

Evaluation of Global Health Days 2019-2023

Report



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Acronyms and abbreviations

AMR	antimicrobial resistance
DCO	Department of Communication, WHO
EMG	Evaluation Management Group
EQ	evaluation questions
EPI	WHO's Expanded Programme on Immunization
FGD	focus group discussion
GEHR	gender, equity and human rights
GF	Gates Foundation
GPW	General Programme of Work (of WHO)
ISBT	International Society of Blood Transfusion
KII	key informant interview
MEL	monitoring, evaluation and learning
NTD	neglected tropical diseases
OECD	Organization for Economic Co-operation and Development
Owl RE	Owl Research and Evaluation
SDGs	Sustainable Development Goals
STOP	Stopping Tobacco Organizations and Products
TBGs	Triple Billion Goals
ToC	theory of change
ToR	terms of reference
TFI	WHO's No Tobacco Unit
UNEG	UN Evaluation Group
WIW	World Immunization Week

Executive Summary

Background

WHO's mandate includes raising awareness about global health issues and mobilizing support for action globally, regionally and nationally. One strategy in this effort is the observance of Global Health Days and Weeks ("the Days"), which serve as campaigns to highlight priority health concerns. WHO leads and supports these campaigns, some of which are mandated by the World Health Assembly or UN bodies, while others are initiated by Non-State Actors. In total, WHO recognizes 108 such observances, though only 11 Days and two Weeks are officially mandated by the World Health Assembly and thus receive more resources and attention. Concerns about the growing number of Days led WHO's Executive Board to request an analysis from the WHO Secretariat in 2017. This analysis highlighted challenges related to resource allocation and campaign effectiveness. Further reviews in 2020 and 2021 emphasized the need for a structured selection process of the Days, improved prioritization and better alignment with WHO's strategic goals.

Evaluation purpose, objectives and methodology

This evaluation serves both accountability and learning purposes, supporting WHO's responsibility to stakeholders, including Member States, the Executive Board and participants in WHO-led global health campaigns. The specific objectives were to assess WHO's process for planning and managing the Days, evaluate their contribution to any visible changes from 2019 to 2024 and identify key lessons and recommendations for sustainable improvements in coordination, measurement and learning.

The evaluation applied a non-experimental and theory-based approach. Using mixed methods, data collection included a review of documents and campaign evaluation dashboards, a resource analysis, key informant interviews and focus group discussions (120 participants), an online survey (111 responses) and case studies of two Days – World Blood Donor Day and World No Tobacco Day – and one Week: World Immunization Week (WIW).

Findings

Relevance (Findings 1–3): The Days' objectives have remained relevant to evolving health priorities, with adaptations at regional and national levels. The Days generally aligned with Sustainable Development Goal (SDG) 3 and WHO's Triple Billion Goals. However, some global themes were seen as too broad or too narrow, reducing their effectiveness, and unclear target audiences further weakened their impact. Emerging health issues were often addressed by non-mandated Days, making them a lower priority for WHO. Of the neglected areas identified, mental health and maternal, child and infant mortality were the least addressed by the Days, although these areas were often addressed by non-mandated Days. Stakeholder ownership was strong at the global level but varied regionally and nationally, depending on involvement in campaign adaptation and execution.

Coherence (Findings 4–6): The Days were generally aligned with WHO's high-level strategic priorities, the Director-General's vision and external partners' objectives. While campaigns allowed some flexibility for regional

and national adaptation, external partners often interpreted them through their own priorities, sometimes leading to competing messages. Despite strong alignment with WHO's goals, there is no formal process for regularly reassessing or "sunsetting" Days to ensure continued relevance as priorities evolve.

Effectiveness (Findings 7–12): Achievements of the Days were seen in (i) increasing visibility, (ii) encouraging behaviour change and community engagement, (iii) advocating for policy change and (iv) establishing partnerships and collaboration. However, some campaign goals were often broad, focused on visibility and lacked SMART objectives, making evaluation difficult. While WHO leveraged some Days for visibility and leadership, effectiveness varied based on coordination and partner engagement. Success factors included adaptable materials, digital outreach, strong networks and high-profile support, while constraints included resource limitations, coordination and measurement challenges. Monitoring systems primarily tracked outputs rather than outcomes, limiting WHO's ability to assess long-term impact or identify potential negative effects.

Coverage (Findings 13–15): The Days reached key audiences but struggled to engage marginalized and rural populations due to resource limitations, varying partner capacities and a lack of clear target audience definitions. Mainstream media provided the widest reach, while social media and thematic events also played significant roles. Campaign materials were generally of high quality, with strong visuals and storytelling, but challenges remained in timely delivery, localization, message testing and balancing technical and communication messages.

Efficiency (Findings 16–18): The Days optimized limited resources through collaboration and partnerships, but budgets were insufficient and unevenly distributed, with minimal funding at country level. Staffing availability varied, with partners also contributing significant financial and human resources. While campaign objectives were research-based, limited opportunities for regional and country offices to provide feedback raised concerns about the application of evidence-based approaches. Coordination lacked standardized processes and created some confusion for WHO partners.

Sustainability (Findings 19–22): WHO's internal processes for the Days showed varying levels of sustainability, with strong practices in planning, collaboration and content development, but challenges in resource constraints, coordination and evaluation. Continuity was supported through ongoing partner engagement, though innovation in campaign formats was lacking. Internal systems were moderately effective, relying on workstreams, partnerships and local adaptation, but faced issues such as limited resources, personnel shortages and rushed planning. While some best practices were shared informally, systematic documentation was lacking. Key lessons identified included early stakeholder engagement, consistent messaging, structured evaluation and feedback and strong networks for successful implementation.

Conclusions

- 1. Lack of prioritization and focus (Relevance, Coherence):** WHO has struggled to manage the growing number of mandated and non-mandated Days with limited resources. No mechanisms were in place to align Days with evolving WHO priorities, despite recommendations from the Director-General in 2020. Sustainable implementation required adequate capacity and collaboration across technical units. At country level, WHO country offices prioritized specific Days, but this was not always communicated effectively to headquarters and regional offices, leading to gaps in support.
- 2. Coordination challenges (Effectiveness, Coverage, Efficiency, Sustainability):** While the Department of Communications (DCO) and technical units at WHO headquarters have adopted a more strategic

approach to planning and coordination in recent years, issues remained, particularly in timeliness and consistency. Varying coordination methods led to complexities for DCO and partners, affecting perceptions of WHO's leadership on these issues. A standardized system for all the Days was impractical, but findings suggested that a partnership-based model was preferred by stakeholders.

3. **Objective setting for campaigns (Effectiveness, Coverage):** Defining measurable outcomes was difficult due to the global nature of the Days and resource constraints. Campaigns increasingly segmented audiences and adapted objectives at regional and country levels, often without additional funding. While many efforts focused on raising visibility, some countries achieved policy and behavioural changes and sought further impact through the Days.
4. **Measurement of campaign results (Coverage, Efficiency, Sustainability):** While DCO had made progress in measuring campaign outputs, there was little focus on outcomes. This lack of measurement limited understanding of the campaigns' benefits and potential negative effects. Additionally, best practices and lessons learned were not widely documented or shared, reducing opportunities for improvement.
5. **Strategic use of campaigns (Effectiveness, Coverage, Sustainability):** Focusing communications on single Days or Weeks underutilizes WHO's expertise and communication reach. Many country and regional offices and partners engaged in ongoing communication on these issues and could benefit from a more integrated, year-round approach. Extending the use of campaign messages and assets beyond a short time frame would enhance impact and support WHO's overall communication strategy.
6. **Resource allocation and capacity-building (Efficiency):** Financial and human resources for the Days were limited and unevenly distributed. Many country offices faced funding and staffing shortages, restricting their ability to run effective campaigns. Strengthening regional and country-level communication teams, along with multilingual support and materials, is essential for improving campaign effectiveness.
7. **Partnerships (Coverage, Efficiency, Sustainability):** Partners at all three levels of WHO have proved to be vital to extending and maximizing the reach and impact of the Days. However, the involvement of partners varied across the different campaigns, and in general they expressed a desire to be more involved in the Days, from planning through implementation to evaluation. Partners were also seen as key to further developing an intersectional approach and reaching populations that have been difficult to reach using traditional campaign approaches.

Recommendations

Recommendation 1 – Prioritization and focus: Align the mandated and non-mandated Global Health Days with the organizational priorities to ensure their strategic relevance and impact at global, regional, national and subnational levels by:

- 1.1. ensuring that the Days reflect the strategic priorities of the WHO General Programme of Work as well as those of the regional, national and subnational contexts;

- 1.2. establishing a structured process for modifying, temporarily suspending or formally concluding (“sunsetting”) specific Global Health Days based on their relevance, effectiveness and alignment with WHO’s strategic priorities, as informed by evidence-based assessments; and
- 1.3. presenting a biennial report to the World Health Assembly, through the Executive Board, detailing the campaign priorities for the upcoming two-year period and presenting the results from robust evaluation of the effectiveness of selected past campaign(s) and their alignment with Organizational goals.

Recommendation 2 – Coordination and communication: Enhance the coordination of the mandated and non-mandated Global Health Days’ campaigns to ensure seamless execution and timely delivery of impactful campaign materials by:

- 2.1. conducting an annual joint planning exercise identifying clear milestones and deadlines to streamline the preparation and execution of each Global Health Day;
- 2.2. enabling regions to lead or co-lead selected Global Health Days over a two-year period, while prioritizing specific countries and regions to maximize the campaigns' relevance and reach;
- 2.3. enhancing collaboration among the Department of Communication, technical units, regional offices, country offices, and external partners to ensure a cohesive and well-integrated approach to campaign execution;
- 2.4 developing multi-year (two to three years) messages for each Global Health Day, with annual adaptations, enhancing continuous advocacy; and
- 2.5 creating campaign materials in accessible formats, based on target audience testing, evaluation insights and reuse of existing global, regional and national materials.

Recommendation 3 – Measurement: Establish a Monitoring and Evaluation framework for the mandated and non-mandated Global Health Days, tailored to available resources, by:

- 3.1. defining a core set of output and outcome indicators across all Global Health Days, while allowing WHO regional and country offices the flexibility to include context-specific indicators as needed;
- 3.2. piloting the output indicators across all Global Health Days and testing the outcome indicators for one or two campaigns within selected or priority countries; and
- 3.3. adopting a Results-Based Management approach supported by a strong Theory of Change. This includes strengthening data collection and information sharing mechanisms among the three levels of the Department of Communication, technical teams and WHO country offices, to enable more consistent, comparable and integrated reporting, with a focus on setting measurable outcomes.

Recommendation 4 – Partnerships: Strengthen partnerships and intersectoral engagement across the three levels by:

- 4.1. engaging with long-term partners by involving them further in the planning, implementation and evaluation of the campaigns; and
- 4.2. working closer with partners to further develop the intersectional nature of the campaigns and inform audiences difficult to reach through traditional campaigning.

Recommendation 5 – Resourcing and capacity: Within resource constraints, stabilize budget allocation for the campaign by:

- 5.1. establishing clear and transparent funding criteria based on campaign prioritization (including consultation with countries and partners) and aligning the allocation of human and financial resources accordingly across all levels of the Organization;

- 5.2. ensuring a minimum level of funding (including staffing costs) is available to support core activities for all mandated Global Health Days across the three levels;
- 5.3. embedding Global Health Days into the workplans and budgets of technical units and DCO and incorporating campaign planning, implementation and evaluation in relevant donor proposals; and
- 5.4. strengthening regional and country-level communication teams in campaigning, along with providing multilingual support and materials.

1. Introduction

This document is the Final Report of the evaluation of Global Health Days, commissioned by the WHO Evaluation Office and the Department of Communications (DCO) and included in the Evaluation Workplan for the biennium 2022–2023 [\(1\)](#). The document outlines the purpose of the evaluation as well as the evaluation methodology and findings. Based on the findings, the report presents a series of conclusions and recommendations for WHO.

1.1. Background and context

WHO's mandate is to raise awareness about global health issues and mobilize support for action globally, regionally and nationally. WHO's Thirteenth General Programme of Work (GPW) 2019–2025 marked a shift for the Organization, as it stepped up its leadership on public health through health promotion, prevention and advocacy [\(2\)](#).

One strategy to raise awareness and mobilize support has been through Global Health Days and, in a few instances, Weeks, which are also known as “campaigns”. In this report they are also referred to collectively as “observances” and “Days”. The purpose of the Days is to raise awareness on priority health issues [\(3\)](#). WHO leads/supports other actors and Member States in their communications and other actions linked to these campaigns. Some are directly mandated by the World Health Assembly or by the WHO regional committees, while others are initiated or marked by the United Nations (UN) General Assembly or established by UN interagency system entities/bodies. In addition, some campaigns are initiated by non-state actors and supported by WHO but are not strictly devoted to public health. In total, WHO marks 108 annual Global Health Days and Weeks [\(3\)](#).

The World Health Assembly has mandated WHO to celebrate 11 Days and two Weeks out of the 108 Global Health Days and Weeks [\(4\)](#). Given the mandated nature of these 11 Days and two Weeks, they tend to receive more resources and attention from WHO than the other 95 non-mandated Days and Weeks. These 13 Days and Weeks are listed in section 1.3 below. Nevertheless, many of the non-mandated Days and Weeks are also used as important advocacy and communication opportunities by WHO and health partners.

The rationale for this evaluation dates from 2017 when the WHO Executive Board expressed their concern about the proliferation of Days, requesting that the WHO Secretariat carry out an analysis, mapping and evaluation of these observances [\(5\)](#). The Secretariat presented an initial analysis and report to the Executive Board in 2019 [\(5\)](#) that provided an overview of the Days. It noted that the majority of observances are created at the initiative of Member States and that meeting the resource requirements for both WHO and partner activities was a struggle at all three levels (global, regional and country).

The next development was in November 2020, when the Seventy-third World Health Assembly requested that the WHO Secretariat hold informal consultations and consider a more structured process for observing the Days. Consequently, analyses and reports were presented to the World Health Assembly in 2020 and 2021 [\(3\)](#), [\(6\)](#).

The 2020 report found that the Days can be powerful tools to raise awareness of priority public health issues. However, the review also found that the success of campaigns depends on several factors, including relevance

and prioritization of the issue and its campaign by countries; key-stakeholder agreement on clear goals and objectives; effective planning and project management mechanisms; and sufficient financial and human resources allocated to campaign planning, management and evaluation (3, 6). As a result, the World Health Assembly requested that the Secretariat hold informal consultations and propose a more structured selection process for new Days.

The proposed process was presented in the 2021 report. It provided criteria and prerequisites for the selection of new Days, largely directed at Member States who wish to propose new Days. The report also proposed that a monitoring and evaluation framework be developed for the observances (3, 6). It further suggested that the framework for the Days be rationalized, better linking them to the objectives of WHO's GPW and prioritizing topics critical to global health (7).

This current evaluation was initiated to further support the Secretariat in improving the design, process, execution and evaluation of the Days and to maximize effectiveness.

1.2 Object of the evaluation

The object of this evaluation is the 11 Global Health Days and two Weeks mandated by the World Health Assembly, as follows:

Table 1. Mandated Days and Weeks

Mandated Day/Week	Year of establishment	Day/Week when celebrated	Years when celebrated during evaluation period (2019–2023)
World Neglected Tropical Diseases (NTD) Day	2021	30 January	2021, 2022, 2023
World Tuberculosis Day	1982	24 March	2019, 2020, 2021, 2022, 2023
World Health Day	1948	7 April	2019, 2020, 2021, 2022, 2023
World Chagas Disease Day	2020	14 April	2020, 2021, 2022, 2023
World Malaria Day	2007	25 April	2019, 2020, 2021, 2022, 2023
World No Tobacco Day	1987	31 May	2019, 2020, 2021, 2022, 2023
World Blood Donor Day	2004	14 June	2019, 2020, 2021, 2022, 2023
World Drowning Prevention Day	2021 ¹	25 July	2021, 2022, 2023
World Hepatitis Day	2010	28 July	2019, 2020, 2021, 2022, 2023
World Patient Safety Day	2019	17 September	2019, 2020, 2021, 2022, 2023
World AIDS day	1998	1 December	2019, 2020, 2021, 2022, 2023
World Antimicrobial Resistance (AMR) Awareness Week	2015	18–24 November	2019, 2020, 2021, 2022, 2023
World Immunization Week (WIW)	2012 (8) ²	24–30 April	2019, 2020, 2021, 2022, 2023

¹ World Drowning Prevention Day was approved by the UN General Assembly in 2021 and consequently by the World Health Assembly in 2023; it has been celebrated by WHO since 2021.

² WIW was first celebrated in the Americas in 2003, then adopted by other regions and celebrated globally since 2012.

The main elements of these 11 Days and two Weeks are described in this section.

1.2.1. Campaign management

The campaigns for the Days are designed and managed jointly by the staff from the respective WHO technical units and DCO, a department of the External Relations and Governance Division. They are regarded as part of the overall communications programme of work. For each campaign, the communication officer responsible for the given thematic area from the DCO Health Information and Advocacy Unit manages and coordinates the development of communications materials and activities in collaboration with relevant technical staff. The campaign concept and design are laid out in a DCO campaign plan. Although formats vary, these plans often detail the intended outcomes, outputs, activities, messages and timeline. DCO developed a set of Monitoring, Evaluation and Learning (MEL) metrics for the World Health Day³ and created campaign dashboards for all 13 Days in 2020, 2021 and 2022.

With support of the technical units, DCO shares the campaign plan and package of communication assets with the WHO regional offices and/or key external partners of the given thematic areas. The communication teams of the regional offices then adapt these as necessary (such as language and context specific adaptations), sharing them with the country offices. At the latter, the campaigns are managed by communication teams (or other staff where no communication staff are in place).

1.2.2. Campaign audiences

As described in campaign documentation, the Days have both common and distinct audiences.⁴ Most campaigns share audiences in terms of the general public and ministries of health. Audiences specific to campaigns are relevant to given thematic areas, such as national blood donor programme managers and National Red Cross and Red Crescent Societies staff for World Blood Donor Day.

Of note, the campaigns are not generally targeted towards audiences in countries where WHO has no presence. However, WHO headquarters, regional and country offices and partners share campaign materials with stakeholders across their networks (and Geneva-based missions), so Days can be celebrated where WHO is not present (e.g. by ministries of health) with or without using WHO materials and messaging. In addition, global audiences are reached through digital channels (web and social media). Most campaigns do not determine priority countries or regions; WHO country and regional offices determine their own level of involvement for each campaign. Some exceptions were noted, for example, World No Tobacco Day 2021 determined 22 priority countries as a focus of its activities for that year;⁵ the Americas Region selects one country as a focus country for WIW each year.

³ WHO, World Health Day 2022 MEL metrics, 2021 (internal document).

⁴ As found in the documentation reviewed (see Annex 3).

⁵ WHO, World No Tobacco Day Concept Note, 2020 (internal document).

1.2.3. Messaging

Communications officers work closely with technical experts in identifying key themes, slogans, narratives and associated messages. Message development requires translating the technical and policy related content into language and formats that are more accessible, understandable, timely and relevant. Messages are considered for use in different asset formats from websites to social media, videos, events and print materials such as posters. For each campaign, a series of short key messages are developed for all audiences and sometimes more detailed messages for specific audiences and/or channels, such as social media. In general, messages go through a series of consultation and approval stages before finalization; and messaging for each campaign changes each year, while staying within the thematic area. For example, in 2023 World No Tobacco Day focused on pollution created by cigarettes, whereas in 2022 it focused on tobacco growing.⁶

1.2.4. Campaign implementation

Messages and assets are developed by DCO in collaboration with the technical units. The package of assets varies but often includes images, banners, social media posts, video content and posters in addition to factsheets, guidance and other technical documents produced by the technical units. Campaigns are then implemented at all three levels of the Organization. At the global level, the assets are shared with partners and on digital channels; for some observances, activities, such as events, are also organized at the global level. These might also be shared at the regional level, depending upon regional health priorities.

At country level, WHO offices implement campaigns to varying degrees, depending on their country priorities and available resources. Their level of implementation can range from simply re-posting campaign materials on their social media channels to holding specific events and activities with partners, including integrating within existing campaigns. To facilitate their use by regional and country offices, stakeholders and partners, the campaign assets are stocked on the digital asset platform, Canto. Messages and materials are developed, reviewed and revised by the technical and communications staff via multiple steps.

1.2.5. Campaign goals and objectives

Campaign goals and objectives are mainly aimed at increasing visibility for given health issues. In addition, campaigns can also aim to change policies and behaviours, in addition to increasing community engagement,

⁶ WHO, World No Tobacco Overview 2022, 2023. and WHO, World No Tobacco Overview 2023, 2023 (internal documents).

partnership and collaboration. These goals and objectives are further described in the Secretariat’s report to the Executive Board in 2019 [\(5\)](#).

1.2.6. Campaign resources

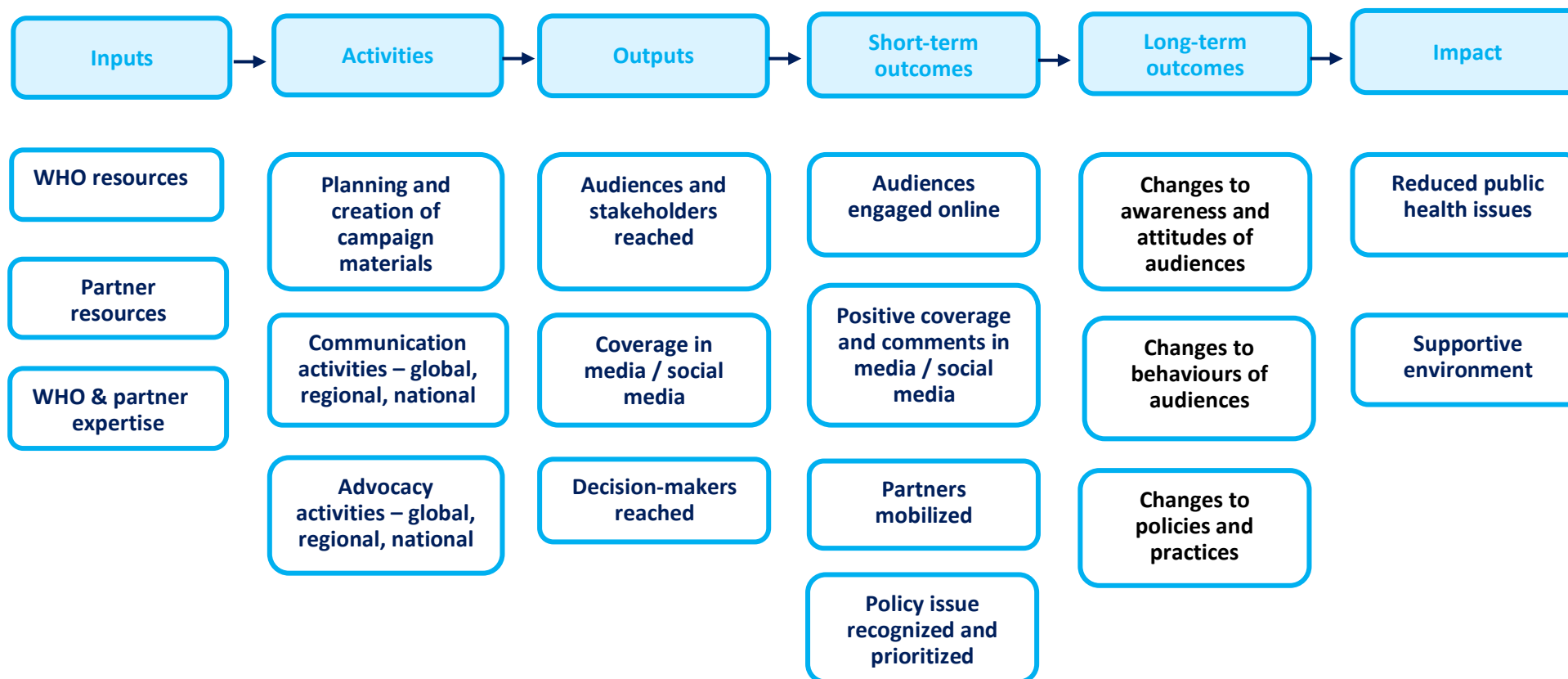
In the 2020 report of the Director-General, the Secretariat estimated that US\$ 150 000 would be needed by WHO (headquarters and regional offices) for each campaign’s planning, management and evaluation, whereas in 2019 available budgets for each Day ranged from US\$ 15 000 to US\$ 70 000 (3). Available information in 2024 indicated that budgets available for each of the 13 campaigns assets was on average US\$ 30 000, ranging from US\$ 2000 to US\$ 100 000 annually from 2020 to 2024.⁷ As stated in section 1.2.1, the campaigns are managed by both technical units and DCO, whose staff work and dedicate time to the campaigns, in addition to WHO colleagues at the regional and country levels. Further resources are allocated by partners at all three levels for their own campaigning.

