The evaluation of the WHO Secretariat’s Contribution to the health-Millennium Development Goals (h-MDGs) is one of the Secretariat’s priority corporate evaluations for the 2016-2017 biennium approved by the Executive Board. It aims to inform WHO’s strategy to contribute to the 2030 Agenda on SDGs, based on organizational learning from the experience of its contribution to the MDGs. All WHO evaluations meet accountability and learning objectives.

Key findings and conclusions

Question 1: How did the WHO Secretariat respond to the adoption of the MDGs?

As the leading international public health agency, the Secretariat responded to the UN call and gradually focused its efforts towards the achievement of the MDG goals. Following a World Health Assembly resolution in 2002 which provided an overarching framework to guide the Secretariat’s response, the Secretariat engaged on the international scene contributing to the inclusion of initially overlooked health priorities and the repositioning of health issues in a more comprehensive and public health oriented manner than initially envisaged.

In the mid-2000s, the Secretariat progressively aligned its general programmes of work and programme budgets to the h-MDGs. This enhanced the visibility of the Secretariat’s programmes directly related to the h-MDGs. However, overall the Secretariat did not show an explicit strong corporate leadership championing the h-MDGs at the three levels of the Organization, nor did it conceptualize a strategy to ensure that all relevant corporate programmes, regions and countries developed their response in a consistent manner across the h-MDGs.

The World Health Assembly mandated the Secretariat to report annually on progress towards the achievement of the h-MDGs. It gave a strong impetus to enhance the collaboration between relevant programmes to strengthen the information and evidence culture of the Organization. The creation of the Global Health Observatory was instrumental in this regard.

The overall MDG design along the lines of specific diseases and targets promoted a vertical/silo response along technical programmes. It enhanced collaboration across the three levels of the Organization within the same technical programmes. This vertical approach had adverse effects on cross-cutting issues, especially when it came to health systems. Limited attention was given to the ability of health systems to cope with the MDG focus on specific health issues.

Question 2: Was the Secretariat’s response to the h-MDG targets relevant to Member States’ needs and consistent with the Organization’s mandate?

Members States found the Secretariat’s response to be timely and relevant to their h-MDG related needs; and also well aligned with the epidemiological burden and national priorities of countries. They also recognized the adequacy of the Secretariat’s role in terms of setting norms and standards and monitoring the health situation and assessing health trends. There were some inadequacies noted in relation to the Secretariat’s role in shaping a relevant research agenda and providing technical support.

Question 3: What have been the main results of the Secretariat’s contributions to the achievement of the h-MDGs as expressed through its six core functions?

Overall, the contribution of the Secretariat was perceived as at least satisfactory by a majority of Member States and partners. The Secretariat played a key role in shaping the global health agenda and in convening stakeholders in support of the global, regional and national health agendas on the h-MDGs. It was recognized that the Secretariat advanced global policy dialogue, raised the profile of h-MDG priorities and built consensus in support of the h-MDGs. The Secretariat also played a significant role in convening and coordinating stakeholders around key priorities and in engaging partners and hosting partnerships.

Member States valued the leadership and advocacy role of the Secretariat as well as its unique role to set norms and standards and develop corresponding guidelines. On the other hand, the core functions which received lower ratings by Member States and partners were the Secretariat’s ability to shape a relevant research agenda and stimulate the
generation, translation and dissemination of valuable knowledge and its ability to strengthen capacities in countries.

The Secretariat’s leadership in monitoring the health situation and assessing health trends was widely recognized. The Secretariat’s strong branding and credibility as a neutral and quality partner, as well as its recognized convening power were among its major assets, together with its country presence sustained by a close relationship with Member States. There was however continuous tension between upstream normative work, where the Secretariat’s added value is well recognized, and technical support, which was perceived as somewhat weaker, especially at country level.

Finally, as a result of the Secretariat’s vertical approach to addressing the MDGs, non-MDG related programmes lost traction, even though many were recognized as corporate WHO priorities.

**Question 4: How did the Secretariat work with others to support the achievement of the MDGs?**

Partnership was a central feature of the MDGs and the number of actors engaged in the health sector increased significantly over the period. Overall, the Secretariat’s collaboration with UN agencies was effective at the three levels of the Organization and the Secretariat also initiated a series of partnerships over the period. However, its engagement with non-State actors remained limited. Many considered that the Secretariat should seek to include other partners among its target audience, especially civil society, particularly on equity grounds.

Collaboration was challenging for both the Secretariat and partners on many fronts. The lack of flexibility in the Secretariat’s engagement, coupled with a limited internal culture of collaboration and differences in priorities and goals across major offices, limited accountability and communications, inadequate funding and cumbersome administrative procedures undermined the role of the Secretariat in working with and through partnerships. The lack of clarity of roles and responsibilities among partners, including overlapping mandates, were also seen as challenges for the Secretariat to work effectively with partners.

**Lessons learned**

Most lessons learned by this evaluation concur with previous evaluations. The Secretariat’s leadership and strong convening power represent one of its most recognized core functions. However, it has not always played this role as well as it could have. Reasserting the Secretariat’s leading and convening role on health issues globally, regionally and nationally stands out as a clear message. Likewise, in order to effectively respond to the SDGs, the Secretariat needs to translate its vision into action and develop a solid communication strategy. The evaluation highlighted the Secretariat’s comparative advantage in monitoring the health situation and assessing health trends; and the need to move from a vertical to a horizontal health system approach in order to respond more effectively to support the SDG agenda. Sustainable financing and the development of an explicit results framework based on a robust theory of change to enable the clear demonstration of results are some of the required steps for an effective contribution. Finally, the evaluation suggested strengthening the Secretariat’s capacity to provide cutting edge technical support in countries.

**Recommendations**

On the basis of the above analysis, the evaluation would like to make the following recommendations:

**Recommendation 1:** Develop and adopt a corporate strategy to address the SDG agenda across the three levels of the Organization with a particular emphasis at the country level.

**Recommendation 2:** Ensure mainstreaming of cross-cutting issues and the ability to champion the SDGs through strengthened collaboration across different programmes and at the three levels of the Organization, in particular at the country level.

**Recommendation 3:** Foster cross-sectoral collaboration in order to address health dimensions in all relevant SDGs at the international level with regional and global partners and in countries with relevant ministries and development partners.

**Recommendation 4:** Focus on the comparative advantage of the Secretariat as expressed through its core functions. Strengthen them as required to meet the SDG challenges, especially in countries.

**Recommendation 5:** Ensure the ability of the Secretariat to credibly demonstrate its contribution to the SDGs and measure its results, in particular at the country level.

**Contacts**

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The evaluation report is available here: http://www.who.int/about/evaluation/reports/en/