO to cover some CCS priorities: NCD, GHD - AMR: NPO to be recruited in 2018 to support work on this priority, using voluntary contributions - Road Safety: NPO for Road Safety has resigned as of 31 December, recruitment is underway to staff this post - Migrant Health: currently the responsibility of a senior NPO with experience in this area - International Trade and Health: No WCO expertise exists in this area, though we expect to leverage support from HQ and SEARO as needed. Senior WCO staff plan to increase their understanding of this area through SDL activities - In its 18-19 biennial workplan, WCO has proposed the recruitment of a translator/interpreter at the NPO level to be funded with voluntary contributions; until this recruitment can occur, a full time interpreter has been recruited under a consultancy contract and is currently working for us - Agreement was reached by senior management in WHO (DGO/RDO) on a pooled funding mechanism for the CCS 2017-2021; the principles of this mechanism were outlined in a Letter of Understanding signed by the WR in April, 2017. Since funding for CCS can only be “un-earmarked”, WCO can only use flexible funding for to support its CCS programs. This will require collaboration between and flexibility from Regional and Country offices as we ensure that sufficient flexible funding is available in a timely manner to support CCS activities <p>Achievement indicators have been incorporated into the M&E framework developed by the WCO for the CCS.</p>					
Status	Implemented					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Recruit interpreter and NPOs to support programs	WR/HR/ Senior Officers	November 2017 – March 2018	In progress	Recruitments are ongoing but delayed due to the large number of recruitments at the start of the biennium	Implemented	Recruitment of all NPOs has been completed. Recruitment for the interpreter was completed in 2018 and the post was filled, however the selected

						staff member resigned shortly afterwards. The interpreter position remains in the HR workplan and we are currently exploring options for ensuring this function at WCO.
Senior staff to develop competencies in ITH	WR/ Liviu Vedrasco	2018-2019	In progress	A variety of methods will be uses including on-line courses and potentially training by an outside consultant	Implemented	Responsible officer, Liviu Vedrasco and WR developed necessary competencies to support the ITH priority programme and continue to develop their expertise in this area and explore the cross-programmatic links in this multisectoral domain.
Ensure flexible funding is available to the CCS in a timely way, according to budget limitations	WR/ Liviu Vedrasco	2018-2019	In progress	There is ongoing collaboration between WCO and SEARO on ensuring sufficient flexible funding to support CCS activities. Senior SEARO planning staff and DPM, who are new, will need to fully understand our unique funding mechanism	Implemented	Sufficient flexible funding was secured to adequately support the CCS activities through unearmarked funding using the Grant LOA mechanism.
Recommendation C	The WHO Country Office to build on a Theory of Change for the period 2017-2021 to better link the Country Cooperation Strategy 2017-2021 with the entire planned country-level results and deliverables and with the Country Office staff and activity workplans during operational planning for Programme budgets 2018-2019 and 2020-2021					
Management response	Accepted - Theory of change has been developed and embedded in the M&E framework of the CCS A comprehensive M&E framework has been developed which WHO will use to measure such progress.					
Status	Implemented					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019

Development of a Theory of Change for the CCS 2017-2021	Liviu Vedrasco Sara López (intern)	September 2017 - January 2018	Implemented	The Theory of Change has been embedded in the M&E framework that is currently being developed and is attached to this document.		
Agreement on the M&E framework by all CCS stakeholders and its approval by the CCS Executive Committee	WR Liviu Vedrasco	November 2017 - February 2018	In progress	WHO consulted CCS stakeholders on the M&E framework and is planning to present the same for approval at the next Executive Committee planned for February 2018	Implemented	WHO presented the M&E framework at the Executive Committee in January 2019 and the Executive Committee approved the framework.
Recommendation D	The WHO Country Office and the Royal Thai Government to strengthen inclusion of the gender and other social determinants of health dimension(s), as relevant, in the implementation of the Country Cooperation Strategy and other Country Office activities.					
Management response	Accepted <ul style="list-style-type: none"> - M&E framework has been developed with a specific section highlighting the need to focus on gender issues. This has been discussed at meetings with RTG - WCO developed specific guidance on gender integration for each of the priority programmes and is working with Programme Managers to develop specific indicators Country office sensitized on the need for considering gender and SDH in implementation of CCS priorities					
Status	Implemented					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Mainstreaming of Gender, Equity and Human Rights (GER) indicators in the M&E framework	Liviu Vedrasco Sara López (intern)	Implementation starts January 2018	In progress	The M&E framework contains a specific section on mainstreaming of GER indicators in each Priority Programme's indicator table.	Implemented	The M&E framework contains a specific section on mainstreaming of GER. The Executive Committee approved the M&E Framework in January 2019.
Handbook on gender mainstreaming	Liviu Vedrasco Sara López (intern)	October - December 2017	Implemented	The handbook includes both general guidelines on gender mainstreaming and a contextualized overlook of the gender situation in Thailand		

Develop specific guidance on gender integration for each of the priority programmes	Liviu Vedrasco Sara López (intern)	January 2018	Implemented			
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3.2 European Union/Luxembourg-WHO Universal Health Coverage Partnership 2011-2016

3.2.1 In 2011, WHO entered into a collaborative agreement with the European Union and Luxembourg to support policy dialogue on national health policies, strategies and plans with a view to promoting universal health coverage, people-centred primary care and health-in-all policies in a number of targeted countries. The Universal Health Coverage Partnership provides support for the development and implementation of national health plans, health financing strategies and effective development cooperation.

3.2.2 An external evaluation of this Partnership, covering the period 2011-2016, was conducted to assess its results and achievements and its contribution in strengthening WHO's capacity to support ministries of health in the 20 countries covered by the Partnership. Specifically, the evaluation assessed how the Partnership succeeded in: (i) supporting the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity; (ii) improving technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue, mainly at the country level; and (iii) ensuring that international and national stakeholders are increasingly aligned around national health policies, strategies and plans, and adhere to other aid-effectiveness principles.

3.2.3 Since the last annual evaluation report and responding to the recommendation to strengthen health systems expertise at country level, 25 long-term senior health systems advisors have been deployed at country level and 8 are under recruitment. A multi-donor coordinating committee for the UHC Partnership was created in 2018 with the involvement of all relevant regions, acknowledging the key role of regional offices in the design, implementation, monitoring and evaluation of the Partnership. Three meetings of this committee have taken place to date. In response to the recommendation to make a clearer link between UHC and the SDGs, the new phase of the Partnership (2019-2022) puts more emphasis on health security and SDGs. Finally, country support plans have been developed for the 66 countries that are currently supported by this Partnership and such plans will also be developed late 2019 for the new supported countries.

Management Response

Evaluation Title	Formative Evaluation of the EU-Luxembourg-WHO Universal Health Coverage Partnership (UHC-P) 2011 - 2016
Commissioning Unit	HGF/HGS and HGF/HEF
Link to the evaluation	https://www.uhcpartnership.net/wp-content/uploads/2017/12/FinalReportFormativeEvaluationUHC-w-Annexes-1.pdf
Evaluation Plan	Organization-wide biennial evaluation workplan 2016-2017
Unit Responsible for providing the management response	HGS
Overall Management Response: <ol style="list-style-type: none"> 1. The report was well received. 2. Most of the recommendations are relevant. 3. We have to notice that given the complexity (number of areas of work, number of countries and number of activities) the task of the evaluation team was difficult. 	
Management Response Status	In progress
Date	April 2019

Recommendations and Action Plan

Recommendation 1						
In most WCOs, HF and HSS expertise is scarce, therefore the provision of full-mode technical assistance on these two areas from the UHC-P could be beneficial.						
Management response	Partially accepted WHO ensures that the technical advisors deployed in countries have the minimal skills on HF.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Provide additional support with HQ and RO backstopping on HF matters.	HEF	2018	In progress		In progress	
More advisors with a HF profile might be recruited in the following phase of the UHC-P.	HEF	2019 onwards	In progress		In progress	
Recommendation 2						
WCO could be the natural lead in Development Partners alignment.						
Management response	Accepted					

