INDEPENDENT Evaluation Office
United Nations Development Programme

REFLECTIONS

LESSONS FROM EVALUATIONS: UNDP SUPPORT TO THE HEALTH SECTOR

INTRODUCTION

The COVID-19 pandemic is the defining global health crisis of our time, with devastating social, economic, and political consequences worldwide, and a tragic loss of life. As a central actor in the United Nations Development System, the United Nations Development Programme (UNDP) is playing an important role in shaping and driving the United Nations response to the crisis.

To support the UNDP response to COVID-19, the Independent Evaluation Office (IEO) has undertaken a review of lessons from past evaluations of UNDP's work in crisis contexts. The purpose is to provide evidence-based advice to UNDP country offices that are responding to requests to help prepare for, respond to, and recover from the COVID-19 pandemic, focusing particularly on the most vulnerable.

This paper focuses on health sector support and is one in a series of knowledge products from the IEO focusing on important areas of UNDP support to countries in crisis

METHODOLOGY

This is a rapid evidence assessment, designed to provide a balanced synthesis of evaluative evidence posted to the UNDP Evaluation Resource Centre over the past decade. Country-level and thematic evaluations conducted by the IEO were an important source, given their independence and high credibility. Additionally, high-quality decentralized evaluations commissioned by country offices were considered. Within each review, the emphasis was on identifying consistent findings, conclusions and recommendations that capture relevant lessons for UNDP. The analysis seeks to offer practical and timely insights to support UNDP decision-makers for effective crisis response. It is not a comprehensive study of the general and scientific literature on crisis support.

CONTEXT

UNDP has developed a 'three by three' integrated response to COVID-19. This response is framed around three objectives: helping countries to **prepare** for and protect people from the pandemic and its impacts, to **respond** during the outbreak, and to **recover** from the economic and social impacts in the months to come. UNDP's strategy identifies three immediate priorities: health systems support, inclusive and integrated crisis management and response, and social and economic impact needs assessment and response.[1]

This paper focuses on health systems support. UNDP's offer includes procuring much-needed medical supplies, strengthening health infrastructure, managing health waste, quickly leveraging digital technologies and ensuring health workers are paid.

AT A GLANCE – LESSONS LEARNED

1 Procurement services often require complementary capacity development.	**2** Strengthening health infrastructure has multiple entry points.	**3** Strengthening capacities to manage health waste requires strong technical support.
4 Mobilizing local capacities to leverage digital technologies can contribute significantly.	**5** Ensuring health workers are paid in time expands care with positive effects on local economies and access to financial services.	**6** Focusing on local health services reduces barriers to access for women.
7 Engaging people with disabilities in the development of strategies helps ensure barrier-free services.	**8** Engaging with penitentiary systems can help reach at-risk groups during health crises.	**9** Collaborating beyond traditional health sector partners can bring additional benefits.

LESSONS LEARNED

1 Procurement services often require complementary capacity development.

UNDP has extensive experience in procurement of medicines and other health care products, especially through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), in many countries (for example Angola, Cuba, Equatorial Guinea, Guinea Bissau and Zimbabwe). A key benefit of this support is a significant reduction in prices[2] and even lowering transaction costs throughout procurement lines and the health services chain.[3] Evaluations also highlight the importance of providing support beyond procurement, for example to inventory management services for medicines and supplies[4] including overseeing internal distribution of drugs to eliminate drug stock-outs[5] and addressing weak infrastructure (electricity, storage facilities).[6] A recurring theme is the need for sufficient capacity development to ensure sustainability: even in crises, country offices should focus not only on the efficient delivery of medicines and other goods to counterparts, but also on supporting the establishment of robust national procurement systems that are open, transparent and bring savings to the country.[7]

2 Strengthening health infrastructure has multiple entry points.

UNDP provides a range of support to health infrastructure. In Argentina, for example, the organization contributes to the improvement of provincial health-care services by supporting the modernization of health systems and the interconnection of the health care network, primarily by recruiting experts and advising on the procurement of equipment and supplies.[8] In Somalia, UNDP contributes indirectly by encouraging women to take part in community discussions on ways of spending infrastructure funds allocations, resulting in an increase in projects supporting schools and health clinics.[9] Many evaluations point to the work UNDP has done to strengthen civil society organizations which complement the formal health sector through critical community outreach, especially to vulnerable groups, communications and advocacy, and even data collection and monitoring which can help track, prevent and treat outbreaks.