1.2.7. Theory of change

A theory of change (ToC), mapping the pathway of change from inputs to impact did not exist for the Days. Therefore, during the evaluation inception phase, the evaluation team constructed a high-level ToC based on existing Global Health Day metrics and MEL dashboards and inputs (see Fig. 1). This ToC was further refined, based on evaluation findings (see Revised ToC in section 3.7.).

⁷ See evaluation question 5, section 3, Finding, below.

Fig. 1. Initial high-level theory of change for the Global Health Days/Weeks (Source: evaluation 2024–2025)





World Health
Organization

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HEALTH
FOR ALL

THE BIG
GATCH-UP!

**Are you and your
children up to date with
your vaccinations?**



Photo description: World Immunization Week 2023. Credit: WHO

1.3 Purpose, objectives and scope of evaluation

Evaluation purpose

The purpose of the evaluation was to:

- support WHO's accountability towards stakeholders, including targeted audiences and partners of WHO-led global health campaigns, the WHO Secretariat, the Executive Board and Member States; and
- document lessons learned, good practices and challenges experienced during implementation of the Days as well as support WHO's efforts to improve the design, process, execution and evaluation of campaigns and maximize their effectiveness.

Objectives

The evaluation had the following three specific objectives:

1. to **assess the process** of planning, managing, executing and evaluating Global Health Days/Weeks campaigns by WHO, including the collaborations to ensure that campaigns had maximum impact;
2. to **identify the qualitative contribution to any visible change achieved** in the previous three biennia (January 2019 to July 2024), as well as the areas of good progress and challenges, with a view to improving future efficiency and effectiveness of campaigns; and
3. to **identify key lessons and recommendations** for WHO with a focus on sustainability of internal systems and processes, including measurement, coordination and learning.

These specific objectives are operationalized through the evaluation questions listed in Table 3 below.

Scope of the evaluation

The thematic scope of the evaluation was the 11 mandated Global Health Days and two Weeks as listed in Section 1.1. Within these 13 campaigns, the evaluation team carried out an in-depth analysis of three campaigns as determined by the methodology described in Section 2.

The timeframe covered was the previous three biennia, 2019–2023, while considering any campaign activities until mid-2024.

The geographical scope of the evaluation covered all WHO activities, including in collaboration with partners, at global, regional and national levels for the execution of Global Health Days campaigns.

1.4 Evaluation stakeholders

The following table, adapted from the Terms of Reference (ToR) (Annex 1), sets out the specific stakeholders and their roles and interest in the evaluation, categorized by first and second priority:

Table 2. Users/audiences, their roles and interests in the evaluation

Stakeholders	Role and interest in the Evaluation
WHO country offices	The results, lessons identified and recommendations of the evaluation will inform the execution of the upcoming observances and measurement of their impact at country level.
WHO regional offices	The results, lessons identified and recommendations of the evaluation will support the regional offices in their management and guidance for country offices on campaign execution, messages, etc.
WHO headquarters – relevant departments	WHO headquarters departments, in particular DCO and the technical units, that are responsible for jointly designing and managing the campaigns, are interested in the evaluation findings to ensure that campaigns they support are effective and cost-efficient.
Member States	Member States have a direct interest in being informed about: (a) the assessment and support needed for clearer and more impactful WHO campaigns; (b) recommendations for prioritization; and (c) funding and management models.
Executive Board	The Executive Board has a direct interest in being notified about: (a) the progress of the Global Health Days and their associated processes; and (b) good practices as well as challenges through the evaluation report that could inform the better execution of campaigns going forward.
WHO Secretariat	The Secretariat is interested in: (a) learnings on the overall process, resources, needs and gaps as well as best approaches for the way forward; and (b) proposed prioritization and responsibility for deciding the messages and objectives of the mandated campaigns in alignment with external and internal health needs, policies and approaches.
External stakeholders	
National governments	As recipients of WHO's technical assistance, governments have an interest in the partnership, how campaigns reflect their health needs and whether their systems can take up the challenge of campaign objectives.

Donors	Donors are a significant stakeholder and will be interested in the efficiency and influence of campaigns to date, in addition to recommendations for improvement.
Other UN agencies	Some sister UN agencies are WHO peer organizations for specific campaigns and are interested in knowing how to improve collaboration with WHO and roll out impactful campaigns by sharing knowledge and information and by supporting each other.
Other partners	Partners, working closely with WHO on campaign planning and implementation, such as civil society and health-focused organizations, have a direct interest in understanding whether key messages and activities are aligned, mutual support has been obtained and campaign impact has been boosted. They are also interested in how to improve collaboration in the future.

2. Methodology

2.1. Evaluation criteria and questions

The evaluation questions (EQ) were categorized based on the Organization for Economic Co-operation and Development (OECD) evaluation criteria below, with an additional criterion of Coverage. The questions, as set out in the ToR (Annex 1), were adapted/expanded upon by the evaluation team in agreement with WHO, including the Reference Group established for the evaluation. An evaluation matrix was developed to match questions to the key performance indicators, data sources and data collection tools (Annex 2).

Table 3. Evaluation questions

Criteria	Evaluation questions	Subquestions
Relevance	1. To what extent have campaigns' objectives remained relevant to evolving health priorities globally, nationally and regionally, including with regard to target audiences?	<p>1.1 To what extent do campaigns respond and contribute to addressing current key health priorities and people's health needs globally, regionally and nationally, including on neglected health priorities and from an intersectional perspective?</p> <p>1.2 To what extent do global, regional and country-level stakeholders feel ownership of the campaigns?</p>
Coherence	2. To what extent are campaigns' objectives in line with WHO's internal strategic priorities and outcomes, as well	2.1 External: To what extent does the choice of campaigns cohere with health priorities of UN partner agencies and other relevant actors?

	as with external partners' strategies and objectives?	2.2 Internal: To what extent do they cohere with WHO internal strategic priorities and outcomes?
Effectiveness	3. To what extent do Global Health Days campaigns' design, execution and strategic approaches demonstrate to be realistic, appropriate and adequate to achieve intended outcomes?	<p>3.1 To what extent are campaigns' goals and objectives clear, feasible and appropriate?</p> <p>3.2 To what extent is WHO optimally and strategically leveraging Global Health Days for visibility and leadership?</p> <p>3.3 What internal and external factors hinder or favour the achievement of objectives?</p> <p>3.4 Are the systems for measuring results of global health campaigns in place and functioning and are adequate resources allocated to do so?</p> <p>3.5 Are there examples of achievements of the campaigns' intended outcomes?</p>
Coverage	4. To what extent do campaigns reach their intended audiences and through which channels?	<p>4.1 To what extent is the communication design and quality of messaging and materials appropriate, with messages segmented to maximize reach for intended audiences, including from a gender, equity and human rights perspective?</p> <p>4.2 To what extent do campaigns reach target audiences, including marginalized populations with key health messages, accounting for gender, equity, human rights and disability inclusion dimensions?</p>
Efficiency	5. How efficient have campaigns (individually and globally) been in using the human, financial and intellectual resources at their disposal to achieve their targeted outcomes?	<p>5.1 Are campaigns evidence-based and tested and then planned within an appropriate timeframe?</p> <p>5.2 To what extent do WHO processes and planning for the Days show appropriate internal and external coordination and communication across technical and communication teams at all three levels of the Organization?</p>
Sustainability	6. How sustainable are the internal systems and processes for ensuring continuity of the Days?	<p>6.1 To what extent are internal systems set up to ensure continuity of the Days?</p> <p>6.2 To what extent are good practices, challenges and lessons learned systematically documented at all levels and shared to guide future planning and implementation, including sustainability?</p> <p>6.3. What are the identified good practices, challenges and lessons learned?</p>

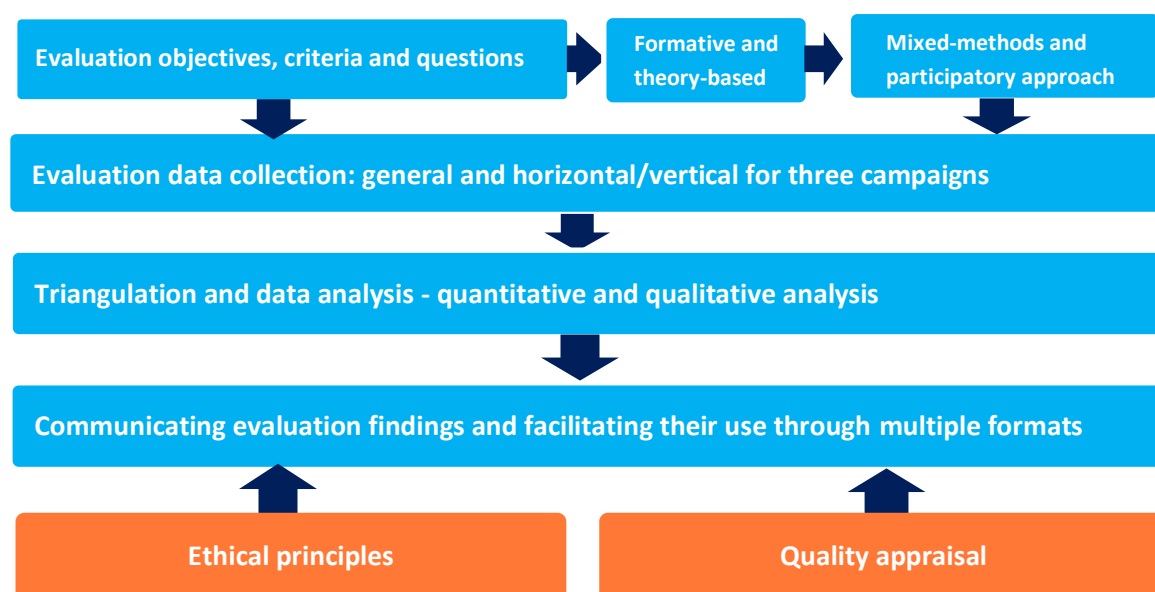
2.2 Approaches and methods

2.2.1 Design and methodological approach

The evaluation applied a non-experimental design. The evaluation approach was formative and theory-based: formative in that the evaluation identified good practices, challenges and lessons learned, which together with the evaluation’s recommendations will inform the future design and implementation of the Days; theory-based in that the evaluation was guided by the reconstructed ToC (see Fig. 1) in responding to the EQs.

The team also used a **mixed-methods utilization-focused approach** for this evaluation. This involved the use of appropriate qualitative and quantitative methods to respond to the evaluation questions, supported by a case-study approach for the three focus campaigns, as detailed below. A utilization-focused approach implied the involvement of evaluation stakeholders at each stage of the evaluation (i.e. regular consultation with the Reference Group) and integrating actions to involve them (see below). “Horizontal” data collection was carried out across all 13 campaigns, complemented by “vertical” data collection only on three focus campaigns, as illustrated in Fig. 2 below.

Fig. 2. Evaluation approach (source: evaluation 2024–2025)



2.2.2 Data collection methods

The evaluation used six data collection methods.

- **Document review:** A review was conducted of relevant documentation including reports, plans, webpages and Monitoring and Evaluation reports of the campaigns, in addition to relevant academic

studies and reviews, located through searching on academic databases. It was complemented by available data collected on the budgets and human resource allocations for all 13 campaigns; where available, further documentation such as campaign plans and deliverables, partner strategies and reports was analysed for the three focus campaigns. The list of over 40 documents reviewed during the evaluation process is available in the references at the end of this report. Based on the document review, a campaign matrix summarized the 13 campaigns across criteria including campaign goals, objectives, intended target audiences, channels used, available budget and staff, timeframe, etc. (see Annex 4).

- **Analysis of the campaign MEL evaluation dashboards:** An analysis was conducted of the quantitative data available from campaign dashboards and additional data sets (e.g. social media, media and website metrics). The campaign dashboards are available for 3 years: 2020, 2021 and 2022 (in addition to some being available for 2023). The analysis and compilation of this data responded primarily to the Coverage, Effectiveness and Sustainability EQs.
- **Resource analysis:** An analysis was undertaken of the staffing and budget data available for the 13 campaigns; this included analysing and comparing this data across the 13 campaigns and over time (Annex 4).
- **Semi-structured key informant interviews (KIIs) and focus group discussions (FGDs).** In total, feedback was received from 120 people through KIIs and FGDs; 57 (47%) were WHO staff and 63 (53%) were external partners and stakeholders, both across the 13 campaigns, including the three focus campaigns (see Annex 6 for further details). KIIs and FGDs guides were drafted for both internal and external stakeholders (Annex 5).

Table 4. KIIs and FGDs carried out across the three levels

Level	Total no.	Internal	External	Female
Global & other (mixed roles)	69	20	49	49%
Regional	23	17	6	43%
Countries	28	20	8	53%
Total	120	57	63	49%

- **An online survey for WHO staff and partners:** An online survey was conducted for WHO staff (all three levels) and partners involved with the campaigns. The evaluation team prepared an online survey (Annex 5) for WHO to distribute to relevant staff and partners. The survey was delivered online using WHO's survey solution and was available in English, French and Spanish. In total, 111 responses were received: 97 WHO staff and 14 external stakeholders. The response rate for staff was as anticipated; the response rate for external stakeholder was lower than expected, although partially compensated for by the number of external stakeholders reached through KIIs and FGDs (over half were external).
- **Three case studies - focus campaigns:** In addition to reviewing the 13 campaigns, the evaluation carried out an in-depth analysis of the three selected focus campaigns: World Immunization Week, World Blood Donor Day and World No Tobacco Day. This included specific KIIs, a reconstructed ToC, and

document review for each campaign, as well as available budget and staffing information (see Annex 7). The campaigns were selected based on the following criteria:

- scale and intended coverage in terms of health issues and global audiences
- joint or WHO-led only
- longstanding or more recent campaigns
- relevance to the Triple Billion Goals.

Data analysis and triangulation

Quantitative and qualitative analytical techniques were used to compile and analyse the data to respond to the EQs. For the qualitative data analysis, the evaluation team cleaned, organized, categorized and coded the data based on a thematic analysis, drawing from the EQs and indicators. For the quantitative data analysis, the evaluation team used descriptive statistics analysis to compile the data for presentation in graphs and tables. The data have been disaggregated where possible, such as by sex, age and audience profiles (location, interests, health needs, etc.). Further, the document review produced two summaries: i) a definition of the neglected health priorities and ii) the key current health priorities and how the 13 Days are aligned to these. These summaries supported the evaluation team in responding to EQs 1 and 1.1. (see Annex 7).

As specified in the ToR, the evaluation did not foresee direct data collection with audiences/beneficiaries of WHO activities; data disaggregation was therefore limited to KII and FGD participants and survey respondents. The validity and credibility of the findings have been reinforced through the triangulation of data via multiple evaluators and the collection of data through different methods. The preliminary findings were presented to the relevant WHO staff for inputs and validation.

2.3. Limitations of the evaluation

The limitations and risks identified during the inception phase and the mitigation measures undertaken are described in Table 5.

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Table 5. Identified limitations, risks and mitigation measures

Limitations	Mitigation measures
Concern around the proliferation of Global Days (i.e. over 100 days for WHO to manage) from WHO's Executive Board and World Health Assembly not directly addressed by the evaluation (see Section 1.1 for further details).	The evaluation addressed the relevance and coherence of the Days, which covered the area of priorities but did not directly address the issue of proliferation: This limitation was therefore only partially addressed.
The challenge of comparing goals, objectives and reach for the 13 campaigns, given the different topics, ambitions and resources available to them, in addition to the evolving health priorities.	This was mitigated by comparing the campaigns in terms of good practices for campaigning, ⁸ available resources, budget and staff data.
The data collected/collated were not always comparable, given that the levels of specificity of the objectives and target audiences vary widely for each of the campaigns, and that the campaign planning, preparation and documentation processes were not standardized.	Where objectives and target audiences were more general, the evaluation team asked relevant WHO staff and external stakeholders to identify potential outcomes for analysis. Limitations that remain in terms of vague objectives and audiences are stated in the report, in addition to any issues of comparability.
The differing and sometimes uncertain availability of stakeholders at global, regional and national levels across the 13 campaigns made it challenging to interview all relevant key persons within the allocated time.	The WHO evaluation manager supported the team in establishing contact with both WHO staff and external stakeholders. The evaluation team was flexible and adapted data collection schedules in terms of timing, languages and different communication channels (e.g. Zoom, Teams, WhatsApp, etc.).
The evaluation required the collection of a diverse range of data, information and feedback across the 13 campaigns which created some difficulties for its compilation and analysis.	The evaluation team used different quantitative and qualitative analysis methods to sort, categorize and analyse the data, matching it to the evaluation questions and their indicators. Any limitations detected are stated in this evaluation report.

⁸ Best practices for campaigning were drawn from WHO's own guidance (such as WHO, *Strategic communications framework for effective communications*, Geneva, 2017) as well as academic articles and grey literature.

2.4. Gender, equity and human rights (GEHR) considerations

GEHR considerations were relevant to the Days in a number of aspects, including reaching populations affected by diseases associated with the Days, integrating gender and equity elements when planning communications, etc. These considerations were included in the evaluation design and implementation, as follows:

- **Diverse team composition:** The evaluation team has four women and one man of diverse nationalities, three members from high-income countries (France and Switzerland) and two from lower-middle-income countries (India and Kenya).
- **Design of evaluation questions and tools:** The evaluation questions integrated GEHR considerations, notably within EQ 4.1 on Coverage. The research tools (e.g. surveys and interview guides) were also developed to reflect GEHR considerations where possible (see Annex 6).
- **Recruitment of participants for KIIs and FGDs:** The evaluation team monitored the profiles of KII and FGD participants to ensure equitable representation with regard to the range and diversity of partners involved with the campaigns and the representation of marginalized groups. The evaluation did not collect data directly from participants/beneficiaries of WHO's work.
- **Analysis of data:** Where possible, the data collected, such as the KII and FGD data, were disaggregated based on GEHR considerations, such as gender and geography. Of note, monitoring data on the Days as collected and collated by WHO, were not available in any disaggregated format for health equity and gender equality.

The evaluation team complied with the relevant United Nations Evaluation Group (UNEG) and WHO guidance of GEHR, including the UNEG Guidance on integrating human rights and gender equality in evaluations (2024), and 2014, WHO Guidance note on integrating health equity, gender equality, disability inclusion and human rights in WHO evaluations [\[9\]](#), WHO Policy on disability.

2.5 Ethical considerations

The evaluation was conducted in accordance with international best practices, standards and key ethical principles, including:

- integrity
- transparency
- non-discrimination and impartiality⁹
- “do no harm” and “leave no one behind”
- confidentiality
- protection of the data collected.

⁹ For example, based on sex, gender, disability, race, religion or belief, political opinion, sexual orientation, national origin, age, class, language or any other characteristic.

Participating WHO staff and the external stakeholders were assured anonymity and confidentiality for both their identities and their responses at the beginning of the interviews/FGDs. They provided their informed consent for their participation prior to the interviews/discussions.

The evaluators maintained professional integrity by ensuring that information, knowledge and data gathered during the evaluation process were used exclusively for the evaluation process.

The evaluation team complied with UNEG's Ethical guidelines for evaluations and WHO evaluation policy.

2.6. Data management

The evaluation team used the utmost discretion in managing any data generated by the evaluation and shared by the WHO. The team used two online repositories for storing data: the WHO SharePoint extranet and a secure external drive accessible only to the evaluation team itself. In the data analysis, any identifiable information was anonymized. Upon completion of the evaluation, data, such as KII and FGD notes, will be stored for at least 6 months before being deleted.

3. Findings

3.1. Relevance

1. To what extent have campaigns' objectives remained relevant to evolving health priorities globally, nationally and regionally, including with regards to target audiences?

Finding 1: Campaign objectives were generally found to have remained relevant to evolving health priorities, with the Days' objectives and activities adapted to meet new needs and public health threats. Campaign themes were adapted regionally and nationally to reflect local priorities. However, some global themes were seen as either too generic or too specific, reducing their relevance for partners and countries. This was compounded by the lack of clarity in relation to the target audiences of the Days. Relevance was also challenged by emerging health issues being addressed by non-mandated Days instead of the mandated Days, effectively making them a lower priority for WHO.

WHO staff and partners interviewed generally noted that campaign objectives remained relevant to evolving health priorities, as also seen in the survey results where 84% of respondents strongly agreed or agreed that Days were relevant to health priorities (see Fig. 3). Interview data and survey results also showed that relevance was seen as slightly lower in terms of health needs and priorities in local contexts (70% of respondents strongly agreed or agreed with this statement in the survey).

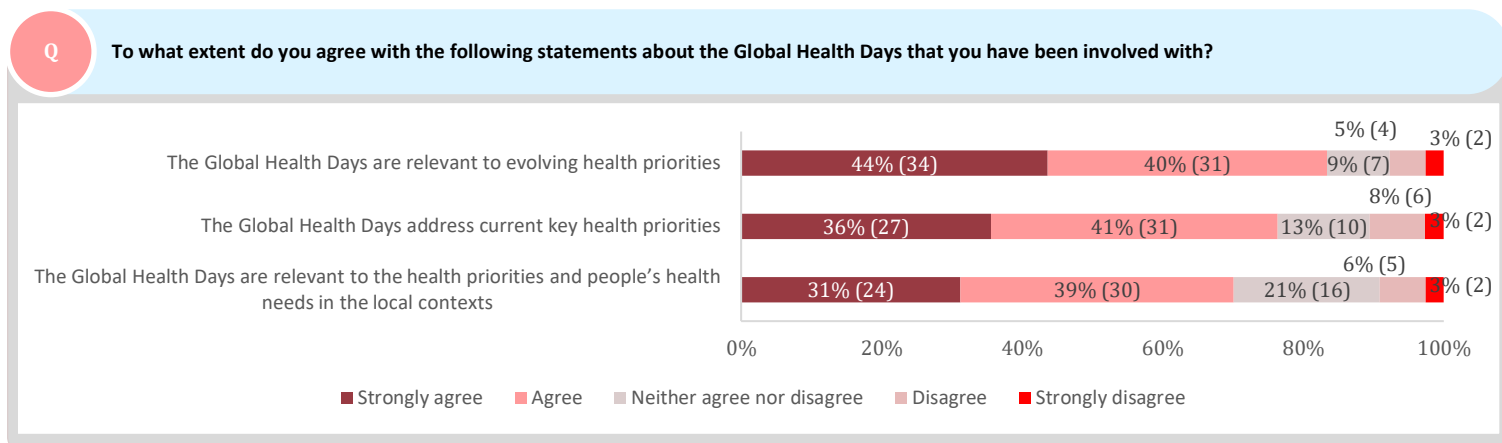


14 JUNE 2023
· WORLD BLOOD DONOR DAY ·

WE LIVE BECAUSE YOU GIVE

GIVE BLOOD, GIVE PLASMA,
SHARE LIFE, SHARE OFTEN

Fig. 3. Level of agreement on relevance of the Global Health Days (survey, n=71)



In general, campaign objectives were reported as aligning with WHO and global health priorities as discussed further under Coherence. Examples of adaptations to evolving health priorities included:

- WIW integrating COVID-19's impact on immunization and vaccine hesitancy;
- World Health Day 2020 emphasizing the role of health care workers during the pandemic; and
- World No Tobacco Day focusing on new threats, such as the tobacco industry's targeting of children and the environmental impact of cigarettes.

To ensure relevance, campaign themes determined globally were then adapted regionally and nationally to reflect local priorities. Examples included an emphasis on smokeless tobacco products in World No Tobacco Day messaging for the South-East Asia Region or tailoring World Blood Donor Day campaigns to address specific shortages or donor demographics. Campaigns such as WIW were noted as allowing countries to integrate their specific health challenges, such as measles outbreaks or access gaps. Days such as World patient safety day and immunization week were considered by most WHO staff and external stakeholders as universally relevant, resonating across different contexts and stakeholders.

Some challenges to maintaining relevance were noted by both WHO staff and external stakeholders. For example, some themes set at the global level were perceived as too generic or, alternatively, too specific, reducing their relevance for partners and countries. Another challenge to relevance was noted with partners having differing priorities, as confirmed by the survey results. This was compounded by the lack of clarity about target audiences for some Days, with many aiming to reach multiple audiences, ranging from the general (e.g. general public) to the technical (e.g. health practitioners). In this regard, it was reported as difficult to assess the ongoing relevance of the objectives for target audiences (see EQ 4 for further analysis). Relevance was also challenged by the fact that emerging health issues were addressed by non-mandated Days instead of mandated Days, with fewer resources allocated, effectively making them a lower priority for WHO (see EQ 1.1 for examples).