	Since 2017, the transformation of IHP+ into UHC 2030 positions WHO in the wake of recent orientations for SDGs and UHC. This is supported by the agenda of the new DG. There is an increasingly robust perception of, and commitment to, health coordination at country level. Aid coordination has been put at the centre of the roadmap in each country that needs it.					
Status	Implemented					
Recommendation 3						
EU and Luxembourg delegations at country level should be involved more to be more efficient – but also to give legitimacy to the programme and create more visibility.						
Management response	Partially accepted WCO actors at country level are recommended to be proactive with the EU delegations and Luxembourg’s representations at country level.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Organize meetings with EU delegations and Luxembourg representation at country level.	All countries	2018	In progress		In progress	
Recommendation 4						
At country office level, strengthening of health systems (and then health financing) expertise is needed – probably best as “full-mode”.						
Management response	Accepted This corroborates what has been recommended by other evaluations or actors who have looked at the UHC-P. Nevertheless, it should remain a choice made at country level according to needs. In the last year, most of the countries newly integrated in the UHC-P have or will benefit from a long- term technical advisor. Three countries (Mozambique, Sierra Leone and Sudan) have evolved from light to full mode.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Consider the long term technical assistance in new countries.	HGF	2018 and onwards	In progress		In progress. 25 long-term senior advisors are deployed in countries and 8 are under recruitment	
Recommendation 5						
Regional Offices are a key intermediary between the global programming and day to day activities.						
Management response	Accepted All relevant ROs are involved systematically in the design, implementation, monitoring and evaluation of the UHC-P.					
Status	In progress					

Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
The annual technical meeting of the UHC-P gives more room to the ROs in designing and facilitating		2017 and onwards	In progress		The meeting will take place 11-13 June 2019	
The creation of the coordination committee of the UHC-P in May 2018 will involve all relevant regions	HGF	May 2018	In progress		Multi-donor coordinating commit for UHC has held 3 meetings so far (May and September 2018 plus February 2019)	
Recommendation 6						
The program is administratively burdensome.						
Management response	Partially accepted This has been perceived by the UHC-P managers for a long time. The burden of the administrative tasks have been seriously reduced for countries with the recruitment of a professional administrative officer (2015), with better utilization of the GSM and the acceptance by the EU to simplify the budget (Phase III 2016-2018).					
Status	Implemented					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Simplification of the budget for Phase III (2016-2018).	HGF	Jan 2016	Implemented			
Recommendation 7						
What is often needed at country office level is increasing expertise for health system strengthening, making WHO-CO less disease-control specific expertise.						
Management response	Accepted This is the whole purpose of the programme. In some countries, one person is not enough.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Ensure adequate technical expertise for HSS in WCO.	UHC HS Cluster	Phase IV 2019-2021	In progress		The new phase (2019 -2022) will be starting in July 2019.	
Recommendation 8						
The collaboration at headquarters level between the three units in charge of the UHC-P implementation is less visible than at country level.						
Management response	Partially accepted					

	There is good collaboration between the 3 units at country level. The arrival of the new HGF Director pushed the team in the right direction, especially with the creation of teams. The transformation that led to the creation of UHC 2030 brought the UHC-P and UHC 2030 closer to each other.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Recognize UHC-P as an operational arm of UHC 2030.	UHC 2030/HGF	2017 onwards	In progress		Activities along coordination of development aid is still among the most important at country level.	
Recommendation 9						
The countries' roadmaps were often too ambitious for the limited timeframe of the programme and the complexity that policy dialogue entails.						
Management response	Partially accepted The roadmaps are key in the process of implementation of the UHC-P activities at country level. All newly integrated countries should have one. Flexibility is key in implementation.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Inception missions in newly implemented countries.	HGF/ ROs	Continuous	In progress		In progress	
Recommendation 10						
At country level, it was recommended to make a clearer link between UHC being one of the SDGs, so different stakeholders may be more convinced on the importance of NHPSP.						
Management response	Accepted This is in line with the new GPW and the strategic direction of the new Director-General.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Emphasis has been recommended in all countries to strengthen the linkages between, UHC, health security and SDGs.	HGF	Continuous effort in countries	In progress		In progress. The new phase of the Programme puts more emphasis on health security and SDGs.	

Development of recent technical document to support and guide implementation at country level.	HGF	2017	In progress		In progress	
Recommendation 11						
(...) some countries need more support than others.						
Management response	Accepted Support to countries must be tailored					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Develop a plan for support to countries.	HGF ROs	2018/2019	Not initiated		According to the GPW13 each country has to develop a country support plan . This plan exists already in the 66 supported countries and will be developed late 2019 – early 2020 in the new supported countries.	

3.3 Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme

3.3.1 The overall objective of this evaluation was to determine the contribution of WHO, in coordination with other agencies, to the success of the NIP/EPI in Bangladesh, and to evaluate the necessity of and options for the continuation of current WHO support. Specific objectives were as follows:

1. To map out WHO's contributions to the NIP/EPI over the last five years.
2. To assess the cost-effectiveness of WHO's contributions to the NIP/EPI.
3. To conduct a comprehensive performance assessment of the surveillance medical officer (SMO) program and identify the best practices as well as the major problems and the challenges.
4. To assess other policy level, managerial, financial and contextual factors that have influenced the performance and the effectiveness of the SMOs
5. To assess the successes and the failures of the attempts by the national government and the other stakeholders to institutionalize the functions of the SMOs within the Government of Bangladesh structure and/or to make the SMO program sustainable.
6. To make recommendations to WHO with regard to future directions for continuation and or modifications of current funding.

3.3.2 Since the last annual evaluation report, the GoB has submitted the Gavi/HSS3 proposal to Gavi, which includes funding support for SMO (renamed Surveillance and Immunization Medical Officer (SIMO)) network. Gavi has indicated that they would provide funding support for the first two years of the HSS3 implementation period only and that the remaining SIMO cost should be borne by GoB. The polio transition plan for Bangladesh, which outlines the phased transfer of SIMO functions to GoB by 2026, was endorsed by the Interagency Coordination Committee on Immunization in May 2018. SIMOs continued to receive training on surveillance and immunization, including international exposure visits, and to receive required logistical support. WHO continued to provide support to GoB for the implementation of the Bangladesh Health Workforce Strategy 2015 and for the finalization of an urban health strategy for routine immunization.

Management Response

Evaluation Title	Evaluation of the contribution of the Regional Office for South-East Asia to the implementation of the national immunization programme in Bangladesh, with special emphasis on the surveillance medical officer programme	
Commissioning Unit	SEAR-Planning	
Link to the evaluation	http://www.searo.who.int/entity/immunization/documents/ban_smo_evaluation_2016.pdf?ua=1	
Evaluation Plan		
Unit Responsible for providing the management response	WCO Bangladesh (in coordination with IVD/SEARO and Planning/SEARO)	
Overall Management Response:		
Management Response Status	In progress	
Date	March 2019	
Recommendations	Progress March 2018	Progress March 2019
Continue to provide or enhance the current level of leadership to the EPI and the health sector of the Government of Bangladesh (GoB)	WHO has continuously provided leadership to EPI and the health sector	<ul style="list-style-type: none">WHO has continuously provided leadership to EPI and the health sector
Maintain the Surveillance Medical Officer (SMO) program for at least the next 4-5 years	The GoB has well appreciated the role of the SMO programme. In the Gavi/HSS2 proposal, the GoB recommended to transfer the areas covered by Gavi-supported district maternal and child health officers to SMOs. The SMO position has been renamed as Surveillance and Immunization Medical Officers (SIMO) with wider ToRs. Funds were secured to run the network through Gavi/HSS and GPEI until 2019. The GoB, Gavi and WHO are discussing the inclusion of support for SIMOs through Gavi/HSS3.	<ul style="list-style-type: none">The SMO position has been renamed as Surveillance and Immunization Medical Officers (SIMO) with wider ToRsThe areas covered by Gavi-supported district maternal and child health officers has been transferred to SIMOsFunds were secured to run the network through Gavi/HSS and GPEI until 2019The GoB has submitted HSS3 proposal to Gavi which includes funding support for SIMOs network through HSS3 (4 year). Gavi has indicated that they will provide funding support for SIMO network only in the first 2 years of HSS3 implementation period and remaining 2 years the SIMO cost should be borne by the Government
Develop and implement a transitional plan to hand over the major EPI activities and SMOs	A draft polio transitional plan has been developed. The focus was on plans for transferring major EPI activities in the development of the Gavi/HSS3 proposal. The plan is to transfer the SIMO function to the GoB by 2026.	<ul style="list-style-type: none">Bangladesh has developed Polio Transition Plan endorsed by ICC in May 2018