Lessons from work on anti-corruption and improved service delivery point to multiple potential benefits. In Tunisia, as part of an 'islands of integrity' initiative, an assessment of health-care services revealed deviations. It recommended

setting up a queue system at the Djerba general hospital, which is expected to improve patient reception and minimize bribery risks.[10] Similarly, pilot efforts to apply new norms for quality services in the emergency hospital in Yaoundé, Cameroon to improve communication and transparency,[11] suggest that support to health infrastructure can include new standards for service delivery that have both immediate health benefits including mechanisms ensuring social distancing and longer-term improvements to service delivery. Again, a critical message is that even in responding to a crisis, UNDP must plan for sustainability. Multiple evaluations highlight weaknesses in preparing national counterparts to take over the management of GFATM grants or cite regression after UNDP withdrawal.[12] Extensive training and close engagement with national partners throughout is essential to help bridge response to the crisis to longer-term development.

3 Strengthening capacities to manage health waste requires strong technical support.

Health care waste management (HCWM) is a highly technical area of intervention, and evaluations of support to HCWM systems point to challenges in procurement such as drafting the technical specifications, and to production, where even with the development of a local prototype, not all countries have industries with the technical capacities to produce according to specifications.[13] For example, in 2014 in Tanzania, local manufacturers lacked the capacity to produce the autoclaves that had been designed. This led to the identification of an industrial partner in South Africa that was able to produce the machines. UNDP then provided the autoclaves to the three Ebola-affected countries.[14] On-site technical experts are crucial to ensuring proper installation and management of waste and training of all stakeholders in the waste management chain (i.e. not just doctors and nurses, but also cleaners and other hospital workers). Regional projects may provide advantages: economies of scale in purchasing autoclaves and other equipment lower unit costs and sharing of training materials and lessons learned may help resolve difficulties.[15]

4 Mobilizing local capacities to leverage digital technologies can contribute significantly to improved health system management, with positive side effects.

In adopting digital technologies, it is essential to keep in mind that not everyone has equal access to technology. UNDP has supported the integration of new technologies into health systems in a wide range of contexts. An electronic patient management system to capture information on perceptions of HIV-positive patients (patients on antiretroviral therapy) has been introduced in Zimbabwe.[16] A hospital in Tunisia has been equipped with information technology to improve management of the appointment system and digital media files.[17] Guinea-Bissau is using mobile tablets to conduct real-time monitoring of local health centres to help map, track, prevent and treat malaria outbreaks and coordinate rapid responses as well as improve overall national data collection.[18] UNDP support has enabled the development or implementation of local solutions using new technologies. For example, in Bangladesh, UNDP supported the implementation of a telemedicine solution developed by a group at Dhaka University. Thirty 'Union Digital Centres' now offer medical consultations through computer or smartphone (an interesting model for first consultations in case of suspected COVID-19 infection, instead of a patient travelling to and waiting in a health clinic).[19] In India, UNDP supported the establishment of an electronic vaccine intelligence network (eVIN), modelled on the existing vaccine stock management and supply chain system. EVIN digitalizes entire vaccine stocks and tracks their movement to all the cold chain points in the country, along with their storage temperature. This latter intervention resulted in a decrease in the stock-outs of vaccines from 10 percent to 1 percent and in considerable savings by substantially reducing the number of 'out of date' vaccines wasted. In addition, the project had positive side effects in terms of better record-keeping, promotion of a transparent and accountable real-time system, use of the management information system for decision-making, and older women learning IT through smartphones, among others.[20] However, in other situations, access to technology, infrastructure, and/or literacy levels have made it more difficult to reach women and vulnerable groups, including people living with disabilities, with digital solutions.[21] Finally, digital technologies need to be introduced in line with country capacities. On the one hand, an interesting lesson from Argentina was that the full use of new health exam equipment was constrained by the lack of digital medical record

keeping, which likely could have been integrated.[22] On the other, in Afghanistan, the push to create biometric IDs to reduce electoral fraud led to delays in elections, which is counterintuitive when even highly developed countries were not yet adopting these technologies.[23]

5 Ensuring health workers are paid in time expands care with positive effects on local economies and access to financial services.