1.1 To what extent do campaigns respond and contribute to addressing current key health priorities and people's health needs globally, regionally and nationally, including on neglected health priorities and from an intersectional perspective?

Finding 2: The Days were largely perceived as addressing current key health priorities with varying alignment seen to SDG 3 and WHO’s Triple Billion Goals. Of the neglected health priorities identified, mental health, maternal mortality, child and infant mortality were the least addressed by the Days. The limited data available suggests that intersectionality was not sufficiently addressed in the Days.

The Days were largely perceived as addressing current key health priorities, as confirmed in the survey, where 77% of respondents strongly agreed or agreed that the Days had addressed the current priorities (see Fig. 3 above). At the same time, this evaluation found varying alignment to two central references for current key health priorities: SDG 3 on Good Health and Well-being and the outcomes of WHO’s Triple Billion Goals (TBGs) (see Annex 8 for a detailed analysis).

The SDG 3 targets were found to be largely covered by the Days, and of those that were not, some were addressed by non-mandated Days.¹⁰ The TBG Universal Health Coverage and Well-Being Goals were indirectly addressed by many of the Days; the TBG Health Emergencies Goal was relevant for those Days with a focus on pandemics/epidemics (e.g. Chagas, NTD, Tuberculosis, Hepatitis, AMR, AIDs, etc.). In this respect, some Days aligned strongly with these two central references, such as WIW, World NTD Day and World AMR Week, whereas other Days had limited alignment, such as Word Drowning Prevention Day and World Blood Donor Day. As the World Health Day changed its theme annually, it had covered some of these health priorities, such as those related to health and the environment, which were not covered directly by the other 12 mandated Days.

WHO has no definition of neglected health priorities. Therefore, for the purpose of this evaluation, the evaluation team determined the following definition: *Neglected health priorities are those that do not receive sufficient attention in terms of focus and funding, from health professionals, health policy-makers and international and national donors.* Based on this definition, eight neglected health priorities¹¹ were identified from documentation and interviews with WHO staff and external stakeholders. Of these eight neglected health priorities, mental health, maternal mortality, child and infant mortality were the least addressed by the Days, although they were the focus of non-mandated Days¹² (see Annex 8 for a detailed analysis).

In terms of responding to people’s health needs globally, regionally and nationally, the campaigns were adapted to meet the differing needs. WHO staff and partners underlined that WHO campaigns were becoming increasingly intersectional, addressing various social determinants of health beyond immediate health needs, such as in the themes adopted for the World Health Day 2021, on Health Equity. However, a review of the campaigns’ plans, messages and objectives indicated that most of the Days were still lacking a fully operationalized intersectional approach, in other words one linking the specific health issue(s) addressed by the Days to multiple and intersecting factors of vulnerability (gender, disability, age, ethnicity and other factors of

¹⁰ SDG 3 targets not covered by the Days: 3.5 Drug abuse, 3.6 Road traffic accidents, 3.7 Sexual and reproductive healthcare and 3.9 Hazardous chemicals and pollution. Non-mandated days do cover some of these targets, such as road traffic accidents and sexual and reproductive health care.

¹¹ These eight neglected health priorities are: 1. maternal mortality; 2. child and infant mortality; 3. infectious and neglected diseases; 4. Noncommunicable diseases (hypertension, obesity, trans fats policy); 5. AMR; 6. health emergencies; 7. mental health; 8. affordable essential medicines and vaccines (see Annex 8).

¹² Specifically, World Mental Health Day and International Day for Maternal Health and Rights.

social discrimination). Further, monitoring data was not available in any format that disaggregated by gender or other diversity dimensions.

1.2 To what extent do global, regional and country level stakeholders feel ownership of the campaigns?

Finding 3: Global stakeholders demonstrated strong ownership for the campaigns, particularly those health actors that were involved in the campaign creation and design. However, this was often a limited interconnected group of partners. Ownership was mixed at the regional level and found to be stronger when regional stakeholders were involved in campaign adaptation. At the country level, ownership was found to vary widely, with some ministries of health taking active roles in planning and executing campaigns, while others were less engaged.

The sense of ownership among global, regional and country-level stakeholders in campaigns varied.

Global Level: Global stakeholders reported strong ownership for the campaigns, particularly those health actors that were involved in campaign creation and design. However, this global level of involvement often centred around a limited interconnected group of partners, although there were some exceptions.¹³ Some partners felt the process could benefit from broader consultation and involvement, as confirmed in the interviews and discussions with them.

Regional Level: Ownership was mixed at the regional level and found to be stronger when regional stakeholders were involved in campaign adaptation, as was the case for WIW (see Annex 7). While many regions aligned well with global campaigns, for example by adopting global objectives and messages, discrepancies were noted when global themes did not fully address regional priorities, leading to modified or additional localized themes which influenced the level of ownership at this level. In addition, partners and WHO staff reported in interviews and discussions that limited resources and time constraints at the regional level were a main impediment to more proactive engagement and consequent development of ownership.

Country Level: At the country level, ownership was found to vary widely, with some ministries of health taking active roles in planning and executing campaigns, while others were less engaged and only carried out minimal activities, such as issuing press releases. Country offices and local stakeholders were also selective about the Days they addressed. regional offices and WHO headquarters were not necessarily fully aware of the Days with which countries were engaged. Local organizations and volunteers were noted as often feeling a sense of ownership through their involvement in campaign dissemination, such as training volunteers or organizing events such as blood donation drives (see Annex 7). Around a quarter of country-level stakeholders in the interviews and discussions reported feeling excluded from the strategic planning process for the campaigns.

¹³ For example, World NTD Day had a coalition of some 40 partners, global to local, that participated in an ongoing consultative process on communication priorities and messages for the Day.

3.2. Coherence

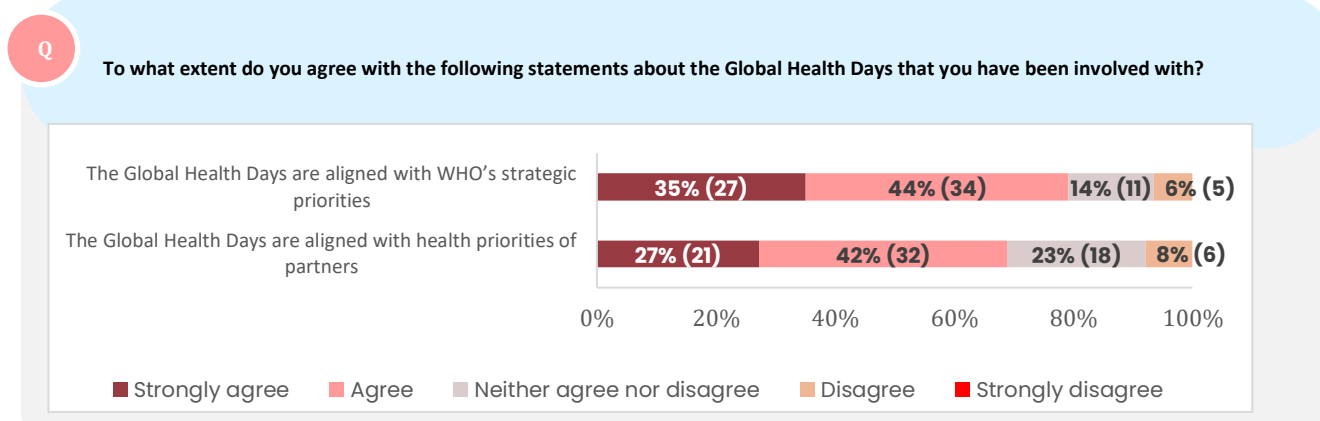
2. To what extent are campaigns' objectives in line with WHO's internal strategic priorities and outcomes as well as with external partners' strategies and objectives?

Finding 4: Campaign themes and objectives were based on evidence and WHO's high-level strategic priorities. Campaigns were also designed to align with the priorities of the WHO Director-General ensuring that campaigns broadly reflected WHO's vision. The themes of the Days were found to be broadly aligned with WHO's global objectives. Some flexibility was noted for tailoring to regional and country priorities. External partners also confirmed that the Days were largely in line with their overall strategy and objectives, although some variations were seen.

A review of the campaign documentation indicated that the themes and objectives were typically based on evidence and aligned with WHO's high-level strategic priorities, as found in the GPW. They were also designed to align with the priorities of the WHO Director-General and ensure that campaigns broadly reflected WHO's vision. Survey respondents reported a strong alignment between the Days and WHO's strategic priorities, with 79% strongly agreeing or agreeing with this statement (see Fig. 4 below).

While the objectives of the campaigns were found to be aligned with WHO's global objectives as indicated in EQ 1.1, they were also designed to allow for some flexibility, enabling local and regional partners to tailor messages and initiatives to their specific needs, as described under Relevance and indicated in the campaign plans and concept notes. The survey also found that the Days were aligned with the health priorities of partners, with 69% of respondents strongly agreeing or agreeing with this statement. External partners interviewed also concurred that the Day(s) they collaborated on were largely in line with their overall strategy and objectives, although the Day(s) could differ from WHO's priorities in some cases (see EQ 2.1).

Fig. 4. Extent of alignment of the Days with priorities (survey, n=77)



2.1 External: To what extent does the choice of campaigns cohere with health priorities of UN partner agencies and other relevant actors?

Finding 5: While strong alignment was detected between the Days and the strategies and objectives of external partners, partners often interpreted the campaigns in line with their own organizational priorities. This sometimes resulted in differences from WHO’s priorities, leading to competing messages or goals.

The choice of campaigns was found to generally align well with the health priorities of UN partner agencies and other relevant actors. Partners reported limited consultation, competing priorities and the broad nature of the objectives as hindering alignment. They requested more inclusivity in planning, earlier theme announcements and clearer objectives, such as more specific goals and target audiences.

Alignment was influenced to some extent by varying organizational goals and regional priorities, particularly when campaign objectives diverged. For example, for the WIW, WHO and their key partners UNICEF, Gavi and the Gates Foundation were found to be fully aligned on the overall objective of advancing vaccination. However, each organization differed slightly in their focus, which also reflected their different mandates and roles (i.e. driving resource mobilization in donor countries; directly raising awareness and behaviour change in countries with a lower vaccination rate, etc.).

Partners interpreted the campaigns in line with their organizational priorities and objectives (e.g. funding or awareness), which differed from WHO’s priorities in some cases. For a minority of Days, such as World TB Day, distinct differences in partners priorities were reported, which could result in competing messages or conflicting goals, creating challenges in achieving a unified campaign message.

2.2 Internal: To what extent do they cohere with WHO internal strategic priorities and outcomes?

Finding 6: The campaigns were noted as largely aligning with WHO’s high-level strategic priorities and outcomes. However, there was no known regular prioritization/adjustment of the Days to match WHO’s strategic priorities as they evolved. There was no process for “sunsetting” Days, whether mandated or not.

The campaigns were noted as largely aligning with WHO’s high-level strategic priorities and outcomes as described under EQ 2. However, no consistent approach to prioritization/adjustment of the Days was detected to match to WHO’s strategic priorities as they evolved. It was suggested to Member States in the 2021 report of the WHO Director-General that the Days should be better linked to the objectives of WHO’s GPW and prioritize topics critical to global health [\[7\]](#). As described in EQ 1.1., some Days are more aligned with WHO’s strategic priorities than others.

According to WHO staff, the only prioritization that existed was that the 13 mandated Days received more resources and attention from WHO (such as support and asset development from DCO), than the other 95 non-mandated Days.

The above-mentioned 2021 report provided criteria and prerequisites for the selection of new Days, largely directed at Member States who wish to propose new health days or weeks [\(7\)](#). Since the 2021 report, the only new mandated Day to have been approved by the World Health Assembly was the World Drowning Prevention Day, approved in 2023. This Day has been celebrated by WHO since 2021, when it was approved by the UN General Assembly [\(10\)](#).

While the process was now reported as clearer for proposing new Days, this evaluation could not identify any process for “sunsetting” Days, whether mandated or not. This confirmed a general absence of processes to “sunset” priorities within WHO, as found by the 2023 Independent Evaluation of WHO’s Results-Based Management Framework [\(11\)](#), which stated that “there is no defined process to “sunset” priorities in WHO. Indeed, explicitly mentioning that something is no longer a priority may lead to uproar in the relevant constituency and among some Member States” (p. 26) [\(11\)](#).

World Health Organization Framework Convention on Tobacco Control team showcases key work during the 77th World Health Assembly at the Palais des Nations, Geneva, 27 May 2024.

Photo credit: WHO / Antoine Hardy



3.3. Effectiveness

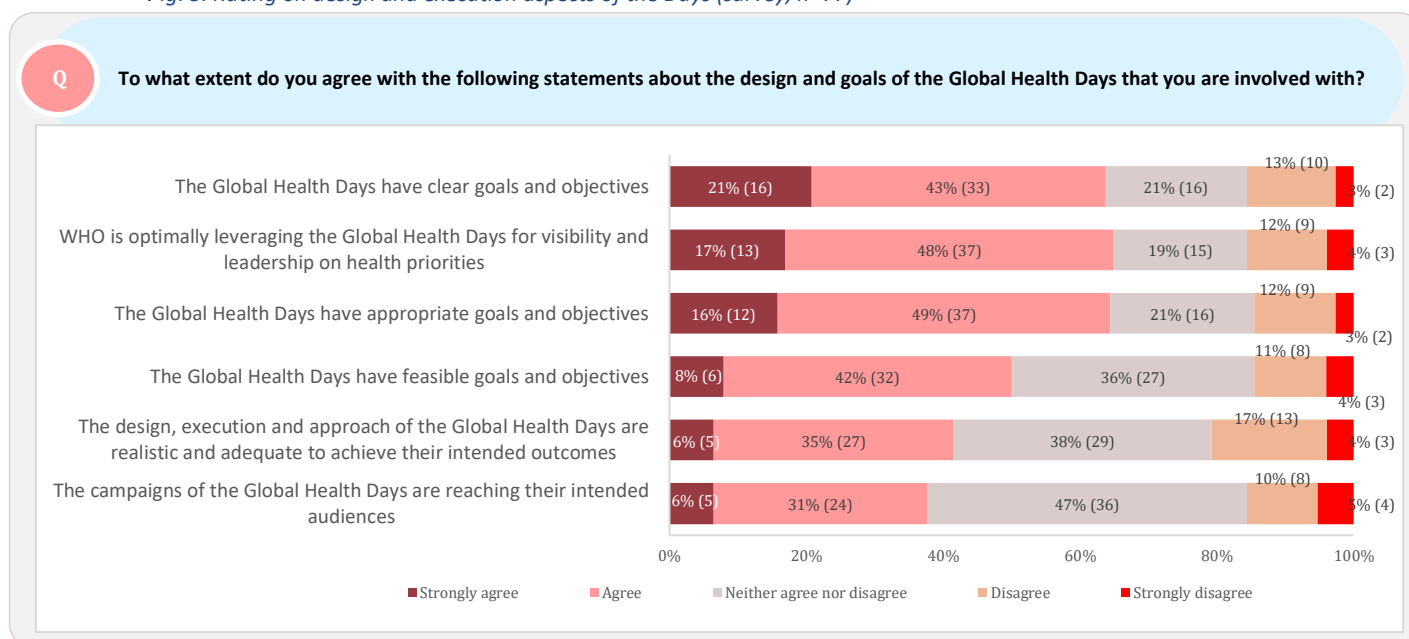
3. To what extent do Global Health Days campaigns' 1) design, 2) execution and 3) strategic approaches demonstrate to be realistic, appropriate and adequate to achieve intended outcomes?

Finding 7: The designs, execution and approaches of the Days were in general realistic, appropriate and adequate, but limited in terms of achieving their intended outcomes. While best efforts were being made, they were hampered by the limited and uneven resources, the varying coordination approaches, the differing expectations of partners and the challenges in measuring campaign results.

The Days' design, execution and approaches were reported as realistic, appropriate and adequate; but only to a limited extent were they able to achieve their intended outcomes. This mixed view was reflected in the survey results where 41 % strongly agreed or agreed on this aspect, 38% were neutral and 21% strongly disagreed or disagreed (see Fig. 5).

These mixed survey results were confirmed by the WHO staff and partners interviewed. They highlighted that while best efforts were being made in the design, approach and execution of the campaigns, these were hampered by the limited and uneven resources available to country and regional offices and partners for campaign activities, the varying coordination approaches used for the campaigns by WHO headquarters technical units, the differing expectations of partners and the challenges in measuring campaign results (see EQ 3.3). The design of the campaigns was also impacted by limited consultation and testing of messages and assets with country and regional offices and partners. These hindering factors confirmed an earlier assessment of the WHO Director-General in his report on the Days to the World Health Assembly in 2020 (3, 6).¹⁴

Fig. 5. Rating on design and execution aspects of the Days (survey, n=77)



¹⁴ As summarized in section 1.2.

3.1 To what extent are campaigns' goals and objectives clear, feasible and appropriate?

Finding 8: The extent to which the goals and objectives of the campaign were clear, feasible and appropriate varied. The goals and objectives of the 13 Days were often broad and limited to general visibility goals; this was sometimes complemented by objectives specific to an annual theme and objectives on advocacy and policy change, behaviour change and community engagement, and partnership and collaboration. A limitation identified was that objectives were rarely SMART, which hindered their ability to be measured. At the regional and country levels, the goals and objectives were adapted to meet local and contextual needs, which were often limited to increasing visibility and, to a lesser degree, policy and behaviour objectives.

The extent to which the goals and objectives of the campaigns were clear, feasible and appropriate varied. On their clarity, the survey results indicated that 64% strongly agreed or agreed, 21% were neutral and 14% strongly disagreed or disagreed, with similar results for their appropriateness. The survey ratings dropped for feasibility, to which 50% strongly agreed or agreed (see Fig. 5 above). These results were confirmed in the interviews and discussions, where WHO staff and partners highlighted that the goals and objectives were clear and appropriate (on the given health issue), but that their feasibility - meaning the possibility to achieve what was desired – was less certain given the hindering factors described under EQ 3.3.

An analysis of the goals and objectives of the 13 Days indicated that their goals were often broad and limited to general visibility aims, namely drawing attention to the health issue, with the aim of facilitating their usage across as many regions and countries as possible. For instance, the World Health Day 2023 focused on raising visibility of the 75th anniversary of WHO, public health successes and challenges for tomorrow. This overall goal was also complemented by objectives and messages specific to the thematic of the year for that Day: for example, in 2024, the focus of World No Tobacco Day was on protecting children from tobacco industry interference; in 2023 the focus was on tobacco growing [\(12\)](#). In addition to general visibility goals, the campaigns had also, to a lesser extent, set objectives for advocacy, policy and behaviour change, as well as community engagement, partnership and collaboration (including resource mobilization).

These general goals were increasingly complemented by “calls for action” segmented by target audiences, such as policy-makers, young people, schools, the media, etc. [\(13\)](#), during World AMR Awareness Week. A limitation identified was that the objectives were rarely following SMART best practices¹⁵, which was thought to hinder the ability to measure them (see EQ 3.4). Some of the campaigns did set global targets, but only at the output level, such as reach and engagement through social media.

At the regional and country levels, the goals and objectives were adapted to meet local and contextual needs, as described in EQ 1. In most cases, WCOs reported that their main objective was often limited to increasing visibility for the given health issue(s) of the Day. This was considering the limited resources available, other communication priorities and timing – both the short preparation time available and the short campaign

¹⁵ SMART objectives = Specific, Measurable, Achievable, Realistic and Timebound.

duration of only one day or one week. There were examples of countries that did have an objective for behaviour or policy change for the Day, but this was often linked to ongoing communication and health activities, for example, linking World No Tobacco Day to a broader smoking cessation campaign or using WIW as an anchor for increased vaccination drives.

3.2 To what extent is WHO optimally and strategically leveraging Global Health Days, for visibility and leadership?

Finding 9: The extent to which WHO leveraged the Days for visibility for the Organization and leadership on the health issues varied, often dependent on WHO’s coordination role for the Day and the level of activity of other partners and health actors on the issue.

The extent to which WHO leveraged the Days for visibility and leadership varied, often dependent on WHO’s coordination role for the Day and the level of activity of other partners and health actors on the issue. The survey results reflected this mixed finding – 65% strongly agreed or agreed on this aspect, the remaining 35% were neutral (19%) or disagreed or strongly disagreed (16%) (see Fig. 5 under EQ 3). This could also have reflected the limited ability to measure the outcomes of the campaigns (see EQ 3.4)

For most Days, WHO staff and partners indicated that WHO was visible and demonstrating leadership at the global level. Many alluded to the support received through the direct involvement of WHO’s leadership, such as video statements from the Director-General or other senior management. In addition, through the standardization of assets from WHO, the WHO logo and brand was also noted as consistently present on most materials.

Given that the Days were also organized with partners at all levels, partners were also visible and sometimes even said to have been as visible as WHO, for example for World No Tobacco Day. Some references were also made to situations where partners had a stronger coordination role than WHO. For example, for World NTD Day, the partners’ visibility was equal to or greater than WHO’s (14). According to WHO partners, when WHO shared leadership of the campaigns, such as having a partner lead on coordination, this could also lead to some misunderstandings about the role of WHO (see EQ 5.2).

At the country level, WHO staff reported being able to adopt a “low-profile, support-oriented approach” to the Days, leaving much of the campaign leadership to the ministry of health. WHO staff and partners also highlighted that, in some cases, messaging on specific health issues could overshadow the visibility of WHO. This was seen as beneficial in that it emphasized the key messages without them being overshadowed by WHO’s leadership and role.

3.3 What internal and external factors hinder or favour the achievement of objectives?

Finding 10: Enabling factors identified were the adaptability of campaign materials, effective use of digital channels, strong networks and high-profile support. Hindering factors identified related to constraints with coordination, timing, measurement and resources, as well as discrepancies in collaboration and resistance from external barriers.

The following main enabling factors were identified by survey and interview respondents.

Adaptability of campaign materials to local contexts and needs: DCO is producing a set of adaptable assets for each Day that can then be adapted by regional and country offices to local contexts and needs, supporting cultural relevance. Flexibility and inclusivity of materials also allows partners to align efforts with their own priorities, fostering broader participation.

Effective use of digital channels: The use of digital channels for the Days, including social media platforms, was recognized as valuable for the success of the campaigns, supporting increased awareness through media coverage and high-profile activities (e.g. lighting up popular landmarks, national awards, televised events, etc.). Creative and engaging initiatives (e.g. hackathons, storytelling or photo competitions/campaigns) were noted as capturing public and media attention, as were digital campaigns on platforms, such as LinkedIn, Facebook and Instagram-enabled targeting of decision-makers and specific demographics.

Strong external networks: Collaboration and partnerships with global, regional and national stakeholders and across all three levels of WHO with the integration of technical and advocacy teams improved campaign relevance and implementation. Effective partnerships with other UN agencies and leading health actors contributed to enhanced campaign reach and visibility. Similarly, engagement with diverse stakeholders (e.g. civil society, youth movements, governments, private sectors) was noted as valuable to securing a broader reach and potential impact.

Leveraging high-profile support: Leadership engagement from both within WHO (e.g. Director-General and top management) and externally (e.g. ministers, prominent activists, celebrities) was said to contribute to enhancing visibility and credibility; the use of influencers and targeted social media campaigns was also thought to expand reach beyond traditional audiences.

The following main hindering factors were identified by survey and interview respondents:

Coordination and timing constraints: The late delivery of campaign materials and themes was mentioned by many interview and survey respondents at the regional and country levels, underlining that it left little time for adaptation, translation and dissemination. Further coordination challenges mentioned were linked to alignment, and competing messages were also linked to challenges in balancing communication and technical messaging.

Measurement constraints: Limited capacity for MEL at the global, regional and country levels was identified by survey and interview respondents, in addition to the limitation of measuring only outputs (e.g. media reach and social media engagement) rather than outcomes (e.g. behaviour change, policy adoption) as described in EQ 3.4. In addition, the lack of actionable (SMART) objectives compounded the measurement constraints.

Resource constraints: Limited human and financial resources was noted as a constraining factor, especially in low-resource settings, such as at the country level. Furthermore, funding was uneven across the Days as described in EQ 5. Disparities in the capacity of country offices, governments and partners were also mentioned as hindrances at the country level. In addition, the high number of mandated and non-mandated Days was said to dilute the focus and resources available, which created challenges for sustaining momentum and interest on the given health issues.