health sector functions to the two ministries (MOHFW and MOLGRDC);	Finalization of the HSS3 proposal and transitioning WHO functions has been constrained due to extensive involvement of national EPI and WHO in the immunization responses for migrants from Myanmar to Bangladesh.	<ul style="list-style-type: none"> • The Polio Transition Plan outlines transfer of SIMO functions to GoB starting from 2022 and completed by 2026 in a phased manner • The HSS3 proposal has been submitted to Gavi. IRC has reviewed the proposal and recommended for approval
Provide SMOs with additional training and logistical support wherever needed	SIMO have been receiving training on surveillance and immunization, including online courses. International exposure visits were planned in 2017 but had to be cancelled due to the urgent response required for migrants from Myanmar. All SMOs are continuously provided with computer, iPhone, printer, multimedia, scanner, office space and vehicles.	<ul style="list-style-type: none"> • SIMO continue to receive training on surveillance and immunization, including online courses. • The technical staff at central level and Divisional Coordinators got international exposure visits • All SMOs are continuously provided with computer, iPhone, printer, multimedia, scanner, office space and vehicles as required
The WHO should assist the GoB with the development of a comprehensive human resource plan and system of continuous recruitment for all frontline health workers;	WHO provided technical support to formulate the Bangladesh Health Workforce Strategy - 2015, which was followed by the development of a five-year operational plan 2017-2022. This action plan contains provisions for a service level (primary, secondary and tertiary) health workforce plan with projections. Planning the primary level health workforce has been given special attention due to the need for preventive and promotive care and also to meet the commitment towards Universal Health Coverage. In 2018, WHO will provide technical support to conduct a health labour market analysis, which will help to understand the role of both the public and private sector providers, including frontline health workers.	<ul style="list-style-type: none"> • WHO is providing continue support for implementation of the Bangladesh Health Workforce Strategy 2015 - Strengthening the national capacity for evidence-based health workforce planning and information management, Promoting quality in health professional education and training, Technical support to the government counterparts such as HRD and Health Professional Education departments and Support to prepare country updates for regional and global HRH situation analysis by WHO including SDGs monitoring.
Work with the City Corporations and larger municipalities in developing separate, but well-integrated plans of action for EPI	WHO is providing support to develop an urban health strategy. Continuous support is provided for developing and updating the micro plans and conducting regular performance review meetings.	<ul style="list-style-type: none"> • WHO is providing support to finalize an urban health strategy. • Continuous support is provided for developing and updating the micro plans and conducting regular performance review meetings • WHO is providing support in 3 City Corporations to use innovative approaches and tools for strengthening of routine immunization (as model City Corporation) • Workshop is planned with Mayors and Health Chiefs to identify bottlenecks and strategies for strengthening of RI followed by exposure visit in best performing City Corporation • Hard to reach areas have been mapped using GIS
Emphasize the coordination and integration of EPI and family planning services to avoid duplication of activities among field staff and between data systems	SIMOs are coordinating with both departments at district and subdistrict level.	<ul style="list-style-type: none"> • SIMOs are coordinating with both departments at district and sub-district level. • There is plan to establish integrated MCH services in major hospitals

Improve upon the current efforts of Effective Vaccine management	UNICEF is taking a lead in providing technical support at national level, and for procurement and logistics. WHO is providing the technical support for review of SoPs and cold chain monitoring at district and subdistrict level. SIMO are supporting cold chain assessment in major municipalities.	<ul style="list-style-type: none"> • UNICEF is taking a lead in providing technical support in cold chain and vaccine management and for procurement and vaccine and logistics. • WHO is providing the technical support for review, training and implementation of SoPs and cold chain monitoring at district and sub-district level. • SIMO supported cold chain/EVM assessment in major municipalities • WHO is providing support at central EPI for vaccine and logistics management
Work with the GoB and the other development partners to dedicate resources, plan, implement, and provide training on a national and integrated MIS to track EPI activities	<p>WHO is working with the GoB and UNICEF to support monitoring of EPI data in MIS. WHO SIMOs are supporting the monitoring of the completeness at district and subdistrict level. Training of SIMOs on MIS is in process with support from the GoB and UNICEF.</p> <p>WHO is supporting, through Gavi, the HSS2 proposal for integrating vaccine preventable disease surveillance data into MIS. To be completed by 2018.</p>	<ul style="list-style-type: none"> • WHO is working with the GoB and UNICEF to support monitoring of EPI data in DHIS2. • WHO SIMOs are supporting the monitoring and review of EPI data at district and sub-district level. Through monthly meetings • Training of SIMOs on DHIS2 has been completed • WHO is supporting, integration of vaccine preventable disease and AEFI surveillance data into DHIS. To be completed by 2019

3.4 Evaluation of WHO's contribution to maternal health in the South-East Asia Region

3.4.1 The purpose of this decentralized evaluation was to evaluate the contribution of WHO to the improvement of maternal health in the South-East Asia Region from 2010 to 2015. It reviewed progress in five countries at different stages of development, namely Bangladesh, Indonesia, Myanmar, Nepal and Sri Lanka.

3.4.2 The evaluation had the following objectives: (i) understand the scope and diversity in maternal health responses by WHO; (ii) study the contribution of WHO to the policies, projects and practices in maternal health; (iii) ascertain strategies that yield good uptake by governments and local partners; and (iv) identify learning that can be applied to strengthen WHO's programme in the Region.

3.4.3 Since the last annual evaluation report and in response to the overall recommendations, countries of the Region continue to be supported based on the level of maternal mortality and coverage of essential interventions. For example, Nepal, Myanmar and Timor-Leste were supported for scaling up of the family planning programme focusing on postpartum family planning; and improving quality of care was supported in Nepal, Myanmar, Bangladesh and Sri Lanka. Stillbirth surveillance and response was introduced in countries of the Region and linked to birth defect surveillance and response. Resources were successfully mobilized to support activities at the regional level in comprehensive abortion care, post-abortion care and contraception for the period 2019-2023 and technical assistance was provided to country offices and to the Ministries of Health of India and Nepal to develop country proposals with a similar focus. Resources were also mobilized at the regional level for antenatal care and implementation of RMNCAH programmes. The Regional Office recruited a P4 Technical Officer to provide leadership in the area of Nursing and Midwifery and regional strategic guidance on nursing and midwifery is under preparation. A P4 Technical Officer was also recruited in the Regional Office to support sexual and reproductive health activities. According to the RMNCAH policy survey (2018), RMNCAH is adequately addressed in essential service packages and essential drugs lists in most Member States of the Region.

Management Response

Evaluation Title	Evaluation of WHO's Contribution to Maternal Health in the South-East Asia Region
Commissioning Unit	SEAR-Planning
Link to the evaluation	http://apps.who.int/iris/bitstream/handle/10665/249595/B5257_evaluation.pdf;jsessionid=B4D101EED41A7DF8844A8BDF0670B651?sequence=1
Evaluation Plan	
Unit Responsible for providing the management response	Maternal and Reproductive Health (MRH), SEARO
<p>Overall Management Response:</p> <p>As a part of the ongoing WHO reform processes, WHO has taken steps to introduce a 'culture of evaluation' in the Organization. This evaluation had the following objectives:</p> <ul style="list-style-type: none"> • Understand the scope and diversity of maternal health responses by WHO. • Study the contribution of WHO to the policies, projects and practices in maternal health. • Ascertain strategies that yield good uptake by governments and local partners. • Identify learning that can be applied to strengthen WHO's programme in the Region. <p>The recommendations of the evaluation study were disseminated to regional and WCO staff at a meeting held at the Regional Office.</p> <p>The evaluation report identified four overall recommendations and specific recommendations with regard to each core function and applies to both the regional and country levels. In addition, several country-specific recommendations were addressed to each country.</p> <p>The Regional Office and country offices started implementation of the recommendations since 2016. Some actions are already implemented and others are still in process. The current status of implementation of the recommendations is included in the following table.</p>	
Management Response Status	In progress
Date	April 2019

