

Evaluation of WHO contribution in Djibouti



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Evaluation brief

Purpose

The evaluation assessed WHO interventions in Djibouti between 2019 and 2023. Its purpose was dual accounting for results and drawing lessons to inform future strategic directions for WHO, both at the country and regional level. It was initiated by the WHO Djibouti Country Office (WCO) and jointly commissioned by the WHO Evaluation Office and the WHO Regional Office for the Eastern Mediterranean (EMRO). The evaluation took place during a period of rapid transition for WCO as it engages in new support processes with the Djibouti Ministry of Health (MoH). Djibouti's imminent shift to join the World Bank's upper middle-income countries (UMIC) group highlights its economic progress, yet challenges remain in ensuring equitable benefits for its population.

Focus

The evaluation focuses on interventions under key priorities during the period of 2019-2023, including supporting Djibouti's development and implementation of universal health coverage (UHC) and primary health care (PHC) strategies, as well as responding to the COVID-19 pandemic, and bolstering surveillance and infection prevention systems. WHO has been providing support in Djibouti for the past 50 years; however, Djibouti has not had a Country Cooperation Strategy since 2016. The Country Office operates as part of the UN Country Team (UNCT) and under the UN Sustainable Development Cooperation Framework (UNSDCF) 2022-2024

Methods

The evaluation team employed a theory-based approach, reconstructing a theory of change to test assumptions and pathways to expected results and worked closely with the WHO country team to refine it. With a focus on gender equality, health equity, human rights, and disability inclusion, the evaluation employed mixed methods, including document reviews, budget analysis, interviews with 67 key informants (42 male, 25 female), and group discussions. During a week-long field visit to Djibouti, the evaluation team facilitated consultations with various stakeholders, including government officials, UN representatives, civil society, and health service providers. Concerted efforts were made to engage stakeholders locally and remotely.

Key findings

Relevance: Interventions made by WHO in Djibouti have largely addressed the country's health priorities and population needs, focusing on health equity, migrant and refugee inclusion, and specific programme areas such as immunization, maternal health, and disease prevention. However, the integration of gender, disability inclusion, and human rights into WHO interventions has been lacking. Greater support is needed for health system-level issues, including leadership strengthening and addressing health issues in the regions outside the capital.

Coherence: Internal and external coherence of WHO interventions in Djibouti have been mixed. While the Joint Government/WHO Programme Review Mission (JPRM) aligned well with the WHO Thirteenth General Programme of Work (GPW 13) and UNSDCF health priority areas, the absence of a valid Country Cooperation Strategy and operational plans has hindered effective prioritization of health issues and coordination with relevant partners. Civil society participation and engagement with service-user networks could be enhanced to improve coherence.

Effectiveness: The effectiveness of WHO interventions in Djibouti has varied over time, influenced by factors like the COVID-19 pandemic. Although WHO has focused on improving access to quality health services (the UHC pillar) and responding to emergencies (the health emergencies pillar), outputs under the healthier populations pillar have generally not been achieved due to implementation challenges especially in the biennia from 2018-2019 and 2020-2021. WHO contributed positively to reproductive, maternal, newborn, and child health (RMNCH) services and COVID-19 vaccination coverage, and promoting equitable health access for migrant populations and in the regions.

The lack of a clear results and indicators framework in line with the global and regional corporate results-based management (RBM) system, and under-reporting on the Output Scorecard system, further hinders appropriate measurement of results.

Efficiency: The capacity of WHO to deliver results in Djibouti has been mixed. While it effectively responded to health emergencies like the COVID-19 pandemic, instances of inefficient resource allocation for direct implementation and over-reliance on consultants have impacted efficiency. Inconsistent monitoring systems and programmatic silos at the regional office level further hamper effectiveness.

Sustainability: The contribution of WHO interventions to the resilience of Djibouti's health system and responsiveness to external shocks is limited, with the sector heavily reliant on donor funding. Expectations from funding partners and the Ministry of Health for WHO to increase its work on sustainable health sector financing highlight the need for enhanced efforts in this area.

Conclusions

In assessing WHO interventions in Djibouti, several key observations emerged, highlighting both achievements and areas for enhancement.

The relevance of WHO interventions to the country's health needs were recognized, although they could benefit from a more evidence-based approach and greater inclusivity for vulnerable groups. There is also room to systematically integrate gender equality, health equity, and human rights considerations more systematically into the work. While the focus of WHO on disease-based programmes is noteworthy, a

more comprehensive approach to universal health coverage could further enhance impact, especially given the country's evolving strategic priorities.

Coherence within WHO interventions was acknowledged as both strong and needing improvement. Despite good alignment with health partners, the absence of a valid Country Cooperation Strategy and operational plans hindered effective issue prioritization. Enhancing role and leadership of WHO in coordinating efforts across sectors could improve coherence and collaboration.

Effectiveness of WHO interventions varied, with notable successes in improving health outcomes in specific areas. Challenges in implementation, particularly between 2018-2021, impacted progress.

Efficiency in resource allocation, particularly towards direct implementation, affected good use of resources. While the flexibility of WHO in responding to emergencies was commendable, staffing challenges, slow recruitment processes, and under-utilization of monitoring data were identified as areas for improvement. Timely and aligned support from the Regional Office could enhance operational efficiency.

The sustainability of WHO contributions to health system resilience and emergency preparedness require further attention. Fragmented government investment and low domestic funding present challenges, underscoring the importance of sustainable financing strategies and reforms. A transition to increased domestic funding alongside reforms would bolster Djibouti's health system resilience and sustainability in the long term.



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RECOMMENDATIONS

The evaluation included the following key recommendations to support the work of WHO, its partners and the Ministry of Health in Djibouti.

Recommendation 1: Prioritize health system strengthening interventions and develop a primary health care (PHC) approach to implement programme-specific work. Focus on areas with lagging health indicators, advocate for health sector reform, institutionalize community health services and address barriers to health care access.

Recommendation 2: Systematically address barriers to health care access and determinants of health, support the development of community-based health services, establish an emergency preparedness plan, analyze factors affecting health inequalities, and invest more resources in interventions under the healthier populations pillar.

Recommendation 3: Refine the reconstructed theory of change by March 2024 to develop an evidence-based country cooperation strategy and related country support plan. Align the strategy with strategic priorities, translate the GPW 13 results framework into specific targets for Djibouti, and accompany it with a biannual country support plan outlining the expected contribution of WHO in Djibouti.

Recommendation 4: Revitalize donor coordination mechanisms and activate global donor coordination mechanisms at the country level.

Recommendation 5: Improve effectiveness by promoting a whole-of-society, whole-of-government approach, broaden civil society and community participation in the health sector, and enable the Ministry of Health to coordinate multisectoral work.

Recommendation 6: Actively support the government on health sector reform, strengthen the Ministry of Health's leadership and coordination role, and support the development and implementation of a health sector financing strategy in collaboration with other development partners.

Recommendation 7: Ensure that gender equality and health equity and human rights considerations are integrated in WHO's normative work.

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