Discrepancies in cooperation and collaboration among the three levels of WHO and the Days: Insufficient and uneven cross-collaboration between global, regional and national levels was mentioned as well as the lack of linking between different campaigns (e.g. WIW and World AMR Awareness Weeks; World AIDS Day and World Hepatitis Day). Slow WHO approval processes were said to delay decision-making and material dissemination. In addition, diverse partner agendas and strategies resulted in varying expectations, strategies and resources. The lack of coordination and strategic alignment between partners was also mentioned as challenges for the campaigns.

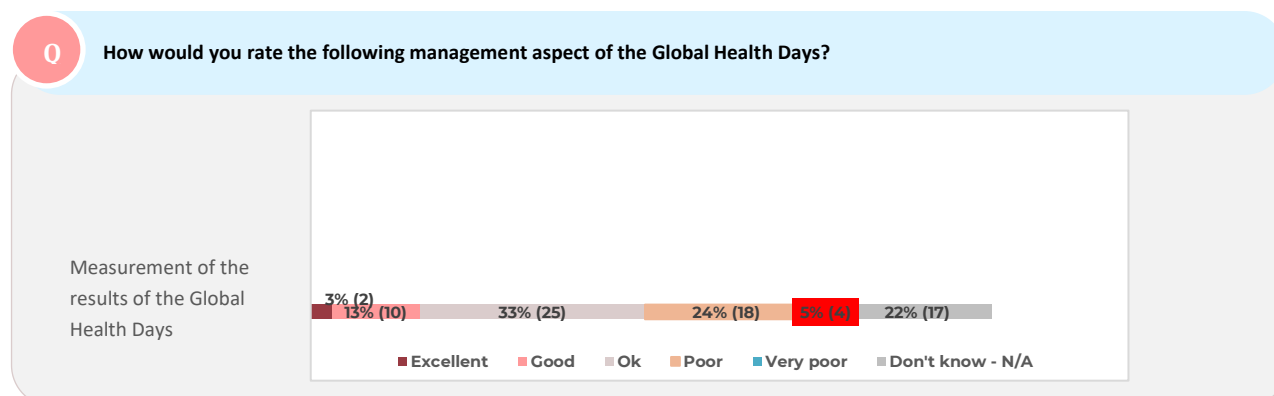
Resistance and external barriers: Misinformation and active campaigning against the messages of the Days (e.g. anti-vaccine movements and tobacco industry lobbying) were mentioned as challenges encountered in the successful implementation of some campaigns, as were cultural and political resistance to certain health behaviours promoted by the Days (e.g. blood donation or vaccination).

3.4 Are the systems for measuring results of global health campaigns in place and functioning and have they been allocated adequate resources to do so?

Finding 11: Some systems were identified for measuring the results of the campaigns. These were largely at the output level with very limited measuring at the outcome level, mostly due to inadequate resources. DCO was noted as having developed a set of monitoring metrics and dashboards for the Days, but the data were also limited to the output level. The reasons for limited examples of measurement carried out at the outcome level was also linked to the challenges in setting measurable outcomes.

There were some systems in place for measuring the results of the Days, largely at the output level, but with very limited measuring at the outcome level, coupled with inadequate resources, according to WHO staff. This was confirmed by the survey findings where only 16% of respondents rated measurement of the Days positively (excellent and good ratings, see Fig. 6 below). The WHO Director-General's reports to the World Health Assembly in both 2020 and 2021 also emphasized the need for a greater focus on monitoring and evaluation of the Days [\(3\)](#) [\(6\)](#).

Fig. 6. Rating of the results measurement of the Days (survey, n=86)



In recent years, the DCO has invested in a MEL framework, and increased overall resources for measuring its communication activities [\(15\)](#), [\(16\)](#). Key performance indicators were also developed for WHO communications strategies, including for the WHO communications strategy and global communications plan 2024–2025 (2024) (internal document)

DCO developed a set of MEL metrics for the World Health Day¹⁶ and created campaign MEL evaluation dashboards for all 13 Days in 2020, 2021 and 2022 with the support of the University of Technology Sydney. However, the MEL data collated for the were limited, as reported by the University: “MEL for WHO communication continues to rely on [social and mainstream] media metrics and website statistics, most of which are indicators of output”¹⁷. According to WHO staff, these dashboards were discontinued after 2023 for all Days due to budget limitations. In addition, communications teams and departments across the three levels had used different tools and platforms to monitor the campaigns performance on media, social media and the internet, mostly at the output level.

There were only limited examples reported of measurement carried out at the outcome level for the Days. According to WHO staff and partners interviewed, this was also linked to the challenges in setting measurable outcomes as described in EQ 3.1. The Secretariat’s 2019 report to the WHO’s Executive Board also confirmed this challenge: “the contribution of world days to longer term outcomes, including benefits to health, human rights and sustainable development, may be more difficult to assess” (p. 26)[\(5\)](#).

In cases where outcome measurement was seen, it was often linked to evaluating measurable outcomes that had been set in campaign designs, as seen in the examples detailed in EQ 3.5.

3.5 Are there examples of achievements of the campaigns’ intended outcomes?

Finding 12: Achievements of the campaigns were seen in four main areas; increasing visibility, encouraging behaviour change and community engagement, advocating for policy change and establishing partnerships and collaboration. However, there was very little documented evidence on the campaign’s results at the outcome level. Therefore, WHO and partners were unable to assess the overall benefits of the Days or identify any negative effects.

For all 13 Days, WHO staff and partners could provide examples of where they had identified achievements of the campaigns’ intended outcomes. These examples from the survey, interviews and documentation have been summarized by the evaluation into four main areas of achievement with reference to the outputs and outcomes identified in the ToC (Fig. 1):

Audiences and stakeholders reached (output): WHO staff and partners reported successes in terms of reaching potentially millions through coverage in mainstream media, online media and social media. This was seen as supporting increased visibility of the campaigns’ health issues. As seen in case studies, for example in 2023, the

¹⁶ See: WHO, World Health Day 2022 MEL metrics, 2021 (internal document).

¹⁷ University of Technology Sydney, World Health Days/Weeks 2022, overview report, 2022 (internal document).

World No Tobacco Day reached an estimated 86 million people, World Blood Donor Day 46 million and WIW 11 million (see Fig. 8 and Annex 7). Furthermore, at country levels, if the Day was a priority for the country office and national stakeholders (including the ministry of health), additional visibility was gained through events at the local level.

Mobilizing partners (short-term outcome): A further concrete outcome was the establishment of partnerships and collaborations in support of the Days. This could have a mobilization effect: for example, for World NTD Day, over 40 diverse partners joined together to mobilize around the Day [\(14\)](#), and remain engaged throughout the year through proactive coordination.¹⁸

Behaviour change and community engagement (long-term outcome): Examples were seen at country levels, where country offices and national stakeholders adapted the global and/or regional goals and messaging to encourage health behaviour change and/or community engagement. This was reported for Days where there was a clear behaviour change outcome, such as for WIW (encouraging vaccinations), World Blood Donor Day (increasing blood donations), World No Tobacco Day (ceasing smoking) and AMR week (responsible antibiotic use).

In these examples, WHO staff and partners emphasized that the focus on behaviour change had to align with national priorities and planning (e.g. immunization campaigns) and was normally part of a broader communication effort, with the Day often serving as “peak” or key point of the campaign. At the same time, as noted under EQ 4, there were few documented efforts to measure and evaluate such behaviour change in relation to the Days.

One exception was the evaluation of the 2021 World No Tobacco Day and its focus on smoking cessation, with the resulting behaviour change measured in three countries: Brazil, India and Bangladesh. Through surveying those exposed and not exposed to the campaigns in the three countries, significant associations were found between campaign exposure and quit intentions and behaviours¹⁹ (see further information in the World No Tobacco Day summary in Annex 7).

Policy change (long-term outcome): Some of the Days combined visibility and behaviour change with objectives to advocate for policy change in support of the given health issue. For example, for 2023 World NTD Day, the coalition of NTD actors working in support of the Day advocated for sustainable funding for NTDs with commitments tracked on the Kigali Commitment Tracker [\(17\)](#). Other Days also reported advocacy successes, such as countries adopting WHO’s Patient Safety Rights Charter for World Patient Safety Day and national policy changes in response to World Drowning Prevention Day [\(18\)](#).²⁰ There were no documented analyses estimating the contribution of campaigns to the policy changes seen, amongst other possible influences.

Despite the above examples of positive achievements, there was very little documented evidence on campaign results at the outcome level, beyond the anecdotal. This gave WHO and partners no ability to assess the overall

¹⁸ The NTD Communications Coordination Group meets virtually monthly and is coordinated by the organization Uniting to Combat NTDs.

¹⁹ See WHO, Vital strategies. Results of the World Health Organization’s “Commit to Quit” media campaign, 2022 (Internal document).

²⁰ In Uganda, the Minister of State for Water used the 2023 Drowning Prevention Day to announce completion of the country’s National Water Safety Strategic Plan for Drowning Prevention. Source: WHO (2024), *World Drowning Prevention Day: A guide to taking part*.

benefits or review the negative effects or learnings. Available academic research (and WHO’s own research) was found to have identified both benefits of the Days and similar occurrences (but often integrated as part of larger campaigns) as well as some unintended potentially negative effects, such as overdiagnosis and burdening already busy health-care systems [\(19\)](#) [\(20\)](#) [\(21\)](#).²¹

3.4. Coverage

4. To what extent do campaigns reach their intended audiences and through which channels?

Finding 13: Campaigns were found to have reached their intended audiences to varying extents, reaching key audiences but falling short in connecting with marginalized and rural populations. Reasons for the differences identified included resource limitations, varying partner capacities and undefined target audiences in campaign design. The main channels used were social media, websites, mainstream media and specialized thematic events. Mainstream media were noted as producing the widest reach. Positive examples were seen of effective audience targeting, with this improving since 2020, although adaptation of targeting varied at the regional and country level.

Communication design and quality were generally seen as appropriate. However, WHO staff and partners also felt that they required more deliberate audience segmentation, earlier planning and stronger emphasis on marginalized populations to maximize reach and inclusivity.

Campaigns were found to have reached their intended audiences to varying extents: WHO staff and partners perceived that they were effectively reaching policy-makers, donors and urban or high-income audiences but falling short in connecting with marginalized and rural populations. As demonstrated in Fig. 7 below, only 37% of survey respondents strongly agreed or agreed that the campaigns were reaching intended audiences, with 62% neither agreeing nor disagreeing nor disagreeing/strongly disagreeing with the statement. Data collected through interviews and the survey indicated that most respondents were unclear about the precise reach of their campaigns, an uncertainty linked also to the lack of defining audiences in the campaign design.

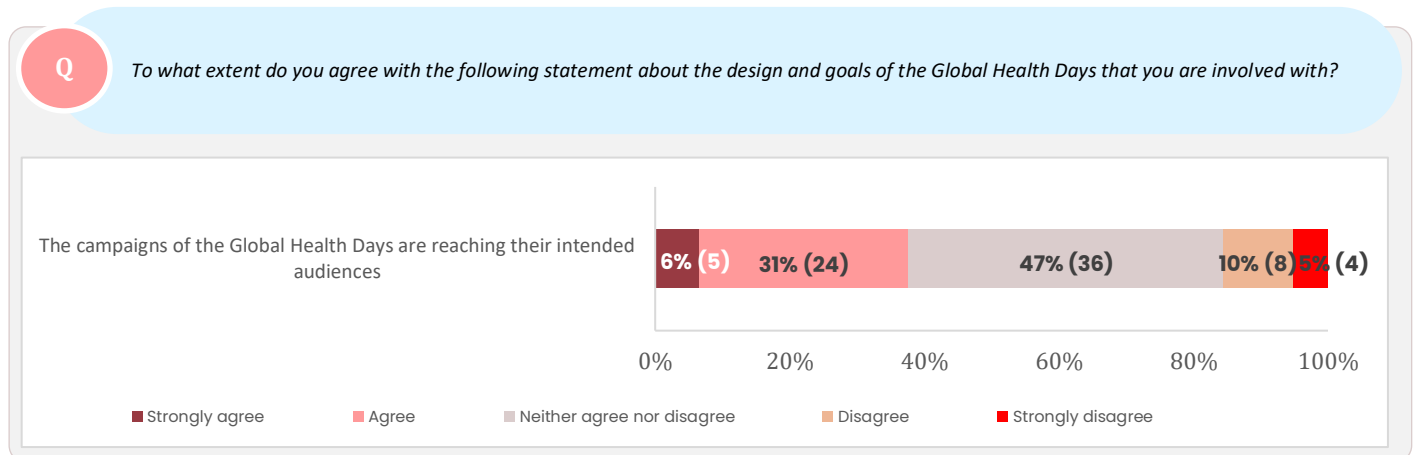
²¹ See also Vital strategies, 2022 (internal document).



Grow Food Not Tobacco

Tobacco crops
lead to
less food
on tables

Fig. 7. Extent to which campaigns were reaching audiences (survey, n=77)



The main channels used by the Days were social media, websites and mainstream media as well as specialized thematic events, such as promotional or advocacy-focused initiatives at the regional and country levels (e.g. celebrating blood donors for World Blood Donor Day or linking advocacy with COVID-19 recovery efforts to boost urgency and public attention). WHO staff also identified collaborating in partnership with other health actors working on the given health issue(s) as a means to disseminate messages and increase reach; this was used by all Days.

Social media was used for all campaigns; however, national and global mainstream media were noted as producing the widest reach – see Fig. 8 on available reach data for the three case study campaigns. These data seem to point to limited correlation between the reach achieved in the channels: for example, World Blood Donor Day had considerable reach through mainstream media (over 46 million) but much less on Facebook (under 1 million). This could also reflect which channels were prioritized by the campaigns.

Fig. 8. Available reach data for three case study campaigns (2022 and 2023) (source: WHO monitoring)

Media (2023)				Campaign website (2023)		social media (2022)	
Week / day	Top country	Top region	Media reach	Top country	Visitors	Facebook reach	engagement level

Notes:

Media is online medias sources: web news sites and newspaper sites.

Top country and region means the highest number of persons who were reached in this country or region.

Social media engagement is calculated by dividing the number of persons reached by the number of interactions (likes, comments, shares).

World Immunization Week	United States	Americas	11 587 780 089	Brazil	29 500	294 911 778	0.05%
World Blood Donor Day	United States	Asia	46 088 106 409	India	27 400	791 068	0.50%
World No Tobacco Day	India	Asia	86 567 703 650	India	56 400	105 476 853	1.90%

As audiences and target regions or countries were often not specifically defined, it was difficult for campaigns to assess if they actually reached their target audiences. There was also little indication that budget allocations influenced the size of reach. For example, the World No Tobacco Day had an average annual WHO budget for communication assets of US\$ 68 898 whereas WIW had an average budget of US\$ 105 200. Yet the World No Tobacco reached nearly twice the number of people through its media outreach. As explained by WHO staff and partners, reasons for the absence of defined specific audiences included resource limitations and varying partner capacities.

Positive examples of effective audience targeting were noted, which were seen to have improved since 2020. Audiences were increasingly more specific, and message strategies developed accordingly in the global campaign plans, as seen for WIW, World AMR Awareness Week, World No Tobacco Day, World NTD Day, World TB Day, World Drowning Prevention Day, amongst others. These global level definitions required regional and national adaptation, carried out to a varying extent, as described in the Relevance and Coherence sections.

4.1 To what extent is the communication design and quality of messaging and materials appropriate, with messages segmented to maximize reach for intended audiences, including from a gender, equity and human rights perspective?

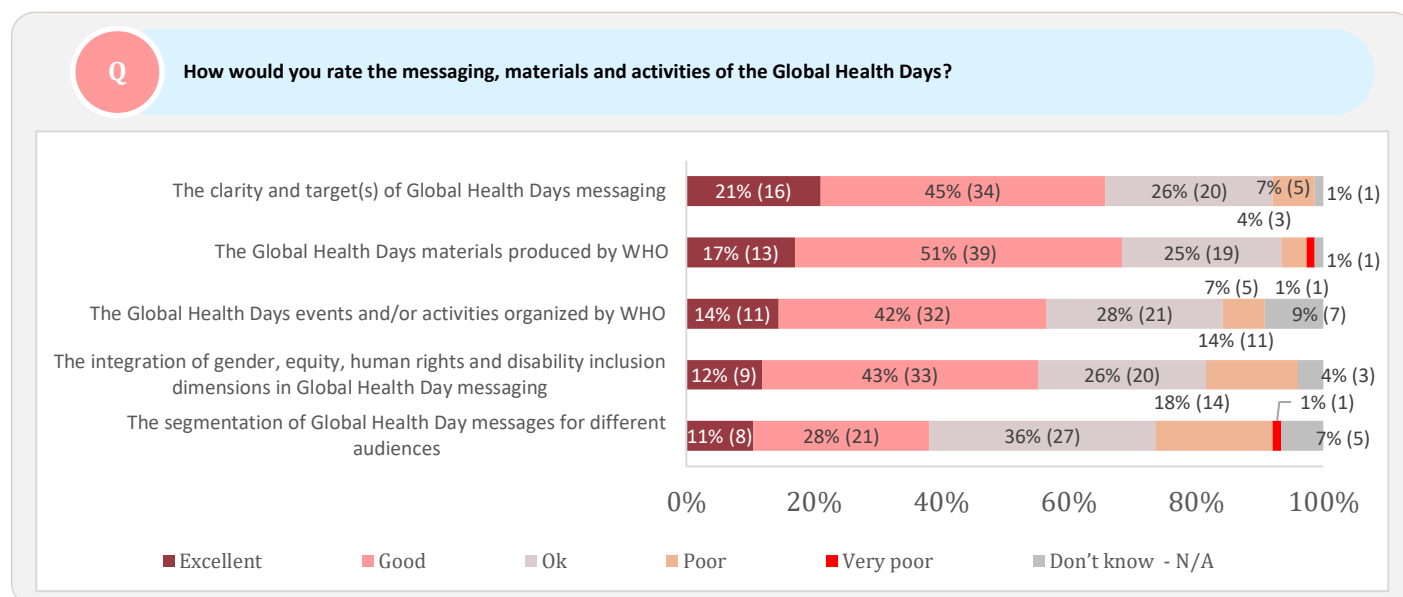
Finding 14: The quality campaign materials produced was generally rated as positive. High-quality visuals and storytelling materials, such as videos and social media content, were praised for their professional design and emotional resonance. While there was recognition of the efforts made by DCO and the headquarters units to improve design quality and messaging, significant challenges were still identified, e.g. timeliness of messages and assets delivery, need for more localized content, testing of messages and balancing technical and communication messages.

The quality of campaign materials produced was generally rated as positive by WHO staff and partners. High-quality visuals and storytelling materials, such as videos and social media content, were praised for their professional design and emotional appeal. This was supported by survey results, where some 68% of survey respondents rated the materials produced as excellent or good (see Fig. 9 below).

Events and/or activities organized by WHO received a more moderate rating with only 56% of respondents considering them excellent or good. WHO had made efforts to include more diverse imagery, such as mixed genders, races and ages and non-traditional family structures; however, the integration efforts were rated less positively in the survey (55% excellent or good). Both survey respondents and interviewees recognized messaging as clear, with 66% of survey respondents rating

it as excellent or good. The segmentation of messages for different audiences was rated less positive (only 39% excellent or good), reflecting the challenges seen in defining specific audiences as described in EQ 4.

Fig. 9. Rating of messaging, materials and activities for the Days (survey, n=11 176)



There was a clear desire by country-office staff and partners for better collaboration, earlier delivery of materials and more adaptation at the country level to ensure the messages would resonate with local audiences. Some 90% of country-office staff and partners consulted underlined the importance of having more versatile, reusable content throughout the year and for multiple years to reduce the pressure of creating new assets every year. This was already adopted by some Days, such as World TB Day, that maintained the same theme for 2023 and 2024 [\[22\]](#).

Campaigns were also seen as prioritizing general messaging (“vaccines are important”) over more specific, targeted content, reducing relevance for local or marginalized audiences. The need for more tailored messages was mentioned, especially for high-income countries where the focus may differ (e.g. employment issues in the UK versus access to health care in lower-income regions). Some feedback noted that the campaigns focused too much on Anglophone countries, while other regions could have benefited from more diverse language support and tailored content. There was also a desire for a better balance between technical accuracy and public messaging that was accessible to a wide audience. Some campaigns, such as WIW and World No Tobacco Day, had to counter considerable online negative reaction to their messages, from the anti-vaccination movement and the tobacco industry and its allies, respectively (further detailed in Annex 7).

As audience targeting has become more specific (see EQ 4), so too has messaging, with campaigns increasingly creating messaging for different target audiences. Campaigns also often anchored their messaging on recent progress, developments and research in their respective fields; for example, World Hepatitis Day 2024 was centred on the findings of a major 2024 WHO research study on hepatitis [\[23\]](#).

The gender, equity and human rights perspective is discussed in the next EQ, 4.2.

4.2 To what extent do campaigns reach target audiences, including marginalized populations, with key health messages, accounting for gender, equity, human rights and disability inclusion dimensions?

Finding 15: The extent to which campaigns reached their target audiences was difficult to assess, as limited measurement was conducted. In general, a growing understanding of the drivers of inequities within and beyond the health sector and of the intersectional approaches was evident, aiming to address the needs and circumstances of different population groups (e.g. women, rural communities, people with disabilities, people experiencing poverty) within campaigns. Nevertheless, significant gaps remained in effectively reaching the populations in situations of greatest disadvantage through the campaign communication approaches. These gaps were attributed to resource limitations; late delivery of materials; over-reliance on communication tools such as the Internet, which may be less accessible for rural and remote populations; limited translation in all relevant local languages; and a lack of robust monitoring and evaluation mechanisms.

The extent to which campaigns reached their target audiences was difficult to assess (as described in EQ 4), particularly considering dimensions such as gender, equity, human rights and disability inclusion. As described in EQ 1.1, an intersectional approach was not yet fully operationalized for most of the Days. This was reflected in the survey results, where just over half (55%) of respondents rated the integration of gender, equity, human rights and disability inclusion dimensions in Global Health Day messaging as excellent or good (see Fig. 9 in EQ 4.1).

However, WHO staff and partners reported a growing understanding of the need to adopt intersectional approaches to address the needs of different population groups (e.g. women, rural communities, people with disabilities) within campaigns. However, while World Health Day 2021 looked at the structural and intermediate drivers of health inequities (within the health sector and beyond), not all campaigns took this approach to unpacking the causes of inequities.

Interviews confirmed that campaigns increasingly included gender-neutral imagery and acknowledged diverse family dynamics; however, further improvement was seen as being needed, particularly in regions with political sensitivities around gender. In addition, campaigns such as World AMR Awareness Week used survivor storytelling effectively to connect with youth by using relatable voices and stories; other Days such as World AIDS Day and World Hepatitis Day ensured that the voice of those with lived experience was central to the messaging. Beyond featuring as specific World Health Day themes, human rights considerations in broader health campaigns were less consistent. Efforts to represent disabilities were increasing, however, portrayals often lacked nuance (e.g. avoiding tokenistic representation of individuals in wheelchairs). Disability remained an area for further focus, according to WHO staff and partners.

Significant gaps were also reported as remaining in effectively reaching marginalized populations: desired audiences as detailed in campaign plans and concept documents had little mention of marginalized populations; if mentioned at all, they were usually people directly affected by the disease that was the focus of the Day, e.g. those living with AIDS. These gaps were attributed to resource limitations; late delivery of materials; over-reliance on communication tools such as the Internet (which may be less accessible for rural and remote

populations, while radio could be a better tool); limited translation in all relevant local languages; and a lack of robust monitoring mechanisms.