General Recommendations	Comments March 2018	Comments March 2019
Become more selective and pick the issues that will be the focus of efforts in select countries based on an analysis of the situation and opportunities that pertain.	Regional priorities are based on flagship areas; maternal and newborn mortality reduction is one of the high priorities in the Region. WCOs prioritize the support of WHO to Member States based on broad flagship focus, and the local country needs through country Cooperation Strategies (CCS).	Regional priorities are based on flagship areas; maternal and newborn mortality reduction is one of the high priorities in the Region and strategies are based on RD's new vision: Sustain, Asseverate and Innovate. Stillbirths are a hidden calamity and largely neglected in the Region and Stillbirth Surveillance and Response has been initiated. Based on the level of maternal mortality and coverage of essential interventions, countries are supported. The following are a few examples: Nepal, Myanmar and Timor-Leste supported for Scaling up of FP programme focusing on PPFP; Improving QOC supported in Nepal, Myanmar, Bangladesh and Sri Lanka.
Become the voice of the countries to support the articulation of an appropriate direction for domestic and international financing of health care.	WHO continuously works on broader issues of health financing such as the development of national health accounts (Sri Lanka and Myanmar) and the introduction of an insurance scheme in Indonesia which addresses maternal and newborn care.	A regional proposal was developed which successfully mobilized resources to address Comprehensive Abortion Care (CAC), Post Abortion Care and Contraception at the regional level for a four-year period (2019-2023) and technical assistance provided for WHO country offices and MOH Nepal and India to develop the country proposal on a similar focus. Resources were mobilized at the regional level for ANC from the Global Fund and family planning through an umbrella grant. GFF supported Myanmar and Bangladesh to implement RMNCAH programmes.
Become the voice of country implementers to highlight constraints in country health systems and help to address them through collaboration between RMNCAH and Health Systems Departments in the WHO.	Both Health Systems and RMNCAH units are jointly working on broader health system issues, such as streamlining service delivery models, policies and strategies of human resources. WCO Bangladesh continues to support the training of midwives and development of a border strategy for human resources for health in the country. RMNCAH, Health Systems and WCO Myanmar jointly supported the development of a human resources for health strategy for Myanmar which includes RH workforce.	Both Health Systems and RMNCAH units are jointly working on broader health system issues, such as streamlining service delivery models, addressing quality of care, policies and strategies of human resources. SEAR recruited a Technical Officer, Nursing and Midwifery, P4 position to provide leadership on nursing and midwifery. Regional strategic

		<p>guidance on nursing and midwifery is in preparation.</p> <p>RMNCAH is adequately addressed in essential service packages and essential drug lists in most of the Member States (ref RMNCAH policy survey 2018).</p>
Setting Norms and Standards		
<p>To put a system in place a system to track efficiency of adaptation, dissemination and pace and extent of adoption of norms and standards; and pursue opportunities to feed country experience into development of regional and global norms and guidance</p>	<p>All three levels of the Organization are providing support for timely dissemination and adaptation of maternal care guidelines at country level through various methods and channels, such as sharing soft and hard copies, facilitating webinars and regional dissemination meetings, national dissemination meetings and country adaptations. The Regional Office regularly shares the updated guidelines and literature with the WCO RMNCAH focal points. WCOs communicate with the MOHs and initiate discussions on adaptation and incorporation of recommendations into national guidelines. The following are country examples: WCOs Myanmar and Nepal played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system. WCO Sri Lanka incorporated the WHO recommendations on ANC, INC and family planning into national guidelines. Sri Lanka, Myanmar and Indonesia experts contributed to the development of home-based maternal and child health records at the global level.</p>	<p>Same methodology as indicated in previous year was followed to disseminate the WHO guidelines. Guidelines on ANC and IPC for positive pregnancy experienced disseminated in regional meeting and country action plans developed for adaptation. WCOs Myanmar and Sri Lanka already adapted the national guidelines to incorporate new recommendations. Nepal incorporated latest FP recommendations.</p>
Providing Technical Support and Building Institutional Capacity		
<p>To maintain the integrity and rigor of technical advice; pay the greatest attention to hiring and allocating its staff; and make expectations from WCO staff in the area of providing technical advice and building institutional capacity more explicit.</p>	<p>The Regional Office and country offices periodically assessed the human resource situation at all levels and streamlined the hiring process under the leadership of senior management. As an example: the Regional Office position of Medical Officer, Maternal and Reproductive Health was filled through the lateral transfer process. A P5 Technical Officer and a National Professional Officer (temporary NOB) for RMNCAH were recruited for WCO Myanmar to provide technical support to the MOH. In Nepal, a temporary NOB position was converted to a fixed-term NOC position. Sri Lanka hired an external consultant for the development of second MNH strategic plan.</p>	<p>The Regional Office and country offices periodically assessed the human resource situation at all levels and streamlined the hiring process under the leadership of senior management. As an example: the Regional Office position of Technical Officer, Sexual Reproductive Health (P4) was filled through open advertisement. A P5 Technical Officer (reassignment) and a National Professional Officer (fixed-term NOB) for RMNCAH were recruited for WCO Myanmar to provide technical support to the MOH.</p>

	<p>Also, a Technical Advisory Group for women's and children's health, constituted by the Regional Director, provided additional strategic guidance through its deliberations and recommendations to countries and partner agencies to undertake prioritized actions for ending preventable maternal, newborn and child mortality in the Region.</p>	<p>In Nepal, a P4 Technical Officer, Reproductive Health position was filled, a fixed-term NOC position (FGL) advertised and NOB temporary position (RMNCAH) filled.</p> <p>Also, a Technical Advisory Group for women's and children's health, constituted by the Regional Director, provided additional strategic guidance through its deliberations and recommendations to countries and partner agencies to undertake prioritized actions for ending preventable maternal, newborn and child mortality in the Region.</p> <p>The 4th TAG meeting was dedicated to maternal and Reproductive Health.</p> <p>RO initiated the process of constituting a technical subcommittee dedicated to SRH in an advisory capacity since 2019.</p>
Shaping the Research Agenda		
<p>To make expectations of what the WCOs are supposed to do on research more explicit; empower and animate WCO staff to inform global guidance through country specific research; and ensure generation of country knowledge to concentrate global focus on overcoming implementation constraints.</p>	<p>The Regional Office facilitates the participation of WCOs in global evidence generation process through research. The following are country examples:</p> <p>Nepal and Myanmar were included in the strategic review of global IMNCI program in 2016. Also, the pilot testing of the global guideline and tool on perinatal and neonatal death surveillance and response (Making Every Baby Count)" was undertaken in Myanmar in selected health facilities.</p> <p>All SEAR countries engaged in the MIACSA project which is a health system capacity assessment for maternal immunisation. Sri Lanka participated in the pilot testing of the assessment tools for the MIACSA survey.</p> <p>Most of the SEAR countries participated in the global maternal sepsis survey.</p> <p>Operational research was also carried out on "Exploring the approaches to reduce maternal mortality in Magwe Region, Myanmar" where maternal mortality is very high.</p>	<p>RMNCAH research agenda was identified for Myanmar and Nepal.</p> <p>All SEAR countries engaged in the MIACSA project, which is a health system capacity assessment for maternal immunisation, and Bhutan, India, Thailand and Sri Lanka participated in the final dissemination of findings in South Africa.</p> <p>India is participating in operational research on ANC on positive pregnancy experience and countries are continuing with the global maternal sepsis survey.</p>

Articulating policy options		
To empower and encourage WCO staff to actively influence global guidance; and utilize the credibility and position of WHO to extend its support and reach to all actors in the health space.	The Regional Office and WHO headquarters facilitate the capacity building of WCO staff through participation in global and regional meetings such as guideline development groups and regional adviser meetings. Also, WCO staff take the advisory role in technical governance meetings at country level, such as national advisory committees and reproductive health steering groups, e.g. Sri Lanka and Myanmar.	Continue the activities as above and participate in advisory groups, steering committees etc. at country level.
Monitoring health situation and trends		
To ensure that the main messages of the Commission on Information and Accountability percolate to the country level with adequate attention to decreasing the load of data collection; utilize WHO's credibility and position to study the inputs of all actors in the health space; and to leverage their position to become an advisor on new ways of doing monitoring and new approaches to evaluate implementation.	RMNCAH and health information units work in coordination at regional and country level to address the issue of streamlining a management information system focusing on MRH. For example, Nepal, Bangladesh, Sri Lanka and Myanmar have adopted the DHIS II platform for the regularized health information management system of ministries of health.	SEAR countries carried out the Global WHO RMNCAH Policy Survey 2018, reviewing their national strategies and programs on RMNCAH, becoming the only WHO Region with 100% participation. Subsequent gap analysis, data-driven situation assessment and supporting technical reviews were completed for all 11 countries, which formed the basis of the 2019 SEAR-TAG recommendations on maternal health and stillbirths. Stillbirth surveillance and response introduced into the SEAR countries and linked to birth defect surveillance and response. Mobile tablets introduced to basic health staff to strengthen and upgrade the health information system in Myanmar. MDSR, the online system, introduced, linked to DHIS 2 in Bangladesh (pilot project) and Nepal.