UNDP gained significant experience with emergency public service sector payments for health care workers in West Africa in the response to the Ebola crisis. The programme retained health workers during the epidemic by ensuring that timely payments and hazard incentives were provided to about 50,000 community and health care workers on the front lines. Zimbabwe's Harmonized Health Worker Retention Scheme also demonstrated that retention allowances reduce vacancies and allow expansion of care.[24] The digitized payment system used also had the unintended benefit of bringing health workers into the formal banking system. Receiving payments required them to open bank accounts,[25] which points to the significant potential to coordinate with existing programmes on inclusive finance and mobile money. In addition, ensuring payments to local health workers can help boost the local economy, as demonstrated by support to police and gendarmerie salaries in the Central African Republic.[26]

6 Focusing on local health services reduces barriers to access for women.

Health crises hit women especially hard. The Ebola crisis, for example, affected women in particular, as they played the role of health workers, caregivers and heads of household.[27] In health crises, women often take on unpaid caregiver roles at the expense of their own careers and personal well-being, with impacts on the family and local economies.[28] Many barriers to gender equality exist in the health sector, including a shortage of female staff, limited transportation options, the need for women to travel with male escorts in certain contexts, and limited decision-making power including on decisions regarding their own health.[29] Strengthening local health clinics,[30] promoting engagement of female health workers and volunteers,[31] ensuring communications strategies use inclusive language (including acknowledgement of transgender people) and address stereotypes, stigma and socio-cultural patterns[32] have helped women access health services in Mali, the Dominican Republic, Afghanistan and Cuba.

7 Engaging people with disabilities in the development of strategies helps ensure barrier-free services.

In the past, minimal efforts have been made to integrate persons with disabilities into UNDP activities related to health, including work related to HIV/AIDS, and projects funded by the GFATM. Development initiatives in health care settings are often ill attuned to the necessity of creating barrier-free facilities and services. Most efforts to combat HIV/AIDS, tuberculosis and malaria have not actively included individuals with disabilities as part of their core beneficiaries. They often produce materials on ways of reducing the risk of contracting these diseases in inaccessible formats.[33] There are some positive examples: in Rwanda, UNDP supported the Rwanda Union of the Deaf to train sign language interpreters for health facilities to assist deaf patients access health services.[34] Support to the COVID-19 response should be disability-inclusive. The formulation of effective disability-inclusive strategies requires consultations with people with disabilities and their representative organizations and their participation in the development of responses.[35]

8 Engaging with penitentiary systems can help reach at-risk groups during health crises.

In Sierra Leone, correctional services were highly impacted by the Ebola crisis. With the assistance of Prison Watch, a non-governmental organization, UNDP helped prevent an Ebola virus disease (EVD) outbreak in prisons.[36] The central prison in Freetown experienced not a single case of EVD, due in part to UNDP-supported containment and sanitation measures implemented there.[37] In Armenia, an HIV/AIDS prevention system was established in penitentiaries, and police units, with the military and at-risk groups participating in prevention activities.[38] Country offices with ongoing projects engaging with penitentiary systems – whether in governance or HIV/AIDS or other portfolios – have an opportunity to link with support to the health sector to prepare and protect vulnerable groups.

9 Collaborating beyond traditional health sector partners can bring additional benefits.

UNDP's COVID-19 response highlights the importance of working together for an effective response, "leveraging its longstanding partnership with the World Health Organization, the GFATM and UNAIDS" and in partnership with "national, regional and global financial institutions and the private sector…" and of course national governments.[39] Evaluations point to the importance of partnerships in the fight against HIV/AIDS, for example with UN partners such as UN Children's Fund and the UN Population Fund in Zimbabwe[40] or with civil society organizations for community outreach.[41] Evaluations also highlight successful partnerships with other organizations not traditionally associated with work in the health sector. For example, UNDP successfully partnered with the UN Capital Development Fund (UNCDF) on the Ebola worker payments project. In Liberia, Guinea and Sierra Leone, UNDP programme management skills were combined with UNCDF technical expertise and World Bank capital to provide a successful and innovative payment solution, in a situation where personal and fiduciary security were at risk. The project is widely recognized as having helped to maintain Ebola health worker services at a time when any interruption could have been catastrophic. Indeed, the project was so successful that Liberia and Sierra Leone have joined the Better Than Cash Alliance, in which they are working with UNCDF to digitize a wider band of government salary payments.[42] In implementing health care waste management technologies, ministries of health and environment had to work together, and UNDP used its convening powers to facilitate these interactions in Ghana, Madagascar, Tanzania and Zambia.[43]

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ABOUT THE INDEPENDENT EVALUATION OFFICE

By generating objective evidence, the Independent Evaluation Office (IEO) supports UNDP to achieve greater accountability and facilitates improved learning from experience. The IEO enhances UNDP's development effectiveness through its programmatic and thematic evaluations and contributes to organizational transparency.

ABOUT REFLECTIONS

The IEO's *Reflections* series looks into past evaluations and captures lessons learned from UNDP's work across its programmes. It mobilizes evaluative knowledge to provide valuable insights for improved decision-making and better development results. This edition highlights lessons from evaluations of UNDP's work in crisis settings.