3.5. Efficiency

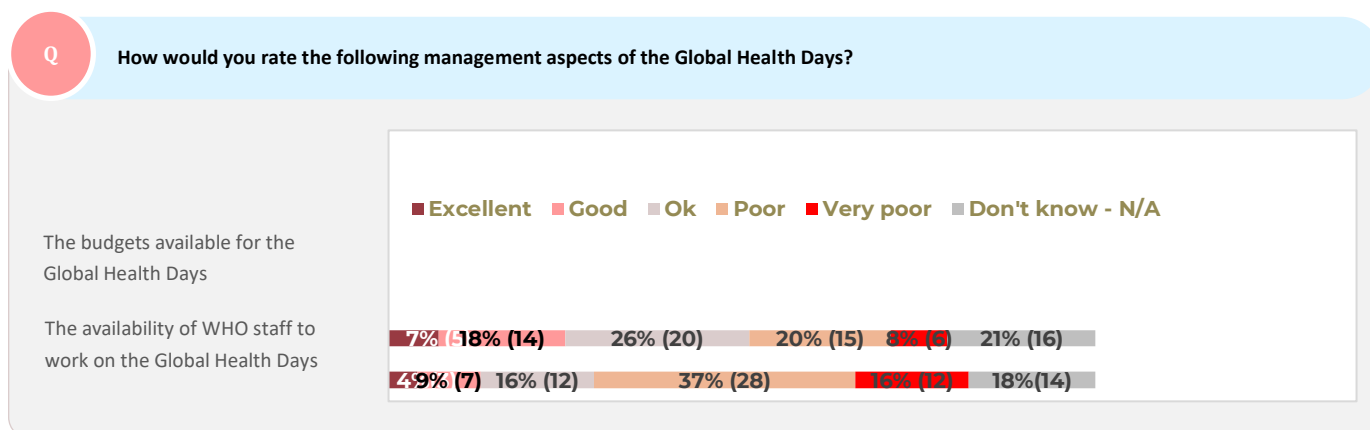
5. How efficient have campaigns (individually and globally) been in using the human, financial and intellectual resources at their disposal to achieve their targeted outcomes?

Finding 16: The campaigns have maximized limited resources through collaboration and partnerships, as well as through mobilized internal and external expertise. The budgets available for the campaigns were considered insufficient and varied considerably from Day to Day; very little funding was made available at the country level. The availability of staff to work on the Days was limited. Staff working on the Days at the regional and country offices varied. Partners also made available considerable financial and human resources for the campaigns.

The campaigns had maximized limited resources through collaboration and partnerships, as well as through mobilized internal and external expertise, for instance by receiving pro bono services or reduced charges from communication agencies preparing campaign assets and by extending campaign reach through partnerships. However, the number of Days (both mandated and non-mandated, 108 in total) strained resources, according to WHO staff and partners.

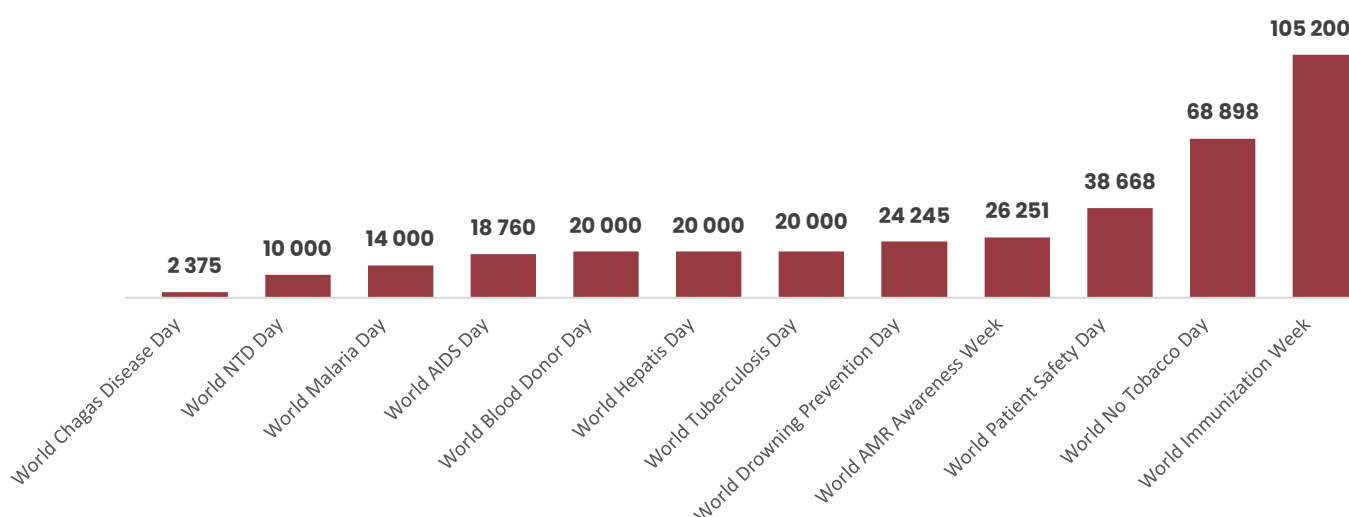
The budgets and WHO staff available for the campaigns were considered insufficient by both WHO staff and partners given the global ambition of the Days: staff availability was rated as poor/very poor by 53% of those surveyed and budget availability by 28%, as seen in Fig. 10 below.

Fig. 10. Rating of available budgets and WHO staff for the Days (n=76)



The budgets available for the Days varied considerably and were unequal across the Days. For example, the budgets available for communication assets for the Days ranged from US\$ 2 375 (World Chagas Day) to US\$ 105 200 (WIW), as seen in Fig. 11 below. According to WHO staff, the budgets were sourced from the technical units and reflected both the units' priorities and funder interest.²² Critical feedback from country offices was that very little funding was made available to them for the Days. Only two Days reported budget allocations for countries: World AMR Awareness Week (US \$ 35 000 in 2023) and WIW (US\$ 150 000 to US\$ 180 000 annually) (NB. This is not counted in Fig. 11 as it is separate from assets).

Fig. 11. Average expenditure of campaigns assets per Day (2019–2023) (in US\$) (source: WHO monitoring)



In addition to the resources made available by WHO for the Days, partners (e.g. health actors, CSOs, NGOs, peak bodies of health professionals) and governments (mainly ministries of health) also made available considerable financial and human resources for the campaigns. This varied for each campaign, but each had partners (at all three levels) active in communicating on the issues, and in some cases, partners had dedicated resources for message development and coordination. This was the case for the World NTD Day, where several key partners had taken on coordination roles (see EQ 5.2).

5.1 Are campaigns evidence-based and tested and then planned within an appropriate time frame?

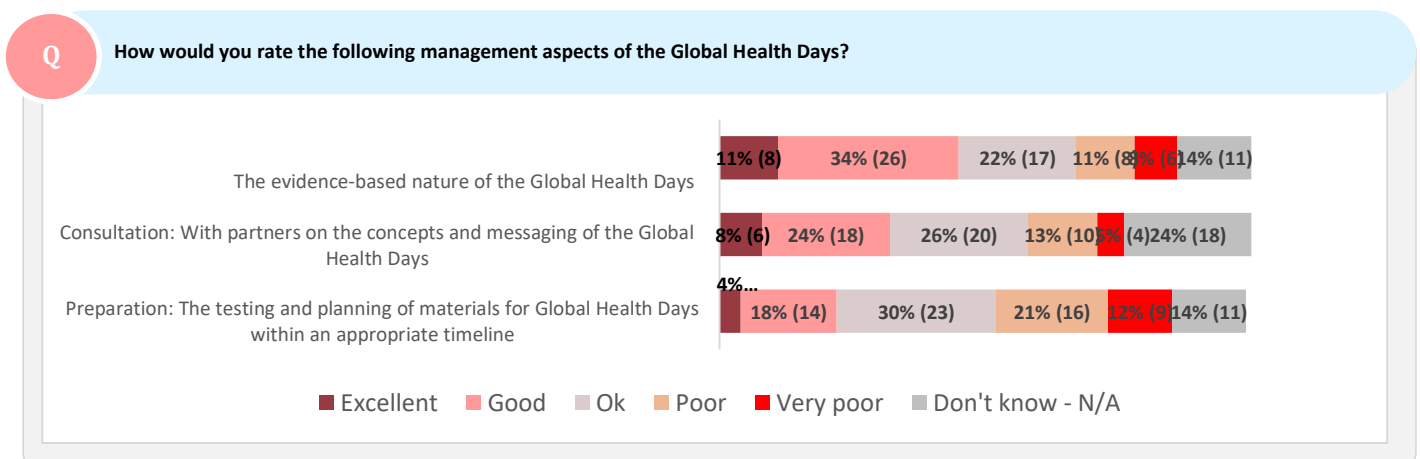
Finding 17: The campaign's objectives and messaging were informed by the research and consequent priorities/strategies of WHO and its partners. However, there were some concerns about the application of an evidence-based approach, linked to the limited opportunities for ROs, WCOs and partners to provide

²² The WHO Evaluation Office's *Independent evaluation of WHO's Results-Based Management Framework* (2023) reported that health priorities with WHO were set and driven by funders through voluntary contributions to health themes/issues that they prioritized.

feedback on these objectives and messaging. The HQ teams indicated that messages and assets were tested, but only to a certain extent and in different ways. Despite the stated efforts by the DCO and technical teams, the campaign messages and assets often arrived too late for testing, adaptation and even usage.

Concerning evidence-based objectives and messaging, the campaigns were informed by the research and consequent priorities/strategies of WHO and its partners, as referenced in campaign plans and concept documentation. Nevertheless, as indicated in the survey results (Fig. 12 below), there was some uncertainty about the evidence-based nature of the campaigns, given that over half of those surveyed (55%) responded “ok”, “poor”, “very poor” or “don’t know” on this aspect. Feedback from the interviews indicated that some concerns about the evidence-based approach were linked to the limited opportunities for regional and country offices and partners to provide feedback on the objectives and messaging of the campaigns. As seen in survey results (Fig. 12), there were mixed ratings of the consultation with partners on messaging (only around one third positive ratings – 32%) and on testing and planning of materials in an appropriate timeline (less than one quarter positive ratings – 22%).

Fig. 12. Rating of evidence-based nature, consultation with partners and testing/planning of Days (n=76)



The headquarters campaign teams interviewed indicated that messages and assets were tested, but only to a certain extent and in varying ways. For example, some campaigns shared and tested the assets with their technical and communication colleagues in the regional offices; other campaigns shared and tested them with select global partners. There were only very few examples provided where assets were shared and tested at the country level; one positive example provided was message testing in the Philippines and Indonesia to help refine campaign themes for WIW.

The lack of testing at country level was also largely influenced by timelines; there was a consensus amongst country office staff interviewed that by the time the assets reached them, there was no time for testing or even for some adaptation to local contexts, such as translation or changing the images used. In addition, limited budgets were available for country offices, including for testing.

As described throughout this report, despite the DCO’s and the technical teams’ efforts, the campaign messages and assets often arrived too late at regional and country offices for testing, adaptation and even usage in some

cases. This issue was previously raised in the WHO Director-General's 2020 report to the World Health Assembly (3).²³

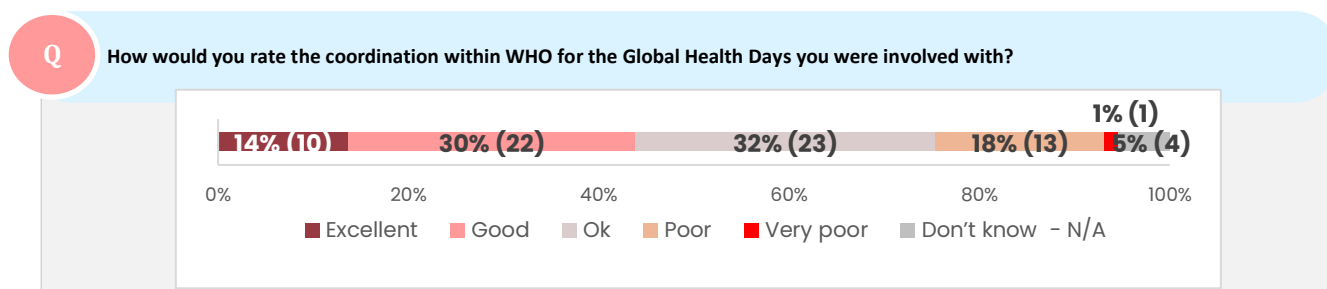
5.2 To what extent do WHO processes and planning for Global Health Days show appropriate internal and external coordination and communication across technical and communications teams at all three levels of the Organization?

Finding 18: Internal coordination and communication to support the planning and processes for the Days was found to be appropriate but complex. Coordination was carried out by DCO and the technical units across the three levels and externally, although no standard processes were applied. This complexity contributed to the late delivery of communication assets to the regional and country offices and partners. External coordination was managed by the relevant technical units but lacked standard processes and varied considerably. The various coordination methods caused confusion among partners about WHO's visibility and leadership on the different Days and about what to expect from WHO headquarters.

Internal coordination and communication to support the planning and processes for the Days was found to be appropriate but complex. This was considering the coordination necessary between the DCO and technical units, and then with the regional and country offices, further compounded by the coordination necessary with external partners. The survey results (see Fig. 13 below) confirmed this finding, given that 51% of respondents were neutral (ok) or negative (poor and very poor) in their rating of coordination within WHO for the Days.

The DCO had nominated focal points for each of the Days that coordinated both within the DCO on the development of the assets and with the relevant technical units. Further, the DCO regional coordinator focal points also coordinated with communication counterparts in the regional and country offices, and technical units coordinated with technical counterparts in the regional and country offices. The internal coordination between the different actors varied among campaigns and lacked standard processes, reflecting the varying roles, levels of resources and the priorities allocated to the Days by the respective technical units. This complexity reportedly created challenges and resulted in the late delivery of communication assets to the regional and country offices and partners, a major obstacle for the Days, as described under EQ 5.1. A further challenge was the limited resources available to country offices and partners to work on the campaigns.

Fig. 13. Rating of coordination within WHO for the Days (n=73)



²³ The 2020 report stated the planning was often carried out over a short period and lacked a systemic approach across the three levels of the Organization; the short planning time frame left insufficient time to translate core materials into all official languages and adapt materials to regional and country context.

External coordination for the Days was managed by the relevant technical units, mainly with key global health actors on the given health issues. As mentioned above, there were no standard processes for internal coordination. A limitation identified by external partners was that the technical units' approach to coordinate the Days varied considerably. For example, some Days had formal structures, such as steering committees and task forces to coordinate communication on the Day (e.g. World Patient Safety Day), while other Days applied a more informal coordination and/or other actors took on the coordination role rather than WHO (e.g. NTD day). The evaluation identified four different forms of external coordination as illustrated in Fig. 14, reflecting the varying roles, number of resources and the priorities given to the Days (as for internal coordination). These different forms of coordination created some confusion for partners in terms of WHO's level of visibility and leadership on the different Days and what to expect from WHO headquarters (see EQ 3.2). Based on feedback from partners, the partnership model was the preferred coordination approach. Further, the three campaign summaries illustrated that these three Days all used a partnership model with success (see Annex 7).

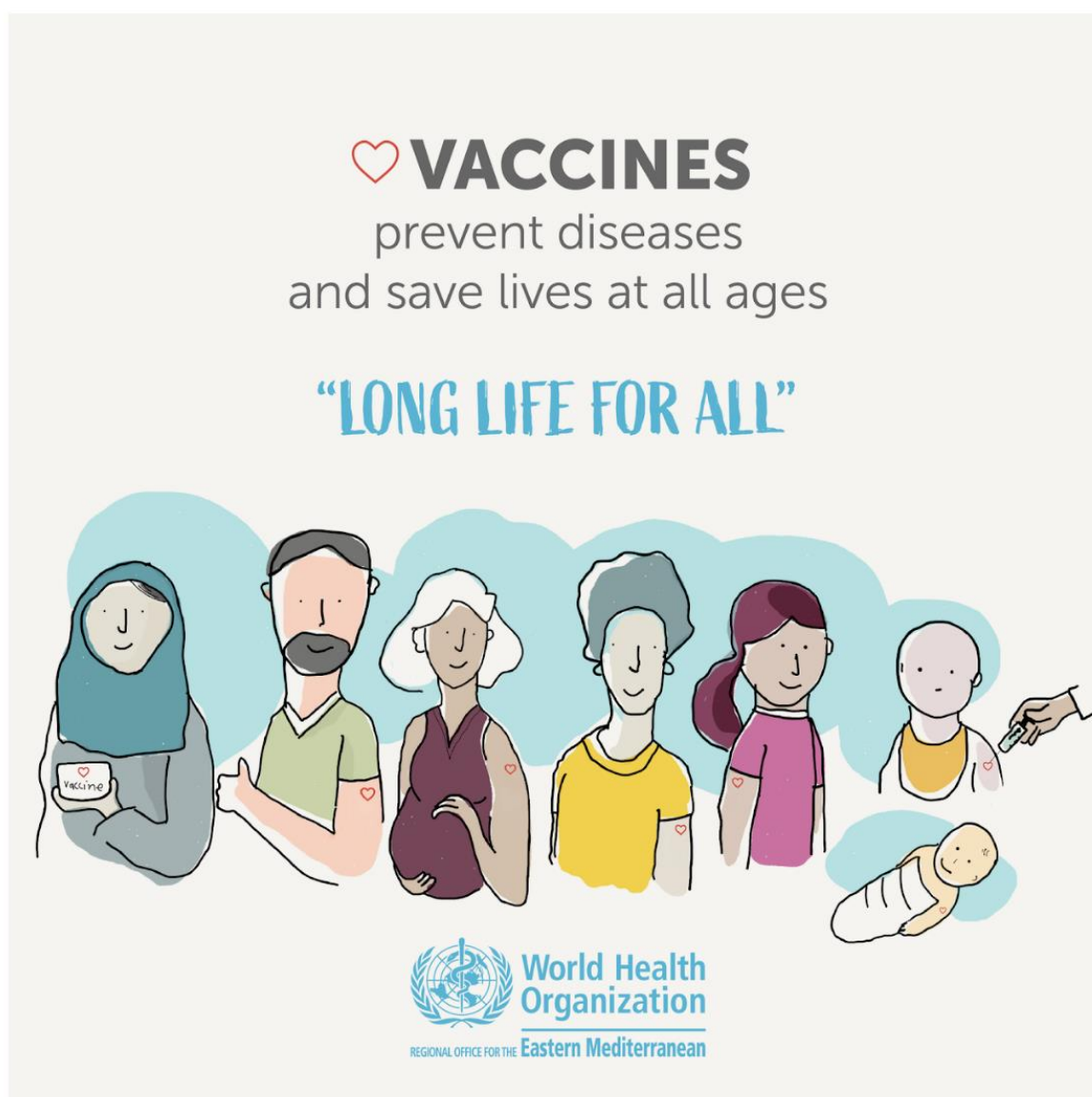
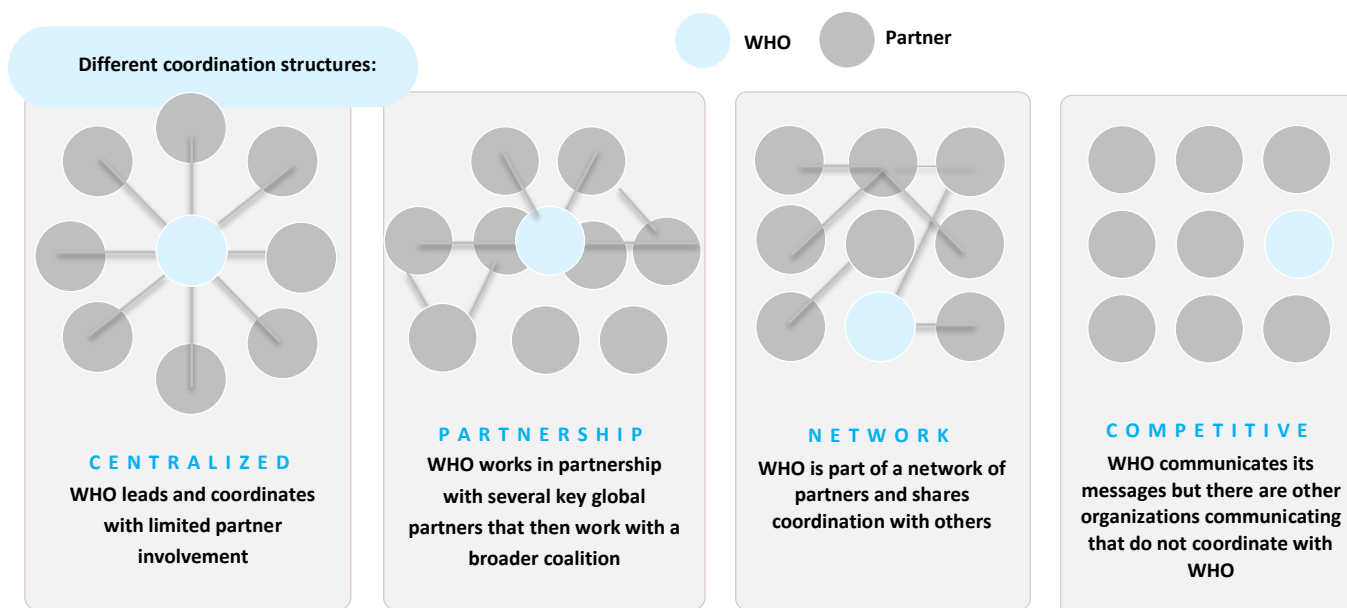


Fig. 14. Four types of external coordination for the Days (source: evaluation).



3.6 Sustainability

6. How sustainable are the internal systems and processes for ensuring continuity of Global Health Days?

Finding 19: The Days demonstrated varying levels of internal processes for ensuring sustainability. Strong practices in sustainable planning, collaboration and content development were identified, but challenges related to resource constraints, coordination and evaluation were found to limit the long-term continuity of these campaigns. Ensuring continuity was also supported through ongoing engagement with partners and not limiting collaboration to a single event or day. There was an absence of innovation in how the Days were carried out, such as moving beyond traditional formats to ensure continuity and sustainability.

The Days demonstrated varying levels of internal processes for ensuring sustainability. While strong practices in planning, collaboration and content development were identified, challenges related to resource constraints, coordination and evaluation were found to limit the long-term effect of these campaigns.

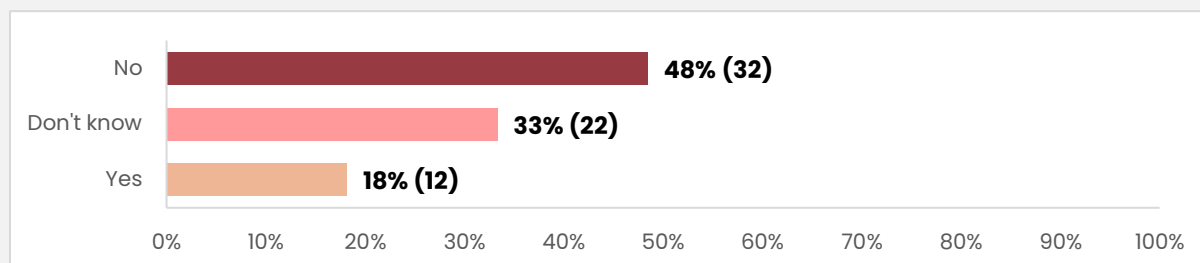
Some standardizations, such as developing assets and campaign planning, had been introduced by the DCO, however systems and processes were found to have varied among campaigns, often reflecting the different coordination approaches of technical units. Survey results shown below confirmed that most WHO staff were largely unaware of any systems and processes in place to ensure continuity of the Days, with only 18% of

respondents indicating some awareness of systems and practices. Those who were aware identified campaign planning, clearance processes and coordination mechanisms (such as working groups with partners).

Fig. 15. Level of awareness of internal systems and processes (n=66)

Q

Are you aware of any internal systems and processes (as for prioritization, coordination, monitoring, budget planning, etc.) established to ensure the continuity of Global Health Day activities?



Ensuring continuity for the days was also supported by ongoing engagement. Campaigns for WIW, World Blood Donor Day, World No Tobacco Day, World Patient Safety Day and World NTD Day were mentioned by WHO staff and partners as examples of initiatives with ongoing engagement, not limited to a single event or day but sustained throughout the year. The use of consistent messaging, year-round activities and integrating campaigns into routine work was reported as ensuring that themes were built upon and maintained. The creation of a strong network and steering/working groups were seen as positive mechanisms to ensure continuity and maintain momentum.²⁴

In the interviews and survey, several WHO staff and partners highlighted a lack of innovation in how the Days were carried out, suggesting that WHO needed to move beyond traditional formats to ensure continuity and sustainability – for example, by using social media, partnerships with educational institutions and engaging with different sectors, such as media and youth organizations, to create broader, more sustained impacts. This also aligned with the opportunities and approaches detailed in the WHO Communications Strategy and global communications plan for 2024–2025²⁵.

6.1 To what extent are internal systems set up to ensure the continuity of Global Health Days?

Finding 20: Internal systems for the Days were moderately effective in ensuring continuity, with approaches such as workstreams, structural and collaborative mechanisms with partnerships and networks and local adaptation and country-level support. Challenges included resource and capacity constraints, lack of dedicated personnel and rushed planning cycles. Greater emphasis on early planning, sustained funding and systematic evaluation was said to potentially enhance their impact and sustainability.