Providing Leadership on Health		
To leverage country knowledge and UN mandate to exert leadership of the health community; build common purpose with DPs and ensure a coordinated approach; invest in country level relationships with a wide range of stakeholders; and ensure that country relationships are supported, to the extent possible, by global and regional dialogue.	<p>The Regional Director, in consultation with the Member States, identified seven Regional Flagship Priority areas to address the strategic support to Member States. Flagship area 3 is focusing on the unfinished MDG agenda: ending preventable maternal, newborn and child deaths with focus on neonatal deaths.</p> <p>SEAR is the first Region to initiate the H6 platform, through the regional directors of UNICEF, UNFPA, UN Women, UNAIDS and the World Bank, with the leadership of WHO, to support the operationalization of the Global Strategy for Women's, Children's and Adolescent's Health in Member States.</p> <p>A joint H6 statement was issued by regional heads of all six agencies. A H6 Regional Working Group also has been established to jointly review the progress in the Global Strategy and identify joint activities to assist Member States in the South-East Asia Region. The Regional Working Group of H6 agencies has been instrumental in coordinated and harmonized support for RMNCAH in the countries of the Region. In line with the regional H6 forum, WCOs Myanmar and Indonesia facilitated the process of the establishment of H6 forum at the country level. H6 partners serve as the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.</p>	Continued the same activities as 2017 and, in addition, commitment at the highest level was achieved in July 2018, when parliamentarians of all 11 Member States the South-East Asia Region issued the first-ever 'Call to Action' to keep health of women, children and adolescents at the centre of Universal Health Care (UHC); pledging towards the implementation of Global Strategy for women's, children's and adolescents' health and the SDG goals. Momentum was built for improving accountability and quality of care for maternal and child health within the UHC framework.
Country level recommendations	Progress March 2018	Progress March 2019
Bangladesh		
Continue with both Midwifery and CSBA training until community and facility demands are met	<p>Since 2016, the MOH has deployed more than 2000 additional midwives to provide services across the country. WHO supported the training of CSBA via the MNI project. The support ended in 2016 with completion of the project.</p> <p>In addition, capacity building of service providers in the area of maternal health remains a core component of WHO biannual work plan.</p>	As of January 2019, 2131, Diploma-level midwives were registered. Govt considers BSc-level (post-basic diploma) midwifery education.
Strengthen advocacy programmes at the community level to demand skilled attendance at birth, reduce child marriage and adolescent pregnancies, and violence against women.	The Government is implementing the advocacy/awareness building program at community level via the community clinic groups and the satellite clinics with the support of WHO and other stakeholders.	The Government continues to implement the advocacy/awareness-building programme at community level via the community clinic groups and the satellite clinics with the support of WHO and other stakeholders.
Promote the image of nursing services at the policy (within Government of Bangladesh and DGHS), planning, and	Not implemented	WCO supports governments to develop norms and standards of nursing at all levels.

Country level recommendations	Progress March 2018	Progress March 2019
implementation levels reaching the communities: this is a serious gender issue too.		Nursing awareness activities are planned in relation to international nurses day.
Address inequities in Maternal Health services across social-cultural class, economic and geographies	Addressing inequities is not at the centre of all health interventions in Bangladesh. The MOH has committed to ensure universal health coverage by 2030 with the support of WHO and other partners. A new health sector development plan has been developed with an increase budget by 126%. MNCH is at the centrepiece of the plan. A new essential health package (ESP) has been developed. Special attention is given to underserved areas of the country such as Sylhet and Chittagong.	
Indonesia		
The health governance challenges in Indonesia give renewed emphasis to the need for WHO to engage with a range of other stakeholders since many of the areas in which change can have a positive impact on Maternal Health are those in which existing efforts are supported by various international institutions.	In response to the global commitments, the Director General of Community Health, MOH, Indonesia, established an intersectoral coordination meeting for all partners working in the area of RMNCAH+ Nutrition, with support from WHO, UNFPA, and GKIA (MCH Coalition). National and international partners and stakeholders were invited to participate in this coordination meeting. The nature of the discussion has been developed based on the WHA recommendations, RPJMN target, as well as SDGs. Intersectoral coordination meetings of RMNCAH+ Nutrition are led by the Director General of Community Health and the Family Health Directorate of the MOH and WHO is the coordinator of these intersectoral coordination meetings with help from the MCH coalition. WCO Indonesia and MOH have established a regular GOI/WHO Joint Coordination Meeting (six-monthly meeting), in which progress of joint work is presented and discussed as per the current activity workplan. UN H6+ regular meeting to discuss support from each organization for the RMNCAH and joint actions.	

Country level recommendations	Progress March 2018	Progress March 2019
<p>There is need to adjust WHO personnel's skills sets according to the challenges faced by the country. WHO must leverage its convening power which, combined with the scientific credibility of the staff, can enable it to exercise a more visible leadership and better communicate the WHO brand and impact.</p>	<p>Regular technical update from the Regional Office/headquarters on RMNCAH to Team Leader and related staff and country visit by Regional and headquarters staff.</p> <p>Regular communication/meeting between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, to discuss progress of work as per agreed workplan.</p> <p>Ad-hoc communication between Team Leader of RMNCAH and Directorate of Family Health, MOH Indonesia, for any emerging issues and new recommendations made by the Regional Office/headquarters in the area of RMNCAH.</p>	<p>The country office has initiated a process for recruiting a new NPO-NOB for reproductive and maternal health as the existing NPO left the job. Also, this year it is intended to fill the vacant position of NPO for child health. To build synergy in the new restructuring of the WHO programmes, RMNCAH is planned to be combined with the EPI programme in the near future.</p> <p>Country intersectoral coordination and interaction is continued as in 2018 and furthermore emphasis has been given to transforming the WHO global tools and guidelines into national ones and building the country capacity and competency for their effective enforcement and use. Such transformation tasks were worked out with MOH in the areas of having positive pregnancy experience and positive childbirth experience, improved maternal and newborn health, elderly empowerment at sub-national levels, reproductive health services for adults with disabilities, reproductive health care for vulnerable and marginalized groups, and application of medical eligibility criteria for contraceptive use.</p>
Myanmar		
<p>Devote sufficient organizational priority, commitment and human and financial resources to support effective promotion and implementation of Maternal Health within the broader framework of RMNCAH. This will entail setting policies and high-level strategic work rather than managing projects and contracts. WHO will need to prioritize, among the core functions, those in which it has a comparative advantage, and focus on these areas.</p>	<p>A Technical Officer for RMNCAH (P5) was recruited in WCO Myanmar to provide technical support in all aspects of RMNCAH. These include the development and review of RMNCAH-related strategies and plans, adaptation of technical guidelines and training tools and technical inputs to Technical Working Group meetings. One national professional officer (temporary NOB) was also recruited to further complement the technical work.</p> <p>In terms of high-level strategic work, WCO Myanmar played a key role in developing the Ending Preventable Maternal Mortality (EPMM) Strategy for Myanmar (2017-2021), as a road map for the SDG and the Global Strategy as well as the SEA Regional Flagship Initiative.</p>	<p>In addition to the 2018 activities, a NOB staff was converted to a fixed-term staff.</p> <p>Myanmar has finalized the strategy on EPMM and, based on the strategy, state and regional plans were developed using the WHO Programme management methodology.</p>
<p>Build upon its comparative advantage, neutral status and impartiality, and its strong convening power for the UN</p>	<p>WCO Myanmar facilitated the process of the establishment of a H6 forum and RMNCAH Partners forum in Myanmar. H6 partners serve as</p>	<p>WHO Myanmar is coordinating the national health sector coordinating meeting (highest decision-</p>

