Evaluation of the WHO Secretariat’s contribution to the health-related Millennium Development Goals

Call for Expressions of Interest

22/07/2016

1. The Evaluation Office of the World Health Organization (WHO) is initiating an evaluation of the WHO Secretariat’s contribution to the health-related Millennium Development Goals (MDGs), aiming to identify key lessons and enable recommendations to inform future support to the Sustainable Development Goals (SDGs), including the development of a credible monitoring and evaluation framework.

2. The evaluation will be undertaken from October 2016 to March 2017.

3. WHO is seeking Expressions of Interest from qualified consultants with the relevant expertise and experience to conduct this review.

Background

4. In September 2000, heads of State adopted the United Nations Millennium Declaration and endorsed a global framework for development, including the eight MDGs, which set the international agenda for development between 2000 and 2015. Countries and development partners worked together to reduce poverty and hunger; improve education and gender equality, access to clean water and environmental sustainability; and address ill-health by improving maternal and child health, and combating HIV/AIDS, malaria and other diseases.

5. Most goals were in alignment with global core priorities of WHO. In particular MDGs 4, 5 and 6 targeted reductions of mortality and morbidity associated with serious diseases (including of childhood) and with child delivery; whereas other MDGs addressed important health determinants, such as poverty, nutrition, education, empowerment of women and gender equality (MDGs 1, 2, and 3), environmental health (MDG 7) and financing aid for health and access to medicines (MDG 8).

6. The commitment of WHO to the Millennium Declaration was recognized as early as 2001 in the WHO General Programme of Work for 2002-2005 and reaffirmed at the subsequent World Health Assemblies. The contribution of WHO was seen as multidimensional and integral to its core activities. It was affirmed that the MDGs helped shape WHO’s work on health and poverty, guided its advocacy work at country and global levels, and focused its interactions with Member States to strengthen support at country level. In addition, WHO shared lead-agency responsibility on reporting.

7. The WHO contribution is expressed through the delivery of its 6 core functions: (i) providing leadership in health matters, (ii) shaping the research agenda, (iii) setting norms and standards; (iv) articulating evidence-based policy options; (v) providing strategic and technical support and building capacity; and (vi) monitoring the health situation and assessing health trends.

8. Lessons learned from the WHO response to the MDG initiative will facilitate WHO’s organizational preparedness to address the challenges and requirements of the new sustainable development agenda and position the Organization at the forefront of the international action to achieve the SDGs.
Purpose

9. The purpose of the evaluation is to:
   a. assess the WHO Secretariat’s contribution to the health-related MDGs
   b. identify strengths, weaknesses, challenges and best practices
   c. provide strategic recommendations to inform future Secretariat support to the SDGs.

10. The focus of the evaluation is at the three levels of the organization, that is at Headquarters level, Regional level, and Country level, including the adequate integration of the contribution across them.

Expected use

11. All evaluations meet accountability and learning objectives. Indeed, as the evaluation will be publicly available and reported on through the annual Evaluation Report, it is the opportunity for the Secretariat to document its past achievements and opportunities for improvement. In this case, however, the emphasis is on learning at two levels:
   
   a. For the WHO Secretariat, learning from the experience gained from the MDGs, the evaluation findings and recommendations will inform:
      i. The framing/design and operationalization of its contribution to the health-related SDGs and targets, in particular at country level considering the leading role of countries in the SDGs;
      ii. The development of a credible monitoring and evaluation framework to assess its future contribution to the health-related SDGs;
      iii. The relevant partnerships in which the Secretariat has been engaged to contribute to the health-related MDGs
   
   b. The evaluation results will inform further discussions about the SDG implementation at meeting of the Governing Bodies.

Main preliminary evaluation questions

EQ 1. How did the WHO Secretariat respond to the adoption of the MDGs?

EQ 2. Was the Secretariat’s response to the health-related MDG targets relevant to Member States’ needs and consistent with the Organization’s mandate?

EQ 3: What have been the main results of the Secretariat’s contributions to the achievement of the health-related MDGs?

EQ4: To what extent did the Secretariat’s 6 core functions support its response to the health-related MDGs and how will they support its approach to the SDGs?

EQ 5: Positioning and partnerships: how did the Secretariat work with others to support the achievement of MDGs?

EQ 6. What are the main lessons learned to take into account for the Secretariat’s engagement with the health-related SDGs?

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1 Contribution in this context includes both the Secretariat actions towards achieving specific MDG targets and the role played by the Secretariat through its six core functions. WHO Secretariat includes its Headquarter office, 6 Regional Offices and the network of country and subregional offices.

2 The United Nations Evaluation Group (UNEG) is presently reflecting on evaluability of the SDGs and any progress on their work relevant to this evaluation will be included as it becomes available.

3 As defined in the 11th and 12th General Programmes of Work.
General methodology and approach

12. This evaluation will cover the MDG period from 2001 to 2015.

13. The evaluation will use a mixed methodological approach relying mostly on the following data collection methods: document review; telephone-based stakeholder interviews; and internal and external electronic stakeholder surveys. The evaluation will not involve travel to countries, other than to WHO headquarters in Geneva.

Organization

14. The evaluation will be managed by the WHO Evaluation Office.

Timeline of the evaluation (July 2016 to May 2017)

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Deliverables per phase

15. **Inception phase.** The evaluation will start with an analysis of key strategic documents and will be followed by an inception mission to WHO headquarters in Geneva. Following additional document analysis and possibly a few phone interviews with key informants, a draft Inception Report will be submitted within 3 weeks after the mission (end of October 2016) to be finalized no later than mid-November 2016.

16. **Reporting phase.** The draft Evaluation Report will be submitted during the last week of February 2017. A workshop/debriefing is envisaged at WHO headquarters prior to the finalization of the recommendations. The Evaluation Report is expected to be finalized in the last week of March 2017.

Qualifications and Experience Required

17. The WHO Evaluation Office seeks three consultants with complementary expertise.

a. A senior consultant with at least 15 years’ experience in strategic evaluation of public health policies and programmes, with proven understanding of development science, social sciences, public health or health policy. Good experience in analysis of global partnerships in health, health systems strengthening, aid effectiveness in the health sector and technical assistance in developing and transitional countries, and of the knowledge domains covered
by the health related MDG’s is particularly desirable. Experience with evaluation of MDGs is an asset. He/she should be fluent in English. Knowledge of French, Spanish and other WHO official languages would be an asset.

b. A second senior consultant with at least 7 years’ experience in evaluation of public health policies or programmes, and experience in health systems strengthening, aid-effectiveness, technical assistance in developing countries and in the knowledge domains covered by the health related MDG’s is particularly desirable. Experience with global partnerships is desirable. He/she should be fluent in English. Knowledge of French, Spanish and other WHO official languages would be an asset.

c. A third consultant with at least 3 years’ experience in evaluation and/or review of public health policies or programmes. Experience in managing e-surveys and quantitative data analysis is required. He/she should be fluent in English. Knowledge of French, Spanish and other WHO official languages will be an asset.

18. Gender, equity and geographical balance will be pursued in so far as possible in the team composition, to ensure diversity of perspectives.

How to apply

19. Interested candidates should submit their application by 15 August 2016 to evaluation@who.int with a copy to larizgoitiai@who.int.


21. The expression of interest should include:
   • Cover letter and CV
   • Examples of recent, relevant engagements (up to 5)
   • Expected daily fee (exclusive of expenses)
   • Availability between October 2016 and March 2017

22. Short-listed candidates will be invited to a short telephone interview as part of the final selection process. It is likely that short-listed candidates will also be invited to prepare and submit a written document relevant to this evaluation.