²⁴ Such mechanisms exist for WIW, World Blood Donor Day, World Patient Safety Day and World NTD Day.

²⁵ See WHO, WHO Communications strategy and global communications plan 2024–2025, 2024 (internal document).

A number of internal systems were detected to ensure continuity of the Days. These include the integration into broader health strategies of workstreams where themes of the Days were institutionalized. For example, campaigns for WIW used themes and materials year-round, ensuring they align with ongoing initiatives internally and externally, such as Gavi’s replenishment campaigns or regional immunization drives. Consistent messaging with annually repeated key messages, while adapting subthemes, ensured coherence, and longevity was also mentioned as an effective approach: for example, the “Go Blue” initiative for World Blood Donor Day which evolved into a recognized symbol, with consistent branding across years. Multi-year approaches of the campaigns also supported multi-year planning of WHO and partners.

Several structural and collaborative mechanisms were also noted, such as the establishment of steering committees and networks as described in EQ 6. The Global Blood Safety Network and Global Patient Safety Network provided platforms for year-round collaboration and knowledge-sharing for their respective Days. Finally, collaboration with partners and the establishment of strong partnerships ensured that the Days remained relevant beyond the single Day or Week.

Local adaptation and country-level support were also mentioned as contributing to the longevity of results. Several WHO staff and partners referred to the contextual flexibility where campaigns were adapted to local needs and extended into related national activities: for example, Ghana complementing World Blood Donor Day with a national blood donor day in October, reinforcing year-round advocacy. Similarly, Iraq was noted as leveraging WIW to recover missed immunizations during the COVID-19 pandemic. In countries with strong ministry of health involvement, it was also reported that messages and activities from the Days were carried forward throughout the year: for example, ministries use World No Tobacco Day messages and assets to maintain tobacco control advocacy.

Challenges included resource constraints, with many countries facing resource shortages, limiting their ability to sustain activities beyond the specific Days. A general consensus was noted around the recognition of a lack of dedicated personnel, with internal reliance on a few key individuals for the respective Days, often without sufficient support, which limited scalability. For example, reliance on a single focal point within DCO was said to result in some bottlenecks.

Practices such as pre-testing materials and evaluating past campaigns were said to be gradually improving. However, consistent evaluation at the outcome level remained limited, as described in EQ 3.4.

6.2 To what extent are good practices, challenges and lessons learned systematically documented at all levels and shared to guide future planning and implementation, including sustainability?

Finding 21: Several examples of good practices, challenges and lessons learned were identified by this evaluation, but little evidence demonstrated their systematic documentation. Some positive examples of learnings were mentioned in interviews, such as reporting through wrap-up summaries and applying learnings from experiences for each Day. However, learnings were not always documented. Many respondents advocated for a standard approach to documenting best practices and sharing lessons learned among different Days and regions.

While this evaluation was able to identify several examples of good practices, challenges and lessons learned (see EQ 6.3), it found limited evidence of systematic documentation. Reasons mentioned included limitations in capacity and resources, a lack of coordination efforts and a lack of time to follow up on campaign results.

Some positive examples were seen where those managing the Days, in DCO and technical units, documented learnings, positive experiences and areas of improvement in reports, presentations or wrap-up emails, which were then shared with all those involved. Regional offices also produced some summary wrap-up reports for some Days. Many respondents advocated for a standard approach to documenting best practices and sharing lessons learned among different Days and regions.

6.3. *What are the identified good practices and lessons learned?*

Finding 22: Four key good practices and lessons learned were identified for the Days: early alignment and engagement of internal and external stakeholders; consistency and continuity in messaging; evaluation and feedback; and strong networks supporting successful campaign implementation.

The following four key good practices and lessons learned were identified by WHO staff and partners:

Early alignment and engagement of internal and external stakeholders: Aligning early, both internally and externally, on campaign themes was found to ensure buy-in and enhance momentum. Timely decision-making by management and technical units on the focus of the campaign is critical, followed by the timely production and delivery of campaign contents to allow regional and country offices and partners to adapt to local contexts.

Consistency and continuity in messaging: Using a consistent theme over several years instead of shifting themes each year can enhance recognition and impact and save resources. Maintaining a theme for two to three years helps the messages become more resonant and memorable, although global and contextual developments must be considered. It can also enable more time for monitoring and evaluation of campaign reach at country level, including amongst disadvantaged populations, and for a wider range of communication mechanisms and languages most appropriate to local contexts.

Monitoring and feedback: Implementing timely evaluations and assessments of each campaign or event is essential for continuous improvement. These assessments should not only track activities but also measure the results, such as how the message was received, “who” received the message and who did not; and which policy or behavioural changes were influenced by the campaign.

Strong networks support successful campaign implementation: Building global and cross-sectoral partnerships, such as collaborating with organizations outside the health sector, is key to expanding reach and enhancing campaign impact. This includes leveraging networks of various stakeholders to spread the messages.

3.6. Modified ToC

The ToC created during the inception phase was consequently mapped against the above findings to test the causal pathways of the Days from inputs to impact, as seen in Fig. 16 below: the shaded boxes indicate the main challenges and risks to the casual pathways, in addition to good practices. Findings are abbreviated, e.g. F1 equals Finding 1, and shaded in brown.



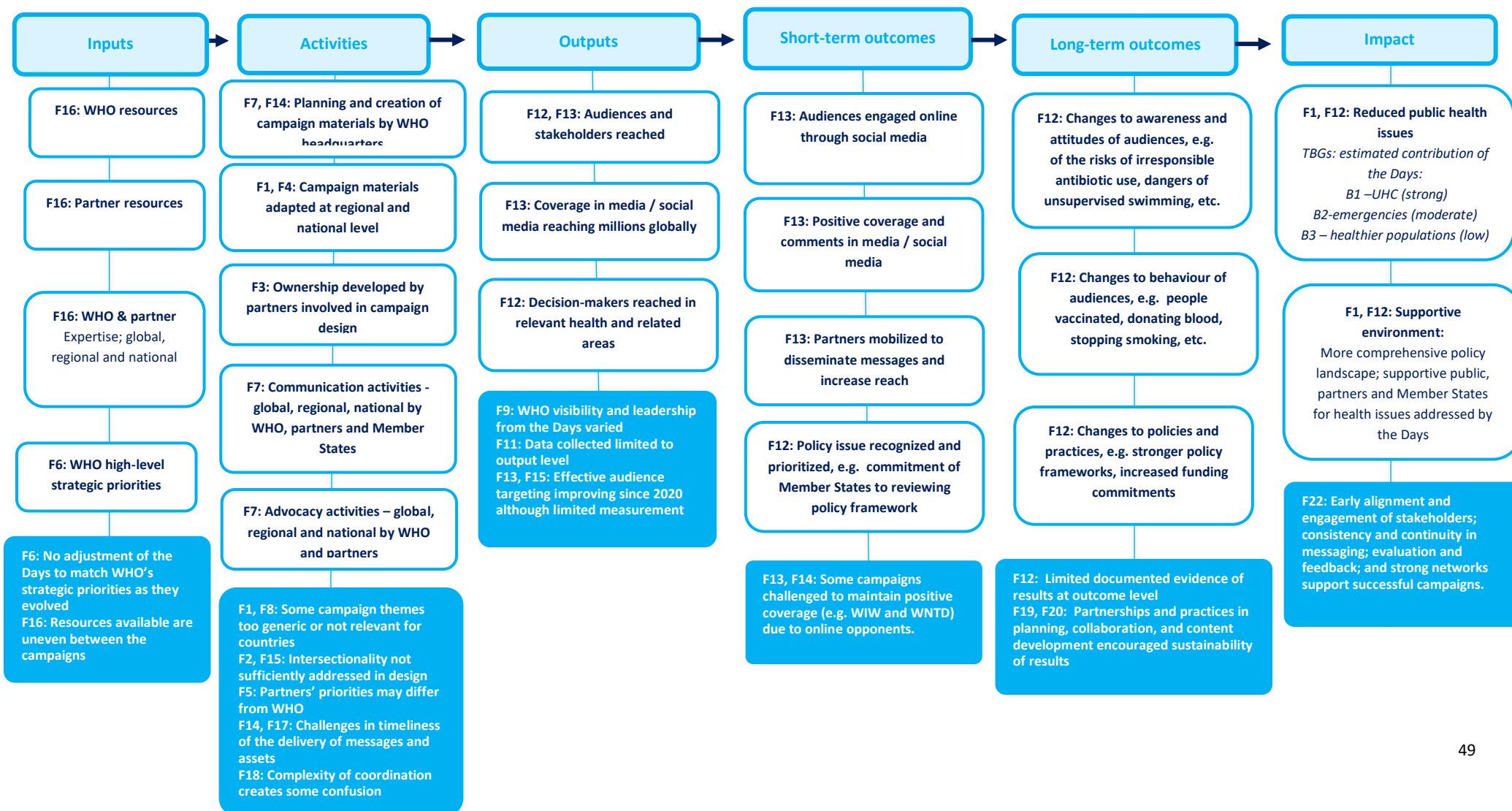
Staff in Morocco celebrate World Health Day on 7 April 2019, marking the anniversary of the World Health Organization.

Photo credit: WHO / Hassan Chabbi

Figure 16: Revised ToC with main findings

F10: Hindering factors: Coordination and timing, measurement constraints, resource constraints, discrepancies in collaboration, and resistance and external barriers.

F10: Enabling factors: Adaptability of campaign materials, effective use of digital channels, strong networks, and high-profile support.



4. Conclusions

The following conclusions are based on the evaluation findings delineated in this report. They are grouped into seven areas for review and action by the WHO Secretariat and Member States.

1. Lack of prioritization and focus: An identified challenge for the Secretariat was addressing the high number of Days (mandated and non-mandated) and the limited resources available to address them. This was compounded by the lack of mechanisms to align the Days to evolving WHO priorities, as initially proposed by WHO's Director-General in 2020. Such mechanisms should acknowledge that increasing number of campaigns would require ensuring sufficient level of capacity and resources, particularly to support the Secretariat in the DCO Health Information and Advocacy Unit, for implementing the activities in a sustainable way, in collaboration with responsible technical units. At the country level, country offices were already found to select and prioritize specific Days to work on. However, this selection was not always clear at headquarters and regional-office levels, and support was therefore not always provided accordingly.

(Findings: Relevance 1, 2,3. Coherence 4, 5, 6)

2. Coordination internally and externally: DCO, in working with technical units, has introduced and encouraged a more strategic approach to the Days in their planning and coordination. This was supported by both communications and technical staff in the regional and country offices. Benefits resulting from this included more professional and engaging assets and comprehensive messages, plans and strategies. However, feedback from the countries and partners indicated that further improvements were still necessary in some areas, such as the issue of timeliness. In addition, the different coordination approaches applied by the technical units created complexities for DCO and partners. It also influenced perceptions about WHO's leadership and visibility on the given health issues. Having the same coordination systems for all the Days was perhaps unrealistic, but the findings indicate that a partnership-based model was preferred by partners. *(Findings: Effectiveness 7, 9, 10. Coverage 14. Efficiency 17, 18. Sustainability 20, 22)*

3. Objective setting for the campaigns: Setting of measurable and concrete outcomes or objectives was noted as challenging for the campaigns, given the need to balance both what was feasible for the global nature of the Days and what was available in terms of resources. Positively, campaigns were increasingly segmenting audiences and messages and differentiating objectives. At the regional and country levels, the aims were adapted to match their local priorities. In many countries, this was done without additional financial support, which could also limit activities to focus only on increasing visibility for the given health issue(s). Nevertheless, some countries had achieved their objectives to create policy and behavioural change, and desired to use the Days to create further impact. *(Findings: Effectiveness 7, 8, 9, 12. Coverage 13, 15)*

4. Measurement of campaign results: DCO progressed in establishing some measurement of the campaigns, but this was mainly at the output level, reducing its usefulness. The limited focus on measurement implied that the Secretariat, partners and Member States did not have a clear understanding of the benefits of campaigns, activities and strategies. This meant that any potential negative effects were also unknown. Documented best practices and lessons learned were also not widely available and shared. *(Findings: Effectiveness 10, 11, 12. Coverage 13, 14, 15. Efficiency 17. Sustainability 21, 22)*

5.Strategy: The notion that a priority health issue is “celebrated” for one Day or Week underutilizes the expertise and reach of the WHO and its partners, and the ongoing communication efforts of headquarters, regional and country offices. In many contexts, WHO and partners were found to be communicating on the given health issues throughout the year or could do so with adapted resources and support, which would promote a more integrated, intersectional approach. This would also better support WHO’s overall communication strategy. The efforts used to develop initiatives for the Days by both WHO and partners were often limited to the relatively short period around the Day and not using the full potential of the communication messages and assets over a longer time frame. *(Findings: Effectiveness 12. Coverage 14. Sustainability 19)*

6. Resource allocation and capacity-building: Financial and human resources were found to be limited and unequal for the Days. The available resources were also unevenly distributed. Many country offices struggled with underfunding and understaffing in support of the Days (and in communications in general), limiting their ability to implement impactful campaigns. Moreover, building capacity within regional and country WHO communication teams and providing multilingual support and materials is also critical. *(Findings: Efficiency 16)*

7. Partnerships: Partners at all three levels have proved vital to extending and maximizing the reach and impact of the Days. However, the involvement of partners varied across the different campaigns and, in general, they expressed a desire to be more involved in the Days, from planning through implementation to evaluation. Partners were also seen as being key to further developing an intersectional approach and reaching disadvantaged populations that have been difficult to reach using traditional campaign approaches. *(Findings: Coverage 15. Efficiency 16. Sustainability 20).*

5. Recommendations

The following recommendations were refined and adapted based on inputs from WHO staff of the Evaluation Reference and Management Groups who participated in two “co-creation” recommendations workshops in March 2025.

Recommendation 1 – Prioritization and focus: Align the mandated and non-mandated Global Health Days with organizational priorities to ensure their strategic relevance and impact at global, regional, national and subnational levels by:

- 1.1.** ensuring that Global Health Days reflect the strategic priorities of the WHO General Programme of Work as well as those of the regional, national and subnational contexts;
- 1.2.** establishing a structured process for modifying, temporarily suspending or formally concluding (“sunsetting”) specific Global Health Days based on their relevance, effectiveness and alignment with WHO’s strategic priorities, as informed by evidence-based assessments; and
- 1.3.** presenting a biennial report to the World Health Assembly, through the Executive Board, detailing the campaign priorities for the upcoming two-year period and presenting the results from robust

evaluation of the effectiveness of selected past campaign/s and their alignment with Organizational goals.

Responsible: Assistant Directors-General, Regional Directors with support of Department of Communication, Department of Health Promotion and technical units/programmes.

Level: All

Priority: High

Linkages: Conclusion 1

Recommendation 2 – Coordination: Enhance the coordination of the mandated and non-mandated Global Health Days campaigns to ensure seamless execution and timely delivery of impactful campaign materials through the following measures:

- 2.1. conducting an annual joint planning exercise identifying clear milestones and deadlines to streamline the preparation and execution of each Global Health Day;
- 2.2. enabling regions to lead or co-lead selected Global Health Days over a two-year period, while prioritizing specific countries and regions to maximize the campaigns' relevance and reach;
- 2.3. enhancing collaboration among the Department of Communication, technical units, regional offices, country offices and external partners to ensure a cohesive and well-integrated approach to campaign execution;
- 2.4. developing multi-year (two to three years) messages for each Global Health Day, with annual adaptations, enhancing continuous advocacy; and,
- 2.5 creating campaign materials in accessible formats, based on target audience testing, evaluation insights and reuse of existing global, regional and national materials.

Responsible: Department of Communication, Department of Health Promotion and technical units

Level: All

Priority: High

Linkages: Conclusions 2, 3 & 5

Recommendation 3 - Measurement: Establish a Monitoring and Evaluation framework for the mandated and non-mandated Global Health Days, tailored to available resources, by:

- 3.1. defining a core set of output and outcome indicators across all Global Health Days, while allowing WHO regional and country offices the flexibility to include context-specific indicators as needed;
- 3.2. piloting the output indicators across all Global Health Days and testing the outcome indicators for one or two campaigns within selected or priority countries; and
- 3.3. adopting a Results-Based Management approach supported by a strong Theory of Change. This includes strengthening data collection and information-sharing mechanisms among the three levels of the Department of Communication, technical teams and country offices to enable more consistent, comparable and integrated reporting, with a focus on setting measurable outcomes.

Responsible: Department of Communication

Level: All

Priority: Medium

Linkages: Conclusion 4

Recommendation 4 – Partnerships: Strengthen partnerships and intersectoral engagement across the three levels by:

- 4.1. engaging with long-term partners by involving them further in the planning, implementation and evaluation of the campaigns; and

4.2. working closer with partners to further develop the intersectional nature of the campaigns and to reach audiences difficult to reach through traditional campaigning.

Responsible: Department of Communication /technical units

Level: All

Priority: Medium

Linkages: Conclusion 5 & 7

Recommendation 5 – Resources: Within resource constraints, stabilize budget allocation for the campaign by:

5.1. establishing clear and transparent funding criteria based on campaign prioritization (including consultation with countries and partners), and aligning the allocation of human and financial resources accordingly across all levels of the Organization;

5.2. ensuring a minimum level of funding (including staffing costs) is available to support core activities for all mandated Global Health Days across the three levels;

5.3. embedding the Days into the workplans and budgets of technical units and DCO, and incorporating campaign planning, implementation and evaluation in relevant donor proposals; and

5.4 strengthening regional and country-level communication teams in campaigning, along with providing multilingual support and materials.

Responsible: Department of Communication /technical units

Level: HQ

Priority: Medium

Linkages: Conclusion 6

Annexes

Annex 1. Terms of reference

Evaluation of Global Health Days 2019–2023 Terms of Reference February 2024

1. Background and rationale

WHO is mandated to raise awareness on global health issues and mobilize support for action globally, regionally and nationally. It does so through several strategies, including leading or supporting other actors, besides the Member States, with a number of global observances or Global Health Days. Some of these campaigns are directly mandated by the World Health Assembly and by the WHO regional committees, while others are initiated or marked by the UN General Assembly or established by entities/bodies of the UN inter-agency system.²⁶ In addition, there are also some observances established by non-state actors and others marked by WHO, albeit not strictly devoted to public health.²⁷ More specifically the World Health Assembly has mandated WHO to celebrate global public health days and weeks with particularly attention devoted to 11 days and two weeks of observances (<https://www.who.int/campaigns>). These include World Neglected Tropical Diseases Day, World AIDS day, World Blood Donor Day, World Chagas Disease Day, World Health Day, World Hepatitis Day, World Malaria Day, World No Tobacco Day, World Tuberculosis Day, World Patient Safety Day, World Drowning Prevention Day, World Immunization Week and World AMR (Antimicrobial Resistance) Awareness Week.

Campaign design and execution: The campaigns are an opportunity to shed light and mobilize for action on a health topic of concern for people globally. They are also aimed at raising public awareness and knowledge, influencing policy as well as increasing the capacity of health professionals. They normally involve engagement from governments, civil society, health practitioners and academia as well as the wider public. The campaigns are run as follows: WHO technical Units and the Department of Communications (DCO) jointly determine the objectives of the campaigns and build specific tailor-made communication packages including awareness and advocacy materials and content to be used on various communications channels. In addition, technical units develop or update the technical information on the same topic of the global health campaigns, such as online fact sheets, Q&As, etc. (3). All the technical information, campaign materials and key messages are used at global level and are used and/or adapted at the regional and national levels in order to facilitate ‘call to action’ advocacy activities and to achieve the campaign objectives [\(10\)](#).

During COVID-19, most of the campaigns’ messages were re-framed, to ensure that linkages between the virus and other health issues were clear and to promote measures to prevent the spread of the virus. This, in turn,

²⁶ Internal record of Compliance and Risk Management and Ethics (CRE) conclusions on non-state-actor-led observances.

²⁷ Ibid.

increased attention on the key campaign messages and increased popularity for campaigns with elements of vaccine efficacy.

MEL: In 2020, a Monitoring, Evaluation and Learning (MEL) Dashboard was devised to report on the performance of the Global Health Days by collating and analysing media publicity (mentions, top key headlines/messages, sentiment disaggregated by region and over time, share of voice), WHO website data (visits, visitors' demographics, most viewed pages) and social media analytics (reach/impression, engagement, top performing posts). Results are mostly collected at audience output level, whereas outcome level changes in terms of spillover effects on policy achievements or behavioural change are not yet collated. In addition, a MEL Manual was designed for use by WHO communication staff and collaborating Member States. The Manual provides an overview of key principles, models and practical guidelines for MEL of communication activities and campaigns, accompanied by specific resources for MEL of different media channels (publicity, social media, publications, videos, events, etc.).

Campaigns budget

In 2021, the WHO Secretariat estimated that about US\$ 150 000 would be needed annually to support execution of each observance, noting that such resources are, however, rarely available [\(24\)](#). For example, in 2019, headquarters spending on most WHA-mandated observances was between US\$ 15 000 and US\$ 50 000 [\(24\)](#). At the global level, each campaign has a specific budget that is decided and provided by the Technical Units and managed by the Department of Communications.

The need for a review of the campaigns

In 2020 a WHO internal review of global health observances assessed the added value of, and guidance for, planning and executing Global Health Days [\(3\)](#). The study recognized the power of global campaigns in raising awareness of global health issues. However, several documents identified challenges that required addressing, such as a lack of a systematic approach to organizing the campaigns at the three levels of the Organization, limited availability of human and financial resources, lack of clear evaluation processes affecting comparison of effectiveness over time and observances set up in response to MS political interests rather than public health criteria [\(24\)](#).

The WHO Secretariat further suggested rationalizing the framework for World Days/Weeks, better linking observances to the objectives of WHO's Global Programme of Work, prioritizing topics critical to global health and identifying clear criteria for the suggestion of new "days/weeks" to the Executive Board, whilst discussing potential time limits of such topics to be officially observed by WHO [\(7\)](#). This rationalization would also allow expectations by Member States and partners to be clarified regarding the obligations that the Secretariat would honour related to the technical and communication work support of such days [\(7\)](#). To strengthen the approach going forward, the Secretariat made several recommendations to refine the process and balance motivation, technical requirements for and purpose of the observances [\(24\)](#). It then set up clear guidelines for clarifying the process, criteria, prerequisites and monitoring and evaluation of the observances.

To support the Secretariat and relevant departments involved in global observances going forward, an evaluation of Global Health Days has therefore been included in the WHO Evaluation Office workplan for the biennium 2022–2023. This is a decentralized evaluation managed by the Department of Communications with the support of the Evaluation Office.

2. Evaluation purpose and objectives

In line with the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation and WHO Evaluation Guidance, this evaluation will serve a **dual purpose of accountability and learning**. It should support WHO's **accountability towards stakeholders**, including recipients of and participants in WHO-led global health campaigns, the WHO Secretariat, the Executive Board and the Member States. It should **document lessons learned, good practices and the challenges experienced during implementation of Global Health Days** in order to support WHO in improving the design, process, execution and evaluation of global health campaigns and maximize effectiveness.

The evaluation specific objectives are to:

1. **assess the process** of planning, managing, executing and evaluating Global Health Days campaigns, including the collaborations in place, to ensure that campaigns have maximum effect. This will be done through:
 - a. analysing how WHO mandated campaigns are designed, planned, financed, executed and evaluated at the three levels of the Organization as well as how prioritization of the campaigns takes place, including in relation to the role of the Secretariat and Member States;
 - b. assessing alignment with WHO global, regional and national health priorities, as well as those of Member States and partner organizations; and
 - c. assessing alignment with internal WHO policies, strategic goals and objectives.
2. **identify qualitative contribution to any visible change achieved** in the previous three biennia, the areas of good progress and challenges, with a view to improving future efficiency and effectiveness of the campaigns, including:
 - a. suitability of objectives, monitoring and performance assessment processes;
 - b. timeliness and operational efficiency of the campaigns (globally, regionally and locally) and the contribution to the WHO brand;
 - c. appropriateness of the human and financial resources employed across the different campaigns; and
 - d. appropriateness of coverage and adaptability at geographical and population level.
3. identifying key lessons and recommendations for WHO with a focus on sustainability of internal systems and processes, including measurement, coordination and learning for the future.