Country level recommendations	Progress March 2018	Progress March 2019
system to work together. More importantly, partnerships with government and other actors will need to be built or strengthened in order to advocate for and implement cost-effective interventions.	the technical arm for the implementation of the Global Strategy and Global Financing Facility in Myanmar.	making body). WHO is a key member of the RMNCAH TSG and is making significant contribution to the formulation of RMNCAH Strategy (2019-2024) and the development of an investment case for GFF with a focus on promoting institutional delivery and newborn care. RMNCAH Programme Review was conducted by using WHO Short Programme Review (SPR) methodology.
Capitalize on WHO's strengths in developing norms and standards, WHO should use the strategic power of evidence to influence policies and encourage partners implementing programmes to align their activities with best technical guidelines and practices with the priorities established by countries.	In the process of developing the EPMM Strategy, the evidence-based intervention package for RMNCAH was defined and finalized, based on a number of global guidelines, strategies and reviews with the technical assistance of WHO. Jointly with UNFPA, WHO played an instrumental role in the operationalization of Maternal Death Surveillance and Response (MDSR) system in Myanmar, particularly in the formulation of technical guidelines and an advocacy package for MDSR. In addition, a significant contribution was made to the development of Family Planning Guideline, Advocacy Factsheet for the Family Planning and Antenatal Guideline. WHO also provided strategic support in the formulation of the Myanmar Sexual and Reproductive Health and Rights (SRHR) Policy, in joint collaboration with UNICEF, UNFPA and PATH. A key contribution to the SRHR Policy was the translation of global guidance and incorporating the evidence-based policy options into the Myanmar context.	WHO supported, jointly with other partners, the development of the national SRHR Policy and policy briefs, MCH Handbook and other guidelines and tools. The Point of Care Quality Improvement (POCQI) was introduced for quality improvement of maternal and newborn health in hospital settings. WCO supported MoHS in the implementation of the Global Maternal Sepsis Study (GLOSS), which is a multi-country study coordinated by WHO HQ. In addition, WHO Myanmar facilitated the administration of 2018 Global RMNCAH Policy Survey in Myanmar.
Nepal		
Maternal Health continues to be a high priority domain for Nepal. There is great need for an organization to take a leadership role in coordinating a technical response to the needs of the Government and other stakeholders in the country. A national level health forum for the country counterparts would be very helpful.	WCO Nepal is included in National Safe Motherhood Committee along with other major partners. WCO Nepal is actively involved in national committees and technical working groups to provide support in this area. The capacity of the country office in RMNCAH has been improved by creating and recruiting a national professional officer (NOC fixed-term).	WHO Nepal will be playing a coordinating role in SRH focusing on the abortion, post-abortion & family planning. The Committee will be chaired by Family Welfare Division and all partners working in the area of abortion will be members. Contributed technically to Government along with partners to develop the Safe Motherhood and RH Act 2018 and Safe Motherhood and Newborn Roadmap 2019.
WHO is involved in a very large number of initiatives in Maternal Health. With the result the technical accountability	Though Nepal expects support from the Organization in many areas in MCH, among the maternal health area, WCO Nepal has prioritized support in establishing Maternal and Perinatal Death Surveillance and	MPDSR national report for last three years has been developed and is in the process of

Country level recommendations	Progress March 2018	Progress March 2019
is spread thin. There is a dire need to prioritize its expertise and ensure focus to a few critical areas.	Response (MPDSR) in the country as it is directly linked to health system strengthening and improving quality of care. The response component of the program is closely linked with quality improvement. Even though hospital-based MPDSR was initiated early, the Ministry realized the need to redesign and strengthen the system to capture community maternal deaths too. After the technical guidance on Maternal Death Surveillance and Response from WHO headquarters in 2013, the Government of Nepal adopted the guidance with a National Guideline on MPDSR in 2015 with support from WCO Nepal. A prioritized area of support also includes adolescent health. A National Adolescent Health and Development Strategy was developed after review of the adolescent health program in Nepal. The review and strategy development was supported by WCO Nepal. An area of support also includes development of family planning-related guidelines to support the country to prioritize programs to reach the unreached. WCO Nepal supported the MOH to develop a Program Managers' Guide on Post-partum Family Planning and a Facilitators' Guideline for Decision Making Tool and Medical Eligibility Criteria Wheel trainings.	finalisation. The recommendations will guide the design of maternal health programmes for Nepal.
The primary role of the WHO is to provide technical guidance and support to country institutions working in the area of Maternal Health. Counter-intuitively, human resources are sparse at the WCO and there is a great need for people with greater expertise. In a similar vein, it is important to maintain budget allocations for this domain despite organizational shifts to other issues of concern such as non-communicable diseases.	WCO Nepal has appointed a senior Obstetrician Gynaecologist with wide experience as a national professional officer, Family Health, Gender and Life Course. WCO Nepal has also hired a national professional officer (NOB in SSA position) to specifically support the MOH MPDSR Program. In this political transitioning phase, a national professional officer (NOB temporary) post has been created to support MPDSR, birth defect & stillbirth surveillance and family planning programs for the 2018-2019 biennium. Budget allocation in the last and current bienniums has prioritized maternal health compared to other programmes. Additional resources are mobilized from headquarters and the Regional Office. Technical expertise is mobilized from the Regional Office and headquarters when necessary.	Under the SRHR project, a P4 fixed-term staff member has been appointed in the country office. A NoC fixed-term FGL post has been advertised as it is vacant currently. A NoB temporary RHNCAH post has been filled. Additional resources were mobilised from HQ for family planning activities and from SEARO for birth defect and point of care quality improvement. Also, HQ funded a SRHR proposal.
A stronger mechanism to facilitate relationships between HQ, SEARO and WCO needs to be put in place. There is an urgent requirement of an expert who can monitor and present key findings from the data to the public health community. This role must be shared between the 3 levels of the organization.	Information from implementing MPDSR including the issues and challenges are shared with the Regional Office regularly. There has also been a visit from the Regional Office to the country during review of the program to provide technical guidance. The support of Dr Anoma, Medical Officer, Family Health, Gender and Life Course, in the	Technical support is provided by SEARO and HQ to develop a proposal on family planning and SRHR . There was strong collaboration between three levels of WHO in person and from distance through TC & VC to develop the SRHR proposal and funds were successfully mobilized.

Country level recommendations	Progress March 2018	Progress March 2019
	<p>Regional Office was very valuable during the review of community based maternal deaths in 2017.</p> <p>Technical support from the Regional Office was provided by sending an appropriate expert in birth defects and stillbirth surveillance. Strong support was also received on the development of facility-based IMNCI.</p> <p>Regular Webinars enabled the sharing of experiences with headquarters, the Regional Office and some of the program-related partners.</p>	<p>Technical support was provided by SEARO during the development of the Safe Motherhood Roadmap and a concept note developed for the MPDSR POCQI and birth defect pilot project</p>
Sri Lanka		
Address the plateauing of MMR in Sri Lanka using experience from countries in stage 5 of obstetric transition	<p>The 2018/2019 WCO programme budget has funds allocated for international consultation to discuss the experience from the countries that achieved stage 5 of the obstetric transition during MDG era. Discussions are ongoing with the Regional Office and headquarters. This will be an experience sharing exercise for advocacy. A second MNH strategic plan was developed to achieve SDGs by 2030 A MNH quality assurance system was introduced to improve the quality of institutional-based MNH services.</p>	<p>The second MNH strategic plan is being implemented and the focus on improving quality of care around child birth was identified as a main strategy to reduce maternal and newborn mortality and morbidity. Accountability for maternal deaths is strengthened with the immediate response initiative for selected maternal deaths. A hospital-based maternal and newborn care service review was initiated. Sri Lanka initiated the near miss enquiry into the health system and expanded the prepregnant package.</p>
The disparities in MMR due to demographic or socio-cultural factors must be addressed	Being implemented by different sectors.	Being implemented by different sectors.
The implications of rise in TFR should be studied and publicized, along with other agencies. It should also be discussed in open forums so that public opinion can be voiced which will impact policies and programmes. WHO, along with other agencies, should examine through research, gaps in FP services to suggest approaches	<p>Family planning guidelines were updated based on WHO's new guidelines and resource package.</p> <p>Planned to send Muslim religious leaders for a training in Indonesia on "strategic partnership with Muslim religious leaders in family planning"</p> <p>FHB published a family planning programme review report and all the agencies are working based on the recommendations on the report.</p>	<p>FP programme reoriented with updated family planning guidelines and capacity building tools based on WHO technical materials.</p> <p>Recommendations on PR on FP are being implemented.</p>
WHO could work with the Government to address the difficult pregnancies early	<p>Advocated to expedite the establishment of highly specialized centres</p> <p>Several capacity building workshops were conducted with the participation of national and international experts on management of heart disease complicating pregnancies and management of diabetes complicating pregnancies.</p> <p>Screening protocol of diabetes during pregnancy was updated using new evidence.</p>	<p>Continuously advocated to expedite the establishment of highly specialised centres for severe maternal morbidities.</p> <p>Revision of the maternal care guidelines based on the new WHO guidelines initiated.</p>

Country level recommendations	Progress March 2018	Progress March 2019
WHO could strengthen some partnerships further and seek support of Civil Society and NGOs in their mandate	Regarding the provision of MNCH services, the Government plays the major role. The place for NGOs and civil society for provision of care is questionable. However, mother support groups have been established at the village level to empower women and families to solve issues in health and nutrition.	Use of mother support groups to empower women and families on MNH care is continuing.
WHO could advocate best alternate utilization of these to maximize resources.	Advocate maintaining the focus on MCH in the primary health care reforms which is taking place now.	Actively contributed to development of an essential service package and ensured that the MNH services are adequately included at all levels of the health system. The essential service package for Sri Lanka was launched on 7 April 2019 at the World Health Day function.