In summary, the core focus of the evaluation will be to assess the processes of planning, executing and measuring the campaigns, looking at evidence of effective collaboration at the three levels of the Organization as well as with external partners and issues of ownership across the range of stakeholders. It will also assess how strategic the campaigns are in terms of leveraging WHO's role in raising awareness on important, at times sensitive, health issues; how health priorities respond to current health needs; and whether there are systems in place to ensure the continuity and sustainability of the campaigns. Given the paucity of outcome-level measurement data, it is not envisaged that the evaluation will assess achievement of objectives in terms of behaviour change or policy gains; however, any qualitative evidence of, or recommendations on, WHO contribution to the achievement of these objectives could be identified.

3. Evaluation scope and users

The evaluation scope covers all WHO activities, including in collaboration with partners, at global, regional and national levels for the execution of Global Health Days campaigns. The scope of the evaluation is the 13 mandated campaigns covering 11 health days and 2 weeks as previously listed. The timeframe of the evaluation will cover the previous three biennia (2019–2023).

The evaluation is intended primarily for the Secretariat and Member States to learn from the assessment of Global Health Days and support clearer and impactful execution of global WHO-led campaigns going forward. Other intended users of the evaluation include the Department of Communications, the Department of Health Promotion, the technical units involved in the different campaigns that have coordinated global observances, regional and country offices tasked with adapting and running the campaigns and government and civil society organizations that are involved in the implementation of the campaigns on the ground. Below is a table that summarises the specific users and their roles and interest in the evaluation.

Internal stakeholders	Role and interest in the evaluation
Country offices	The results of the evaluation will inform the execution of the upcoming observances and measurement of their impact at country level.
Regional offices	The regional office has a direct stake in the evaluation in ensuring that country offices receive appropriate guidance on campaign execution, messages, etc.
WHO headquarters relevant departments	WHO headquarters departments are responsible for designing the technical material linked to execution of the campaigns in line with health needs, policies and best communication and campaigning practices and for ensuring that campaigns are effective and cost-efficient.
Member States	The Member States have a direct interest in being informed about the assessment and support needed for clearer and more impactful WHO campaigns.
Executive Board	The Executive Board also has a direct interest in being informed about the progress of the Global Health Days and its associated processes and being kept abreast of best practices as well as challenges through the evaluation report that could be applicable to better execution of the campaigns going forward.
WHO Secretariat	The Secretariat is responsible for deciding the objectives and the key messages of the mandated campaigns in alignment with external and internal health needs, policies and approaches
External Stakeholders	
National governments	As recipients of WHO's technical assistance, governments have an interest in the partnership, how campaigns reflect their health needs and that their systems are able to take up the challenge of the campaign objectives
Other UN agencies	Some sister agencies are WHO peer organizations of specific campaigns. They are interested in knowing, with the evaluation report, how to improve collaboration with WHO and to rollout impactful campaigns by sharing knowledge and information and by supporting each other.

Other partners	Other partners, depending on the health topics, are working closely with WHO on campaign planning and implementation. They have a direct interest in understanding whether the key messages and activities are aligned, the mutual support that has been obtained, the campaign impact that has been boosted and how to collaborate in a better way in the future.
Donors	Donors are a significant stakeholder and will be interested to know about the efficiency and influence of the campaigns to date.

4. Evaluation criteria and key questions

The table below provides a set of provisional key evaluation questions and subquestions based on the OECD/DAC criteria for assessing development interventions). These can be prioritized at inception after discussion with the Evaluation Managers. Questions were developed in collaboration with, and through comments from, key WHO technical units responsible for designing, managing and executing the campaigns. During the inception phase, the evaluation team will be able to expand or review the specific subquestions and related tools to respond to each evaluation question. These will then be included in a detailed evaluation matrix.

Criterion	Key question	Subquestions
Relevance	1.To what extent have campaigns objectives remained relevant to evolving health priorities globally, nationally and regionally, including with regards to target audiences?	<p>1.1 To what extent do campaigns respond and contribute to addressing current key health priorities and people's health needs globally, regionally and nationally, including on neglected health priorities and from an intersectional perspective?</p> <p>1.2 To what extent do regional and country level stakeholders feel ownership of the campaigns?</p>
Coherence	2.To what extent are campaigns objectives in line with WHO's internal strategic priorities as well as with external partners' strategies and objectives and are any adaptations necessary?	<p>2.1 External. To what extent does the choice of campaigns cohere with health priorities of UN partner agencies and other relevant actors?</p> <p>2.2 Internal: To what extent do they cohere with WHO strategic priorities and goals?</p> <p>2.3 To what extent do WHO processes and planning for Global Health Days show appropriate internal and external coordination and communication across technical and communication teams?</p>

Effectiveness	3.To what extent do Global Health Days campaigns’ design, execution and strategic approaches demonstrate to be realistic, appropriate and adequate to achieve intended outcomes?	<p>3.1 To what extent are campaigns’ goals and objectives clear, feasible and appropriate?</p> <p>3.2 To what extent is WHO optimally and strategically leveraging Global Health Days, for visibility and leadership, including around sensitive subjects?</p> <p>3.3 What internal and external factors hinder or favour the achievement of objectives?</p> <p>3.4 Are the systems for measuring results of Global Health Campaigns in place and functioning and are adequate resources allocated to do so?</p>
Coverage	4.To what extent do campaigns reach their intended audiences?	<p>4.1 To what extent is the communication design and quality of messaging appropriately segmented to maximize reach for intended audiences, including from a gender, equity and human rights perspective?</p> <p>4.2 To what extent do campaigns reach target audiences, including marginalized populations, with key health messages, accounting for gender, equity, human rights and disability inclusion dimensions?</p>
Efficiency	5.How efficient have campaigns been in using the human, financial and intellectual resources at their disposal to achieve their targeted outcomes?	<p>5.1 Are campaigns evidence-based and tested and then planned within an appropriate timeframe?</p> <p>5.2 Have operational arrangements for the management of the campaigns, including communication and coordination across all levels of the Organization been efficient?</p>
Sustainability	6.How sustainable are the internal systems and processes for ensuring continuity of Global Health Days?	<p>6.1 To what extent are internal systems set up to ensure the continuity of Global Health Days?</p> <p>6.2 To what extent are good practices, challenges and lessons learned systematically documented at all levels and shared to guide future planning and implementation, including sustainability?</p>

5. Methodological approach and tools

The methodology described in this section is indicative and evaluators are welcome to adapt and integrate the approach and propose adjustments needed to accomplish the initiative. These can include additions to the evaluation design; approaches to be adopted; appropriate sampling strategy; data collection and analysis methods; and an evaluation framework. The proposals should also refer to methodological limitations and mitigation measures.

The evaluation will be primarily **formative**, whereby the goal is to identify lessons learned and core areas of strength, weaknesses and improvements to inform the design and implementation of global campaign initiatives going forward. The design of the evaluation will be theory-based in assessing the effectiveness of processes supporting the design, planning and execution of WHO's global health observances in the years 2019–2023 and any qualitative contribution to achieving campaign aims. With a **strong focus on utilization**,²⁸ the approach of the evaluation will concentrate on engaging with the principal users of the evaluation process and report – WHO headquarters, DCO and regional offices as relevant, key stakeholders and focal points at regional and national levels and UN partners.

The evaluation will not be experimental but will use, to the extent possible, **mixed methods** combining quantitative and qualitative data sources. These include:

- **desk review** of campaigns' key materials, mapping documents, existing evaluations and/or any type of data on each observance, including budgets and human resources allocations, as well as documents from governing bodies and Secretariat that refer to Global Health Days;
- analysis of quantitative data from the Monitoring, Evaluation and Learning platform from the WHO Comms Hub and Campaigns Dashboard;
- **pp to 50-60 virtual key informant interviews (KIIs)** with internal and external WHO stakeholders, including the Secretariat, Senior Management staff in DCO, Health Promotion Team and relevant WHO teams and departments involved in the campaigns, governments, civil society, academic institutions and other relevant partners that contribute to the development and implementation of campaigns. Given the limited budget and timescale of the evaluation, it is not envisaged that the campaign will reach target audiences;
- In-depth **analysis of 3 campaigns** with a view to assessing processes of choice, design, execution and collaboration, but also to document good practices and lessons learned. Key criteria for the sampling of the campaign case studies include:
 - scale and intended coverage in terms of health issue and global audiences
 - joint or WHO-led only
 - longstanding or more recent campaigns
 - relevance to triple billion pillars.

For this reason, **World No Tobacco Day** (scale, longstanding, Healthier Populations Pillar), **World Immunization Week** (scale, longstanding, joint, Universal Health Coverage Pillar) and **World Blood Donor Day** (scale, recent, Health Emergencies Pillar) have been identified as potential candidates. Given the scope of the campaigns and their reach at country level, during inception evaluators are encouraged to propose an approach that involves analysis of the selected campaigns from global to country level.

The number of key informant interviews for the deep dives are included in the overall number of key informants to be interviewed for this evaluation although, if time and budget allows, it will be possible to expand on the number of stakeholders to ensure the widest range of experiences are captured. Informants' views could also be captured through virtual **Focus Group Discussions** if this is feasible.

²⁸ In evaluation terminology, utilization is about how results will be used by those who will need this evaluation to take decisions going forward, and a good evaluation should be judged by its usefulness to intended users, who should draw from its lessons to adapt and move forward.

Triangulation

To ensure credibility and validity of evaluation findings, evaluators will triangulate emerging evidence. Evaluation evidence collected from different sources and/or by different methods will be compared to ensure that the data are valid and conclusions and recommendations are solely derived from evidence.

Integration of gender, equity and human rights considerations

In line with UNEG and WHO guidance and policies, specifically, the WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023–2030 and the WHO Policy on disability, WHO Evaluation policy (2018), UNEG Guidance on Integrating human rights and gender equality in evaluations (2011 and 2014) and UNEG Guidance on integrating disability inclusion in evaluations (2022), the evaluation is expected to integrate gender, equity and human rights considerations in its conceptualization, design and analysis, ensuring that principles of ‘leave no-one behind’ and ‘do no harm’ are duly considered. This involves analysis of inclusion of human rights principles and alignment with SDGs as applicable to the subject of the evaluation, as well as appropriate ethical approaches and risk assessments in the design and execution of the evaluation and data management processes.

6. Evaluation phases and expected timeframe

The evaluation will be conducted over a period of seven to eight months with key activities, deliverables and relative timeline described below:

Activities and deliverables	Timeline
Planning and inception	
i. ToR finalization	December 2023
ii. Selection of consultants and award of contract	March 2024
iii. Inception report	April 2024
Data collection and analysis	
i. Data collection	April–May 2024
ii. Data analysis	June 2024
Reporting and dissemination	
i. Draft evaluation report	June–July 2024
ii. Preliminary results presentation and co-creation of the recommendations workshop	Mid-July 2024
iii. Final report and dissemination activities	July–August 2024
iv. Dissemination activities	September 2024

Inception Phase

This phase will start with a first review of key documents and briefings with WHO headquarters and regional offices. During the design phase, the evaluation team will liaise with key focal points at all levels of the Organization to assess the underlying logical model of Global Health Days. A light-touch inception report will close this phase. Its draft will be shared with key internal stakeholders (at the three levels of the Organization) of an Evaluation Reference Group for their feedback and approved by the Evaluation Management Group (EMG). The inception report will be prepared following the Evaluation Office template and will focus on methodological and planning elements. Considering the various evaluation questions, it will present a detailed evaluation framework and an evaluation matrix. Data collection tools and approaches will be drafted as part of the inception report, alongside consent forms and ethical protocols for virtual interviewing.

1st deliverable: Inception

Data collection and analysis.

This phase will include additional document review, up to 50–60 key stakeholders' interviews with headquarters, regional and country stakeholders as needed. At this stage, the in-depth analysis of three campaigns will take place on the basis of the agreed selection criteria. The deep dives will look at the work undertaken at all levels of the Organization and will feed into the overall assessment of the global campaigns. The deep dives will be entirely virtual.

Validation and finalization phase

This phase is dedicated to the in-depth organization of key findings and results and identification of key lessons learned and recommendations. A draft evaluation report will be shared with key internal and external stakeholders and the ERG for fact-checking and the EMG for approval. Prior to the finalization of the recommendations, a *conclusion and recommendations co-creation workshop* will be organized with the ERG where the findings, conclusions and recommendations will be presented, discussed and agreed upon. Subsequently, the report will be finalized and re-submitted for final validation and for the management response.

2nd deliverable: draft evaluation report, PPT with evaluation findings, co-creation workshop material

A **final evaluation report and an evaluation brief** will be prepared according to the WHO Practical Guide to evaluation for programme managers and evaluation staff (2023). The evaluation report and brief will provide the final assessment of the results according to the evaluation questions and methodology identified above as well as the input from the co-creation workshop. It will include the final, agreed upon conclusions based on the evidence generated in the findings and actionable recommendations. A second high-level workshop with key WHO stakeholders could take place, and the draft management response could also be presented to ensure buy-in and commitment for all parties. Additional summary products will include a two-page evaluation brief and, if feasible, visual summaries or video interviews with key country and Regional Office staff and stakeholders involved in the evaluation. These will be decided in consultation with the Evaluation Management Group.

3rd deliverable: final evaluation report, evaluation brief.

Note: The revisions of any of the deliverables produced by the evaluation team will be accompanied by feedback on each comment provided. This feedback will succinctly summarize if and how comments were addressed, and if they were not, it will justify why.

Guidelines on the desired content, format and quality assurance of any evaluation deliverable will be provided by the Evaluation Office through the Evaluation Manager (including the Practical guide to evaluation for programme managers and evaluation staff (2023) and the WHO Quality assurance checklist). Once approved, the evaluation report will be posted on the web page of the Evaluation Office, together with the management response.

Dissemination plan: Effective dissemination of evaluation results enhances greater WHO accountability and enables global partners to learn more about WHO's work and its contributions to broader knowledge generation. To this end, this evaluation will be translated in different languages and disseminated widely across the three levels of the Organization as well as to the Member States. The communications channels will be both internal and external with various communications products. Workshops and events targeting staff and external audiences will be organized to present evaluation results and outline plans for implementing the recommendations. This comprehensive approach to dissemination will ensure that the evaluation's findings and

results are maximized and insights are accessible to a wide range of stakeholders. The dissemination will be led by WHO.

7. Evaluation management process

This will be a decentralized evaluation managed by the Department of Communications (DCO), supported by the Evaluation Office including for quality assurance purposes. It will be led by an external evaluation team with support from DCO and the Evaluation Office. The evaluation team will have appropriate knowledge of the subject of the evaluation and skills mix, as well as relevant experience in performing similar evaluations involving global-impact campaigns. A member of the **Department of Communications** will serve as **Evaluation Manager**, guiding the evaluation team throughout the evaluation process, agreeing on scope, objectives, the evaluation methodology and appropriate evaluation products.

The **Evaluation Office** will provide overall **quality assurance** of the evaluation in adherence with United Nations Evaluation Group (UNEG) norms and standards, including maximum independence and impartiality of the evaluation. It will also provide the necessary **support to the evaluation team and the DCO Evaluation Manager** during the evaluation exercise (finalization of methodology, facilitation of the evaluation process, identification of relevant documentation, data and key stakeholders).

An **Evaluation Reference Group** has been established and comprises up to 20 members of WHO Technical Units involved in the campaigns. The Evaluation Reference Group will ensure overall guidance for the quality of the evaluation, to ensure the access of the evaluation team to the required information and sources, to take necessary measures to ensure objectivity, independence and impartiality of evaluation and to assure the quality of the deliverables of the evaluation, including the inception report and the final evaluation report. They will also ensure relevance, accuracy and utility through consultation and validation processes.

An **Evaluation Management Group (EMG)** has been established and comprises eight members from DCO, the team from the Department of Health Promotion, three regional offices (PAHO, WPRO and EURO) and EVL members. The EMG will be responsible for overall approval of the evaluation products and will guide the processes. The EMG will ensure that the evaluation considers the perspectives of relevant Evaluation Reference Group stakeholders, and decides on the evaluation scope, timeline, methodology and process. The EMG also approves final products and supports the management response preparation.

8. Evaluation team: skills and competencies

It is envisaged that the evaluation will require three consultants (1 Team Leader, 1 Senior Communication and Evaluation Consultant and one Junior Researcher). The Evaluation Office will be able to identify consultants through its own internal Roster as well as through external recommendations. At a minimum, the evaluation team should include:

- **Team leader** (TL) with minimum 15 years' experience in conducting evaluation and public health themes, including health and human rights campaigns. The TL will be responsible for the overall management of the evaluation, the design of evaluation methods and tools and the final outputs (reports, briefings, presentations) as well as the collaboration with the ERG and the EMG to ensure that the evaluation is in line with the guidance and policies provided.
- **Senior Communication and Evaluation Consultant** (SCE) with minimum 10 years' experience of evaluating communication and advocacy programmes and in depth understanding of campaigning and influencing (designing, executing and measuring the results of global campaigning and lobbying efforts). The SCE will support the TL in the design of evaluation method and tools, data collection and the production of the final outputs.
- **Junior researcher** (JR) with 5-8 years of evaluation experience in primary and secondary data collection and analysis for public health evaluations. The JR will be responsible for supporting the TL and the SCE in organizing stakeholder consultations, project managing, designing tools, collecting, and analysing key campaigning data and drafting key deliverables.

It is envisaged that the evaluation team will be gender-balanced and will include members with language skills in English, Spanish and French. At least one member of the team should have experience in gender analysis and health equity as applied in advocacy or public health campaigns.

Annex 2. Evaluation matrix

Questions	Indicators	Source of data	Data collection tools
Relevance			
1. To what extent have campaign objectives remained relevant to evolving health priorities globally, nationally and regionally, including with regards to target audiences?	Evidence that the objectives of the 13 campaigns remain relevant to evolving health priorities as found in 1) WHO General Programme of Work, regional and country strategies and audience priorities as determined by partners, stakeholders and WHO staff.	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaigns matrix KIIs FGDs Survey
1.1 To what extent do campaigns respond and contribute to addressing current key health priorities and people's health needs globally, regionally and nationally, including on neglected health priorities and from an intersectional perspective?	Evidence that the 13 campaigns respond and contribute to addressing 1) globally 2) nationally 3) regionally: - current key health priorities ²⁹ - people's health needs - neglected health priorities ³⁰ - (from an) intersectional perspective. ³¹	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaigns matrix KIIs FGDs Survey
To what extent do global, regional and country-level stakeholders feel ownership of the campaigns?	Global, regional and country-level stakeholders feel ownership (i.e. involved in planning and managing	Partners Stakeholders	KIIs FGDs

²⁹ Key health priorities are detailed in WHO's *Thirteenth General Programme of Work, 2019–2023* (GPW 13) as follows: 1) moving towards universal health coverage, 2) protecting people better against health emergencies, 3) ensuring healthy lives and well-being for all at all ages; The GPW 13 is linked to the triple billion targets.

³⁰ Neglected health priorities for this evaluation are understood to be emerging health issues which deserve more attention and investment by the global community. The neglected health priorities will be further defined during the initial steps of the data collection phase (see section 2 Methodology).

³¹ This evaluation refers to WHO's description of intersectionality as "how multiple and intersecting factors of vulnerability (gender, disability, age, ethnicity and other factors of discrimination) interact and how resulting inequities can be addressed". WHO (2023), *Guidance note on integrating health equity, gender equality, disability inclusion and human rights in WHO evaluations*, p. 4.

Questions	Indicators	Source of data	Data collection tools
	activities themselves and inputting into campaign messages and strategy) of the campaigns.		Survey
Coherence			
2. To what extent are campaign objectives in line with WHO's internal strategic priorities and outcomes as well as with external partners' strategies and objectives?	Evidence of alignment of the objectives (as found in campaign plans/strategies) of the 13 campaigns with: - WHO's internal strategic priorities and outcomes ³² - strategies and objectives of external partners as provided by them.	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaign matrix KIIs FGDs Survey
2.1 External: To what extent does the choice of campaigns cohere with health priorities of UN partner agencies and other relevant actors?	Evidence of alignment between the 13 campaigns and the health priorities of UN partner agencies and other relevant actors (i.e. those who collaborate with WHO on Global Health Days and campaigning in general).	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaign matrix KIIs FGDs Survey
2.2. Internal: To what extent do they cohere with WHO internal strategic priorities and outcomes?	Evidence of coherence of 13 campaigns priorities and intended outcomes with WHO internal strategic priorities and outcomes (reference to GPW 13 and 14 as detailed in EQ 2).	Campaigns document / data WHO staff	Document review Campaign matrix KIIs
Effectiveness			
3. To what extent do Global Health Days campaigns' design, execution and strategic approaches demonstrate	Evidence that the Global Health Days campaigns' 1) design 2) execution and 3) strategic approaches are a) realistic	Campaigns document / data	Document review MEL dashboards

³² WHO's internal strategic priorities and outcomes understood by this evaluation are those of GPW 13 (2019–2023) and those of (draft) GPW 14 (2025–2028), i.e. GPW 14's six strategic objectives and outcomes

<i>Questions</i>	<i>Indicators</i>	<i>Source of data</i>	<i>Data collection tools</i>
to be realistic, appropriate and adequate to achieve intended outcomes?	(objectives and targets are achievable) b) appropriate (addressing the priorities within the thematic area) and c) adequate (availability of resources) to achieve intended outcomes.	WHO staff Partners Stakeholders	ToC Campaign matrix KIIs FGDs Survey
3.1 To what extent are campaign goals and objectives clear, feasible and appropriate?	Evidence that the campaign's goals and objectives are 1) clear (SMART ³³) 2) feasible (reasonable possibility of being achieved and evidence-based) 3) appropriate (addressing the priorities within the thematic area).	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards ToC Campaign matrix KIIs FGDs Survey
3.2 To what extent is WHO optimally and strategically leveraging Global Health Days for visibility and leadership?	Instances documented where WHO is leveraging Global Health Days for 1) visibility (level of reach and exposure to audiences) and 2) leadership (as assessed by external stakeholders).	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards ToC Campaign matrix KIIs FGDs Survey
3.3 What internal and external factors hinder or favour the achievement of objectives?	Identification of 1) internal and 2) external factors that hinder or favour the achievement of the objectives of the 13 Global Health Days.	Campaigns document / data WHO staff	Document review Campaign matrix KIIs FGDs

³³ SMART= specific, measurable, achievable, relevant and timebound.

Questions	Indicators	Source of data	Data collection tools
		Partners Stakeholders	Survey
3.4 Are the systems for measuring results of global health campaigns in place and functioning and are adequate resources allocated to do so?	Identification of systems for measuring results of Global Health Days and estimation of their functioning and adequate resourcing.	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards ToC KIIs Survey
3.5 Are there examples of achievements of the campaigns' intended outcomes?	Identification of examples of achievements of the 13 campaigns' intended outcomes.	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards ToC KIIs Survey
Coverage			
4. To what extent do campaigns reach their intended audiences and through which channels?	Level of alignment between the planned and actual reach to audiences, and through which channels: digital (web, social medial, mobile), media, in-person contact (events, conferences), etc.	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards Campaign matrix KIIs FGDs Survey
4.1 To what extent is the communication design and quality of messaging and materials appropriate, with messages segmented to maximize reach for intended audiences, including from a gender, equity and human rights perspective?	Evidence that the communication design and quality of messaging and materials of the 13 campaigns are appropriately segmented (distinct messages and material for different groups) to maximize reach for intended	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards KIIs FGDs Survey

Questions	Indicators	Source of data	Data collection tools
	audiences, including from a gender, equity and human rights perspective (9) . ³⁴		
4.2 To what extent do campaigns reach target audiences, including marginalized populations, with key health messages, accounting for gender, equity, human rights and disability inclusion dimensions?	Evidence that campaigns reached target audiences (evidence of exposure to campaign messages and materials – online and offline), including marginalized populations, with key health messages, accounting for gender, equity, human rights and disability inclusion dimension.	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards KIIs FGDs Survey
Efficiency			
5. How efficient have campaigns (individually and globally) been in using the human, financial and intellectual resources at their disposal to achieve their targeted outcomes?	Identification of human, financial and intellectual resources available globally and to the 13 campaigns; estimation of their efficient use through assessing the available budget against audience reached and perception of partners and WHO staff on budgets being used in accordance with priorities.	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaign matrix KIIs Survey Resource analysis
5.1 Are campaigns evidence-based and tested and then planned within an appropriate timeframe?	Evidence to indicate that some or all 13 campaigns are: 1) evidence-based (i.e. based on previous resources/studies); 2) tested (i.e. testing of messages and materials with audiences) and 3) planned with an appropriate timeframe (i.e. materials planned and shared with regional and country offices at least three weeks before the given Global Health Day/Week).	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards Campaign matrix KIIs Survey

³⁴ This is relevant for EQs 4.1 and 4.2.