3.5 International Coordinating Group on Vaccine Provision

3.5.1 The mandate of the International Coordinating Group on Vaccine Provision is the management of global emergency vaccine stockpiles to assure equitable access to, as well as rapid and timely allocation of, vaccines using evidence-based criteria during outbreaks and humanitarian crises. Covering the period 2006–2017, the purpose of the external evaluation was to inform decisions aimed at improving the Group’s governance, its mechanism related to the management and accessibility of disease-specific emergency vaccine stockpiles and their composition, the transparency of decision-making processes, as well as the Group’s internal and external communication.

3.5.2 Since the last evaluation annual report, the inaugural meeting of the governance oversight committee of the Group took place in September 2018. The accountability framework, which includes a section on the use of contingency funds, has been finalized and will be presented to the next meeting of the governance oversight committee for endorsement. With regard to the recommendations on mechanisms and processes and strengthening communication activities, the online dashboard on country vaccine requests is regularly updated and the ICG secretariat interacts on a regular basis with the EYE and GTFCC secretariats and has biweekly calls with oral cholera vaccine manufacturers, the UNICEF supply division and the Gavi secretariat.

Management Response

Evaluation Title	External evaluation of the International Coordinating Group on Vaccine Provision (ICG) mechanism
Commissioning Unit	WHO/WHE/IHM Support for Response (SFR)
Link to the evaluation	http://www.who.int/about/evaluation/icg_evaluation.pdf?ua=1
Evaluation Plan	2016/17; 2018/19
Unit Responsible for providing the management response	WHO/WHE/IHM Support for Response (SFR)
<p>Overall Management Response: WHO acknowledges the high quality of the evaluation, its strong and transparent process. Following the inception of the external evaluation report, WHO took the following actions:</p> <ol style="list-style-type: none"> 1. Organized a high level meeting on the evaluation of the International Coordinating Group on Vaccine Provision (ICG) on 17 October 2017 (http://www.who.int/mediacentre/events/2017/icg-vaccine/en/). The aim of the meeting was to reach agreement with stakeholders on the necessary actions on the recommendations, incl.: <ul style="list-style-type: none"> o drafting terms of references for the establishment of a governance oversight committee of the ICG o commissioning the development of an accountability and performance framework for the ICG mechanism 2. Managed 9 ICG requests for yellow fever, meningitis and cholera vaccines since October 2017, and communicated them http://www.who.int/csr/disease/icg/news-stories/en/ 3. Timely communicated on deployment of vaccines request to countries <ul style="list-style-type: none"> o http://www.who.int/csr/disease/icg/meningitis-dashboard/en/ o http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ o http://www.who.int/csr/disease/icg/cholera-dashboard/en/ 4. Published three annual meeting reports of the ICG stockpiles and made transparent relevant decisions <ul style="list-style-type: none"> o http://www.who.int/csr/disease/icg/epidemic-meningitis-control-July-2017/en/ o http://www.who.int/csr/disease/icg/yellow-fever-may-2017/en/ o http://www.who.int/csr/disease/icg/cholera-July-2017/en/ 5. Published an article on the performance of the ICG in 2016-2017 and country impact, http://www.who.int/wer/2018/wer9310/en/ <p>WHO continues to implement the recommendations of the external evaluation report as detailed on the following pages.</p>	
Management Response Status	In progress
Date	15 March 2019

Recommendations and Action Plan

Recommendation 1						
Governance: <ol style="list-style-type: none"> 1. More clarity is needed on which actors and stakeholders are responsible for what part of the ICG mechanism, in particular on who is responsible for the decision-making, forecasting, procurement and deployment of the vaccines and which organisations are key contributors to these parts. 2. Key performance indicators should be developed or existing ones adapted for each specific portion of the flow chart for which the ICG Secretariat, the Gavi Secretariat and UNICEF Supply Division are responsible. 3. The decision-making role of the ICG has to function independently and no additional level of endorsement is needed as this would negatively impact on timeliness and independence. However, options could be explored to make the decision-making bodies more formally accountable to the respective global disease control initiatives through the establishment of an oversight body (see below), to review the composition of each of the three ICGs, and to adopt a stronger communication plan to clearly communicate the decisions made. <p>Review the composition of each of the three decision-making bodies to make sure that the participating organisations can provide the most relevant technical and field expertise for the respective diseases.</p>						
Management response	<p>WHO welcomes the recommendation and fully accepts them</p> <ol style="list-style-type: none"> a. Establish an oversight committee for the whole ICG mechanism for emergency vaccination including procurement, market shaping, review of request, allocation, deployment and implementation, and provide strategic orientations for the global use of scarce or limited vaccines. Gavi will continue to be observer of the ICG emergency operational decision making process until the Oversight Committee is fully functional. The procedures recently developed to increase transparency of the emergency decision making process (dashboard, real time information on countries' requests and decision sheets) are useful and should continue. b. Develop a clear description of the roles and responsibilities of each stakeholder contributing to the process (e.g. market shaping, request submission, decision-making, financing, forecasting, procurement, deployment and campaign implementation) including the role of Gavi and UNICEF Supply Division and other stakeholders. c. Develop an accountability framework with Key Performance Indicators (KPIs) of each stakeholder involved in the ICG mechanism. <p>WHO Secretariat to take the lead in making proposals for the above, and involve key stakeholders.</p>					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Draft terms of reference for the governance oversight committee	HQ/WHO/WHE/IHM	January 2018	Implemented	Stakeholders provided comments on the draft	Implemented	Approved by ICG GOC 4.9.2018
Inaugural meeting of the GOC	HQ/WHO/WHE/IHM	April 2018	In progress		Implemented	Meeting took place 4.9.2018

ICG accountability framework including development of roles and responsibilities, as well as key performance indicators for each step of the mechanism	HQ/WHO/WHE/IHM	June 2018	In progress	Development of accountability framework commissioned in Dec 2017	In progress	The draft accountability framework is finalized and will be endorsed by the GOC members at the next meeting .
Gavi continued to be observer of ICG decision-making process	HQ/WHO/WHE/IHM	Continues	In progress, until the Oversight Committee is fully functional		In progress	The decision whether Gavi should continue as observer will be determined at the next GOC meeting.
Recommendation 2						
Mechanisms and processes <ol style="list-style-type: none"> 4. There is a need for a clear definition of roles and responsibilities among key actors in the ICG network, primarily the ICG Secretariat, UNICEF Supply Division and the Gavi Secretariat. 5. Once the roles and responsibilities of the ICG Secretariat are well defined, it requires a set of functional SOPs to cover the functions for which it can be held to account. 6. Similarly, once the roles and responsibilities of UNICEF Supply Division are well defined, functional SOPs should be developed to standardize the process for vaccine procurement for each stockpile. 7. The role and responsibilities of the country governments should also be formalised; promptness of the submission, resolving issues around licensing and customs, and ensuring an effective implementation of the campaign with adequate reporting. 8. In order to address the dissatisfaction by country stakeholders on the transparency of the decisions and in particular the criteria used, the evaluation team recommends to also share a more standard response with the countries on how the criteria were applied during the decision-making. 9. The evaluation team also recommends to more formally involve UNICEF Supply Division during the decision-making process in order to ensure the decisions take the context of the global stockpile situation and production capacity better into account. This involvement can remain separate from the actual decision-making discussion 10. WHO needs to step up to its mandate and develop a global strategy for meningitis control and a mechanism to implement it. 11. The Gavi Alliance is an ideal partnership to improve the present and future availability of different meningitis serotype vaccines. <p>To increase the timely and reliable availability of the meningitis vaccines in the short term we recommend to transfer the risk of wastage from the manufacturers to the international health community.</p>						
Management response	<p>WHO welcomes the recommendations and mostly accepts them</p> <ol style="list-style-type: none"> a. The operational decision-making by the ICG members, supported by the ICG Secretariat, on the allocation of vaccines has worked efficiently during the period of review and this mechanism should be continued. Independent decision-making is essential for (i) the equitable allocation of limited stockpiles of vaccines and (ii) assessing the merit of requests from a public health perspective. 					

	<p>b. The vaccine emergency stockpile management should be aligned with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns.</p> <p>c. Countries are partners in the process, and implementations of campaigns are country responsibility. Need to define country role in an accountability framework.</p> <p>Securing a sustainable vaccine supply market requires long-term commitment and partners must review how we can support market shaping, especially in case of epidemiologic and technologic transition.</p>					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Updating ICG online dashboards on country vaccine requests approval/rejection	HQ/WHO/WHE/IHM	Continues	In progress		In progress	The online dashboard is updated regularly by ICG secretariat staff.
ICG secretariat attends biweekly meeting of the EYE secretariat and meeting of the GTFCC secretariat	HQ/WHO/WHE/IHM	Continues	In progress	Aligning with routine disease control programme activities such as EPI routine vaccination and preventive mass campaigns	In progress	ICG secretariat is also part of the Demand & Supply Working Group, part of EYE strategy, therefore participates in calls and face-to-face meetings.
ICG secretariat attends visits and discussion with manufacturers together with UNICEF Supply Division and Gavi secretariat	HQ/WHO/WHE/IHM	Continues	In progress	Gavi roadshow to Brazil, 4-6 March 2018	In progress	ICG secretariat participates in: - Biweekly calls with oral cholera vaccine (OCV) manufacturers and Unicef Supply Division. - Biweekly calls on OCV demand & supply with Gavi secretariat, Unicef SD and WHO cholera team. - Annual EYE strategy (11-13 Sept 2018) and GTFCC (5-6 Dec 2018) meetings Visits to manufacturers: - Institute Pasteur Dakar roadshow, Senegal (14 Sept 2018). - Sanofi (7.2.2019)

Recommendation 3						
Funding						
<p>12. Gavi funding of the vaccine stockpiles has had a positive effect on stabilising the availability of vaccines for outbreak responses and is widely supported. It should therefore be maintained.</p> <p>13. The need for a back-up mechanism to pre-finance urgent vaccine needs is also widely acknowledged. The recommendation is to create an ICG contingency fund:</p> <ul style="list-style-type: none"> ○ By either using the balance of the current revolving funds with an annual call for replenishment, or through pre-financing any future contingency needs from the WHO Contingency Fund for Emergencies. ○ The conditions under which the contingency fund can be used should be clearly spelled out in SOPs in order to avoid confusion amongst stakeholders on its purpose and use. A decision should also be made whether these funds can be used to pre-finance operational costs for non-Gavi supported countries. <p>Standardised, robust and enforceable reporting requirements should be established, and implemented by the ICG Secretariat which should be held accountable by the proposed oversight body. This will require additional investments either for technical support to the countries or in terms of human resources for the ICG Secretariat.</p>						
Management response	<p>WHO welcomes the recommendations and mostly accepts them</p> <p>ICG contingency funds have demonstrated their utility, in particular for non-Gavi eligible countries. SOPs will be developed to clarify the purpose and use of contingency funds and the relationship with other Gavi funding mechanisms, and the use of such contingency funds should be reviewed periodically.</p>					
	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
ICG accountability framework	HQ/WHO/WHE/IHM	June 2018	In progress	Use of contingency funds reviewed as part of the accountability framework	Implemented	Use of contingency funds is part of accountability framework (Funding of Vaccines and Operational Costs)
Recommendation 4						
Communication and transparency						
<p>14. An assessment of the different information needs should be carried out, answering the question: who needs what kind of information at which stage of the process?</p> <p>15. Based on the outcome of the assessment a communication plan should be developed, outlining the information needs of all stakeholders with specific channels and instruments to support their role in the process for outbreak controls, as well as allowing them to fully meet their own accountability requirements.</p> <p>16. Recruit staff for the ICG Secretariat responsible for the implementation of this communication plan. While there is a need for a specialist to communicate technical information to a well-informed audience, the evaluation team also recommends considering a communications specialist capable of providing often sensitive messages to a broader audience that may be technically less informed.</p> <p>17. The implementation of the communication plan should also involve the definition and development of an appropriate platform for internal information-sharing between the different involved stakeholders. In addition, a similar platform could be developed for public information about the rationing of scarce vaccines.</p> <p>18. Gavi should also define more clearly how it communicates with the ICG members, with the ICG Secretariat and with the countries on its engagement with the ICG. There is an identified need to communicate clearly and consistently to countries the fact that Gavi is funding the three stockpiles and that all countries can access these but that non-Gavi supported countries should reimburse Gavi for the vaccines used and finance the operational costs themselves.</p>						

The ICG Secretariat and UNICEF Supply Division should invest time and resources in increasing their collaboration and information-sharing, for example through quarterly progress and management meetings outside of the annual ICG meetings.						
Management response	<p>WHO welcomes the recommendation and partially accepts them</p> <p>a. Progress on timely communication made recently by the ICG Secretariat and should be further strengthened to ensure regularity of communication, standardized outputs and trust of stakeholders</p> <p>Gavi and other donor highlighted that this should be done without further investment in activities or human resources of the ICG Secretariat, while the ICG Secretariat cautioned that the Secretariat was already stretched too thin.</p>					
Status	Implemented and in progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Continue timely communication of ICG deployments through dashboards and webstories	HQ/WHO/WHE/IHM	Continues	In progress	http://www.who.int/csr/disease/icg/news-stories/en/ http://www.who.int/csr/disease/icg/meningitis-dashboard/en/ http://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ http://www.who.int/csr/disease/icg/cholera-dashboard/en/	In progress	https://www.who.int/csr/disease/icg/news-stories/en/ https://www.who.int/csr/disease/icg/meningitis-dashboard/en/ https://www.who.int/csr/disease/icg/yellow-fever-dashboard/en/ https://www.who.int/csr/disease/icg/cholera-dashboard/en/
Regular call (at least quarterly) with UNICEF Supply Division on stockpile status and other issues	HQ/WHO/WHE/IHM	Implemented	Implemented		Implemented	<ul style="list-style-type: none"> - Biweekly calls with oral cholera vaccine (OCV) manufacturers and Unicef Supply Division. - Biweekly calls on OCV demand & supply with Gavi secretariat, Unicef SD and WHO cholera team.
Publish ICG performance in 2016 and 2017	HQ/WHO/WHE/IHM	March 2018	Implemented	http://www.who.int/wer/2018/wer9310/en/		
ICG annual meeting reports for 2017 published	HQ/WHO/WHE/IHM	December 2017	Implemented	http://www.who.int/csr/disease/icg/epidemic-meningitis-control-july-2017/en/ http://www.who.int/csr/disease/icg/yellow-fever-may-2017/en/ http://www.who.int/csr/disease/icg/cholera-july-2017/en/		

Recommendation 5						
Future role <p>19. The sharing of information and collaboration between the EYE and the YF ICG should be formalised.</p> <p>20. At the next annual meeting of the YF ICG, the collaboration and information sharing between ICG and EYE should be a subject of a joint review.</p> <p>21. More formal and regular sharing of information with the GTFCC on the deployment and use of OCV in both emergency and non-emergency settings could improve knowledge management and overcome current hurdles in terms of licensing and importation of the vaccine.</p> <p>All vaccine requests for OCV and YF should be submitted to the respective global disease control mechanisms that will triage the requests and forward to the respective mechanism (ICG for emergency response, Gavi Secretariat for routine immunization and EYE or GTFCC secretariat for Special Immunization Activity (SIA). Given the lack of a global disease control initiative for meningitis, the requests for emergency vaccines will have to continue to be sent directly to the ICG Secretariat.</p>						
Management response	WHO welcomes the recommendations and accepts them Regular review of the ICG mechanism beyond the oversight. Partners committed to holding regular stakeholder meetings in the future.					
Status	In progress					
Key actions	Responsible	Timeline	Status March 2018	Comments March 2018	Status March 2019	Comments March 2019
Organize annual ICG meeting and discuss with EYE and GTFCC secretariat	HQ/WHO/WHE/IHM	September 2018	In progress		Implemented	Annual ICG meeting took place in September 2018, as follows: - Meningitis: 18 Sept 2018: https://www.who.int/csr/disease/icg/epidemic-meningitis-control-September-2018/en/ - Yellow fever: 20 Sept 2018: https://www.who.int/csr/disease/icg/yellow-fever-september-2018/en/ - Cholera: 19 Sept 2018: https://www.who.int/csr/disease/icg/cholera-september-2018/en/
Biannual ICG partners meetings to review implementation of external evaluation report	HQ/WHO/WHE/IHM	October 2019	Not initiated		Not initiated	
Publish external evaluation report and recommendations	HQ/WHO/WHE/IHM	March 2018	In progress		Implemented	The evaluation report was published online in October 2017: https://www.who.int/docs/default-source/documents/evaluation/external-evaluation-vaccine-group.pdf?sfvrsn=c197d7e4_2