<i>Questions</i>	<i>Indicators</i>	<i>Source of data</i>	<i>Data collection tools</i>
5.2 To what extent do WHO processes and planning for Global Health Days show appropriate internal and external coordination and communication across technical and communication teams at all three levels of the Organization?	Evidence to show WHO's external coordination (with partners) and communication across (WHO) technical and communication teams is sufficient (according to the staff and stakeholders).	Campaigns document / data WHO staff Partners Stakeholders	Document review Campaign matrix KIIs FGDs Survey
Sustainability			
6. How sustainable are the internal systems and processes for ensuring continuity of Global Health Days?	Evidence of the sustainability of the internal systems and processes of the Global Health Days.	Campaigns document / data WHO staff Partners Stakeholders	Document review KIIs FGDs Survey
6.1 To what extent are internal systems set up to ensure the continuity of Global Health Days?	Evidence of the existence of internal WHO systems to ensure continuity of Global Health Days.	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards KIIs Survey
6.2 To what extent are good practices, challenges and lessons learned systematically documented at all levels and shared to guide future planning and implementation, including sustainability?	The existence of documented and shared good practices, challenges and lessons learned at all levels (global, regional, national).	Campaigns document / data WHO staff Partners Stakeholders	Document review MEL dashboards Campaign matrix KIIs FGDs Survey
What are the identified good practices, challenges and lessons learned?	Identification of good practices, challenges and lessons learned on the Global Health Days.	Campaigns document / data WHO staff	Document review MEL dashboards Campaign matrix

<i>Questions</i>	<i>Indicators</i>	<i>Source of data</i>	<i>Data collection tools</i>
		Partners Stakeholders	KIs FGDs Survey

Annex 3. Campaign matrix of 13 days

Name	World Neglected Tropical Diseases Day	World TB Day	World Health Day	World Chagas Disease Day	World Malaria Day	World Immunization Week
Date	30 January	24 March	7 April	14 April	25 April	24–30 April
Goal	Achieving health equity to end the neglect of poverty-related diseases	To achieve universal access to high-quality diagnosis and treatment for people with TB; reduce suffering and socioeconomic burden associated with TB; and protect poor and vulnerable populations from TB, TB/HIV and MDR-TB	(2024) Champion the right of everyone, everywhere to have access to quality health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination	Shine a spotlight on Chagas disease, and the suffering it causes; call for equitable access to health care and services for everyone affected by the disease	Achieve a malaria-free world by keeping malaria high on the political agenda, mobilize additional resources, and empower communities	Maintain or increase vaccine acceptance Protect people of all ages from vaccine-preventable diseases
Year established	2021	1982	1948 (to mark the founding of WHO)	2020	2007	2003 (PAHO), 2005 (EURO), 2010 (AFRO), 2012 (global)

Name	World Neglected Tropical Diseases Day	World TB Day	World Health Day	World Chagas Disease Day	World Malaria Day	World Immunization Week
Objectives	<p>Raise the profile of neglected tropical diseases, and the suffering they cause</p> <p>Garner support towards their control, elimination and eradication, in line with the programmatic targets set out in the NTD roadmap 2021–2030 and the commitments of the 2022 Kigali declaration on neglected tropical diseases</p>	<p>Raise public awareness about the devastating health, social and economic consequences of TB</p> <p>Step up efforts to end the global TB epidemic.</p> <p>Increase investments to get TB response back on track; reverse the severe impact of COVID-19 on progress</p>	<p>Draw attention to a specific health topic of concern to people all over the world - each year the topic is different</p>	<p>Increase public awareness and secure greater funding to support early detection</p> <p>Create global awareness about Chagas disease. (from Doc: WHO mapping of WHDs)</p> <p>Unite and act against Chagas disease</p> <p>Support people with Chagas disease</p> <p>Address stigma and discrimination</p> <p>Secure greater funding and support for early diagnosis and life-long, comprehensive follow-up care initiatives</p>	<p>Highlight barriers to health equity, gender equality and human rights in malaria responses worldwide – as well as concrete measures to overcome them</p>	<p>Raise awareness of the value of vaccines and immunization</p> <p>Ensure governments obtain the necessary guidance and technical support to implement high quality immunization programmes</p>

Name	World Neglected Tropical Diseases Day	World TB Day	World Health Day	World Chagas Disease Day	World Malaria Day	World Immunization Week
Partners	300 partner organizations from across the government, academia, donor, pharma, civil society and private sectors	Ministries of Health, Civil Society Organizations, TB actors	WHO countries and communities with endemic disease, civil society organizations, implementing partners (e.g., NGOs), donors, policy-makers, regulatory bodies, academic researchers, and the private sector	WHO global partners, regions and Member States	<p>Malaria advocacy partners, e.g., MalariaNoMore and RBM Partnership - a global platform with over 500 members - hosted by UNOPS</p> <p>RBM Partners include malaria-endemic countries, their bilateral and multilateral development partners, private sector, non-governmental and community-based organizations, civil society, foundations, research and academic institutions</p>	WHO, Member States and partners promote positive messaging around vaccines

Name	World Neglected Tropical Diseases Day	World TB Day	World Health Day	World Chagas Disease Day	World Malaria Day	World Immunization Week
Target audiences	National institutions and health workers dealing with NTDs, people affected by NTDs, policy and decision-makers, private sector and philanthropic organizations	Global citizens, Ministries of Health, policy-makers and other public health leaders of affected priority countries, civil society including youth and affected people & community representatives Partners	Governments and general public (depending on theme)	General public, policy-makers, partners and donors, academia and health professionals	Leaders and decision-makers of endemic countries; malaria partners at global and country levels, National Malaria Programmes, RBM partners, civil society organizations	Health care workers and scientists, grass-roots civil society organizations and activists working in health, members of the public including non-vaccinated, parents of children in need of vaccinations, and those in a position to influence those non-vaccinated
Channels	Social media, media, partner activity, events, online (websites)	High level political engagement in priority countries, social media, media, online (websites)	Social media, media, events, online (websites)	Social media, media, partner activity, events, online (websites)	Social media, media, partner activity, events, online (websites), advocacy	Social media, media, partner activity, events, online (websites)
Av Annual Assets Budget (2019–2023)	US\$ 10 000	US\$ 20 000	N/A	US\$ 2 375	US\$ 14 000	US\$ 105 200
FTE (headquarters - technical and DCO) (yearly)	0.25	1.4	N/A	0.1	0.2	1

Name	World Blood Donor Day	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day
Date	14 June	25 July	28 July	17 September	18–24 November	1 December
Goal	Creating a sustainable supply of blood and blood products	Raising awareness on drowning as a public health issue, reminding people that anyone can drown, but no one should	Achieving hepatitis elimination by 2030	Influencing policy-makers, health care leaders, health professionals and patient representatives to ensure the design and delivery of safe health services	Improving awareness and understanding of antimicrobial resistance	An opportunity for public and private partners to spread awareness about the status of the pandemic and encourage progress in HIV/AIDS prevention, treatment and care around the world
Year established	2004	2021 (UN GA), 2023 (World Health Assembly)	2010	2019	2015	1988

Name	World Blood Donor Day	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day
Objectives	<p>Thank and recognize the millions of voluntary blood donors who contributed to the health and well-being of millions around the world: showcase the achievements and challenges of national blood programmes and share best practices and lessons learned. Highlight the continuous need for regular, unpaid blood donations to achieve universal access to safe blood transfusion. Promote a culture of regular blood donations among young people and the general public and increase the diversity and sustainability of the blood donor pool</p>	<p>Raise awareness on the six evidence-based, low-cost drowning prevention interventions that countries and organizations can use to drastically reduce the risk of drowning, including: training bystanders in safe rescue and resuscitation; setting and enforcing safe boating, shipping and ferry regulations; improving flood risk management; installing barriers controlling access to water; providing safe places away from water for pre-school children with capable child care; teaching school-age children basic swimming, water safety and water rescue skills</p>	<p>Promote global action on viral hepatitis by encouraging urgent actions and engagement by individuals, partners and the public on the need for a greater global response.</p> <p>Step up national and international efforts on hepatitis, encourage actions and engagement</p>	<p>To enhance global understanding of patient safety</p> <p>To empower patients and families and increase public engagement in health care safety,</p> <p>To promote global solidarity and concerted action by all countries and international partners to improve patient safety</p> <p>Each year, WPSD focuses on a specific theme to address a priority area where harm in health care occurs.</p>	<p>Deepen awareness around (i) AMR and (ii) responsible AMR-behaviour. Encourage best practices among the public, One Health stakeholders and policy-makers in reducing emergence and spread of AMR</p>	<p>Unite people in the fight against HIV and AIDS. Show strength and solidarity against HIV stigma. Remember lives lost</p>

Name	World Blood Donor Day (WBDD)	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day
Partners	<p>Host country and its national blood transfusion service</p> <p>WBDD was pioneered by four core international organizations: WHO, International Federation of Red Cross and Red Crescent Societies, International Federation of Blood Donor Organizations and International Society of Blood Transfusion (ISBT)</p>	<p>Programme implementors: individuals delivering services such as swimming skills training and rescue and resuscitation in community settings, government stakeholders involved in drowning prevention, representatives from NGOs contributing to drowning prevention, representatives from international and multilateral organizations, including donors</p>	<p>Health organizations working on hepatitis</p>	<p>Global Patient Safety Network (Community of Practice including 3300 members), WHO Member States, CSOs, patient organizations, professional associations, academic and research institutions, international organizations, UN organizations, patient representatives, patient safety experts, WHO collaborating centres, other industry partners</p>	<p>Tripartite organizations e.g. Food and Agricultural Organization (FAO), World Organization for Animal Health (WOAH)</p>	<p>Health workers, Global Fund</p> <p>Ministries of Health, National AIDS Commissions and other public health leaders</p> <p>Civil society</p> <p>Community leaders</p> <p>HIV programme managers</p>

Name	World Blood Donor Day	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day
Target audiences	Blood recipients, potential and existing blood donors, governments and health workers	General public (that goes swimming), those organizations involved in water safety, donors and governments	Public communities (in donor and affected countries), government leaders of affected countries, regional leaders (e.g. African Union), global leaders (GAVI, WEF, UNITAID, World Health Assembly, EndHep2030), implementers and community representatives	Patients, families, caregivers, patient advocates, patient organizations, civil society, health workers, policy-makers, health care leaders, health care facility managers	Public health community stakeholders, prescribers and pharmacists, professional associations, policy-makers and the public	Health workers Ministries of Health, National AIDS Commissions and other public health leaders Civil society Community leaders HIV programme managers
Channels	Social media, media, partner activity, events, online (websites)	Social media, media, partner activity, events, online (websites)	High level political engagement in priority countries, social media, media, partner activity, events, online (websites)	Social media, media, partner activity, events, online (websites)	Social media, media, partner activity, events, online (websites)	Social media, media, partner activity, events, online (websites)
Av Annual Assets Budget (2019–2023)	US\$ 20 000	US\$ 24 245	US\$ 20 000	US\$ 38 668	US\$ 26 251	US\$ 18 760
FTE (headquarters - technical and DCO) (yearly)	0.4	1.8	0.13	1	1	0.5

Annex 4. List of persons consulted

<i>Level</i>	<i>Total number</i>	<i>WHO staff</i>	<i>External</i>	<i>Gender distribution</i>
Global	69	20	49	34 women, 35 men
Regional	23	17	6	10 women, 13 men
<i>WHO Regional Office for Africa</i>	2	1	1	1 woman, 1 man
<i>WHO Eastern Mediterranean Regional Office</i>	4	3	1	2 women, 2 men
<i>WHO Regional Office for Europe</i>	7	6	1	2 women, 5 men
<i>WHO South East Asia Regional Office</i>	2	2	0	2 women
<i>WHO Regional Office for the Americas and the Western Pacific</i>	3	2	1	2 women, 1 man
<i>Pan American Health Organization/WHO Americas Region</i>	5	3	2	1 woman, 4 men
Countries	28	20	8	15 women, 13 men
Bhutan	1	1	0	1 woman
Brazil	2	1	1	1 woman, 1 man
Burundi	1	1	0	1 man
Cambodia	1	1	0	1 woman
Canada	1	0	1	1 man
Central African Republic	1	1	0	1 man
Chile	1	1	0	1 woman
China	1	0	1	1 man
Comoros	1	1	0	1 man
Ghana	2	1	1	1 woman, 1 man
Guinea	1	1	0	1 man
Hungary	1	1	0	1 woman
Indonesia	2	1	1	2 women
Iraq	1	1	0	1 man
Lao People's Democratic Republic	3	3	0	1 woman, 2 men
Mexico	2	2	0	1 woman, 1 man

Nepal	1	1	0	1 man
Russian Federation	1	1	0	1 woman
United Arab Emirates	1	0	1	1 woman
USA	2	0	2	2 women
Viet Nam	1	1	0	1 woman
Total	120	57	63	59 women, 61 men

Annex 5. Data collection tools

The following are the main tools that have been selected for the evaluation's data collection. Where relevant, within the tools listed in this document, references are made to the EQs (these will be removed from the final versions).

Tool 1. Campaign matrix

The campaign matrix will summarize the 13 campaigns based on the following characteristics (with reference to 2023 information/data) as seen in the examples here:

Name	World TB Day	World Malaria Day
Date	24 March	25 April
Goal	Government leaders, policy-makers, health workers and civil society including affected communities engage and advocate on the urgent need to increase investments to get the TB response back on track and reverse the severe impact of COVID-19 on progress	The 2023 World Malaria Day campaign was marked by WHO and partners under the theme "Time to deliver zero malaria: invest, innovate, implement." As part of this campaign, WHO focused on the third "i" – implement – and the critical importance of reaching marginalized populations with the tools and strategies that are available now
Objectives	Not specified; but considered combined with goal above.	Same as above
Partners	Not stated, but implied ministries of health, civil society and TB actors	ministries of health in malaria-endemic countries, RBM Partnership, civil society, global malaria partners
Target audiences	Primary: Global citizens through social media and media Primary: ministries of health, policy-makers and other public health leaders of affected priority countries across several regions Primary: civil society including youth and affected people and community representatives Secondary: Partners	(Primary): Leaders and decision-makers in malaria-endemic countries and staff working within ministries of health. (Secondary): Malaria and global health partners at global, regional and country levels.

Channels	High-level political engagement in priority countries Media (news) Online (WHO websites) Social media (Facebook, Twitter, Instagram, TikTok)	<ul style="list-style-type: none"> • Global press release • Campaign website • Social media tiles • Key messaging • Fact sheet • Feature stories
Budget	Average budget: Sw.fr. 7200	Sw.fr. 15 000

Tool 2. Survey for WHO partners and staff

Hello,

The following survey is part of an evaluation of the WHO's Global Health Days. As you are involved in the Global Health Days, either as WHO staff or campaign partner, you have been selected as a valuable respondent to this survey. The survey will take some 10 minutes to complete. All responses are confidential and anonymous.

The WHO is mandated to raise awareness on global health issues and mobilize support for action globally, regionally and nationally. One of the strategies to achieve this mandate is through global observances or Global Health Days (and Weeks in a few instances). There are more than 100 Global Health Days/Weeks, and the WHO has been mandated by the World Health Assembly to celebrate 11 Global Health Days and two Weeks:

These are: World Neglected Tropical Diseases Day, World AIDS day, World Blood Donor Day, World Chagas Disease Day, World Health Day, World Hepatitis Day, World Malaria Day, World No Tobacco Day, World Tuberculosis Day, World Patient Safety Day, World Drowning Prevention Day, World Immunization Week and World AMR (Antimicrobial Resistance) Awareness Week.

These 11 Days and two Weeks are the focus of this evaluation. Read more about these Days/Weeks on the WHO website.

Please note that all the data will be collected and analysed by the Owl RE team and used only for the drafting of the final evaluation report. Proceeding with this survey means you consent to participating and sharing your feedback. Thank you!

Please click on "next" to continue.

- Are you:
 - WHO staff member or consultant
 - External partner or stakeholder
 - Other, please specify: _____
- Where are you based (using WHO regions)?
 - African Region (AFR)
 - Region of the Americas (AMR/PAHO)
 - South-East Asian Region (SEAR)
 - European Region (EUR)

- Eastern Mediterranean Region (EMR)
- Western Pacific Region (WIPRO)
- Other, please specify : _____

3. Which of these best describes your current role?

- Global HQ role
- Regional role
- National role
- Local role
- Combination of the above
- Other, please specify : _____

4. Which of the following Global Health Days/Weeks have you been involved with (select as many as relevant):

- ☐ World Neglected Tropical Diseases Day
- ☐ World AIDS day
- ☐ World Blood Donor Day
- ☐ World Chagas Disease Day
- ☐ World Health Day
- ☐ World Hepatitis Day
- ☐ World Malaria Day
- ☐ World No Tobacco Day
- ☐ World Tuberculosis Day
- ☐ World Patient Safety Day
- ☐ World Drowning Prevention Day
- ☐ World Immunization Week
- ☐ World AMR (Antimicrobial Resistance) Awareness Week.
- ☐ None of the above
- ☐ Other day / week, please specify: _____

➔ If responding “None of the above” – go to survey end

5. To what extent do you agree with the following statements about the Global Health Days that you have been involved with:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The Global Health Days are relevant to evolving health priorities (EQ1)					
The Global Health Days address current key health priorities (EQ1.1)					
The Global Health Days are aligned with WHO’s strategic priorities (EQ2)					

The Global Health Days are aligned with health priorities of partners (EQ2.1)					
The Global Health Days are relevant to the health priorities and people's health needs in the local contexts (EQ. 1.1.)					

6. What would you say are the three key factors that **help** the Global Health Days in achieving their objectives (EQ3.1) (please leave blank if you do not know):

1. _____
2. _____
3. _____

7. What would you say are the three key factors that **hinder** the Global Health Days in achieving their objectives (EQ 3.1) (please leave blank if you do not know):

1. _____
2. _____
3. _____

8. To what extent do you agree with the following statements about the design and goals of the Global Health Days that you are involved with:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The Global Health Days have clear goals and objectives (EQ 3.1)					
The Global Health Days have feasible goals and objectives (EQ 3.1)					
The Global Health Days have appropriate goals and objectives (EQ 3.1)					
The design, execution and approach of the Global Health Days are realistic and adequate to achieve their intended outcomes (EQ 3)					
WHO is optimally leveraging the Global Health Days for visibility and leadership on health priorities (EQ 3.2)					

The campaigns of the Global Health Days are reaching their intended audiences (EQ 4)					
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9. Do you have any examples you can share of achievements noted with Global Health Days that you were involved with, such as audiences reached and reacting to the campaigns, partners mobilized and policies changed or adopted? Please describe them here: (EQ3.5)

10. How would you rate the messaging, materials and activities of the Global Health Days:

	Excellent	Good	Ok	Poor	Very poor	Don't know - N/A
The clarity and target of Global Health Days messaging (EQ 4.1)						
The Global Health Days materials produced by WHO (EQ 4.1)						
The Global Health Days events and/or activities organized by WHO (EQ 4.1)						
The segmentation of Global Health Day messages for different audiences (EQ 4.1)						
The integration of gender, equity, human rights and disability inclusion dimensions in Global Health Day messaging (EQ 4.1, 4.2)						

11. How would you rate the following management aspects of the Global Health Days:

	Excellent	Good	Ok	Poor	Very poor	Don't know -N/A
Preparation: The testing and planning of materials for Global Health Days within an appropriate timeline (EQ 5.1)						
Consultation: With partners on the concepts and messaging of the Global Health Days (EQ 5.1)						
Execution: Implementation of the Global Health Days (EQ 5.1)						
Evaluation: Measurement of the results of the Global Health Days (EQ 3.4)						

The availability of WHO staff to work on the Global Health Days (EQ 5)						
The budgets available for the Global Health Days (EQ 5)						
The evidence-based nature of the Global Health Days (EQ 5.1)						

12. Thank you for your feedback on the Global Health Days; please provide any further suggestions or comments to help strengthen the work of WHO and partners on these days here:

Questions for partners only:

13. How would you rate the coordination with WHO for the Global Health Days you are involved with? (EQ 2.3)

Excellent	Good	Ok	Poor	Very poor	Don't know - N/A
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➔ You answered "Poor" or "Very Poor", could you explain your response further:

14. To what extent have you felt involved in planning and managing campaign activities for the Global Health Days you worked on? (EQ 1.2)

A lot – my organization is leading on the planning and managing campaign activities	Quite some – my organization has considerable involvement in the planning and managing campaign activities	Moderate – we have some involvement in the planning and managing campaign activities	A little – we have little involvement in the planning and managing campaign activities	Not at all – we have no involvement in the planning and managing of the campaign activities (our participation is more passive)	Don't know - N/A
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Questions for WHO staff only:

15. How would you rate the coordination **within** WHO for the Global Health Days you were involved with? (EQ 6)

Excellent	Good	Ok	Poor	Very poor	Don't know - N/A
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➔ You answered "Poor" or "Very Poor", could you explain your response further:

16. Are you aware of any internal systems and processes (as for prioritization, coordination, monitoring, budget plan) established to ensure the continuity of Global Health Day activities? (EQ 6)

- Yes
- No
- Don't know

➔ If yes, could you please describe the systems or processes here:

Tool 3: Interview and discussion guides

Interview and discussion guides will be adapted based on profile and role of persons being interviewed

[Text in the brackets are explanations/prompts for the interviewer]

[Introduce the evaluation team if this is the first discussion with this key informant.

- Explain that we are a team of consultants from Owl RE, research and evaluation consultancy. We have been commissioned by the WHO to carry out an evaluation of the Global Health Days.
- Explain the purpose of the evaluation (refer to the three evaluation objectives as necessary).
- Add that we are speaking to a range of WHO staff and external stakeholders globally.
- Note that the interview/discussion should take approximately 45 minutes to one hour.
- Explain that all information shared is confidential and relevant measures to ensure confidentiality will be taken, e.g. data will be amalgamated so contributions cannot be attributed to specific interviewees. The information provided by the interviewee is only for use by the evaluation team for the duration of the evaluation and will not be shared with third parties.
- Inform the interviewees that we are taking notes. If recording the interview (to ensure notes are complete), ask the interviewees permission. Explain that the information will be used for our reference to complete the final report and that the recordings will be deleted as soon as the interview notes are completed.
- Ask if the interviewee has any question and ask for consent to start the interview/ discussion. Explain that consent is ongoing, so if the interviewee changes their mind at a later date (during the period of evaluation) to retract something or indeed add something, they can contact the evaluation team.
- Inform the interviewee that she/he can stop participating in the interview at any time.
- Confirm that the evaluation report will be shared with the participants.

3.1. Interview guide – WHO staff

Introduction

1. Could you please explain your current role and how you have been involved with the Global Health Days:

[Interviewer to ask which Global Health Day(s) they have been involved with]

- ☐ World Neglected Tropical Diseases Day
- ☐ World AIDS day
- ☐ World Blood Donor Day
- ☐ World Chagas Disease Day

- ☐ World Health Day
- ☐ World Hepatitis Day
- ☐ World Malaria Day
- ☐ World No Tobacco Day
- ☐ World Tuberculosis Day
- ☐ World Patient Safety Day
- ☐ World Drowning Prevention Day
- ☐ World Immunization Week
- ☐ World AMR (Antimicrobial Resistance) Awareness Week.
- ☐ Other day / week, please specify: _____

Relevance

and

coherence

2. For the Global Health Days you were involved with, do you feel that the campaign's objectives were relevant to the health priorities at the time? (EQ 1)
3. Further, do you think the Global Health Days are contributing to:
 - increased awareness about the health day topic?
 - people's health needs
 - neglected health priorities³⁵
 - addressing health needs from an intersectional perspective. (EQ 1.1)
4. For the Global Health Days you were involved with, do you feel that their objectives aligned with WHO's internal strategic priorities and outcomes of your area of work? What about with partners' priorities that you have worked with? (EQ 2, 2.1, 2.2)

Effectiveness

5. Do you think the design, execution and strategic approaches of the Global Health Days campaigns you have been involved with were realistic, that is, able to achieve what they set out to do? (EQ 3)
6. Do you think that the campaigns' goals and objectives that you have been involved with are clear (SMART) 2) feasible (reasonable possibility of being achieved) 3) appropriate (addressing the priorities within the thematic area)? (EQ 3.1)
7. How well is WHO leveraging Global Health Days for visibility and leadership? (EQ 3.2)
8. What factors favour or hinder the achievement of the campaign's objectives? (EQ 3.3)
9. Do you have any examples you can share of achievements of Global Health Days you were involved with? (EQ 3.5)

³⁵ "Neglected health priorities" for this evaluation are understood to be emerging health issues which deserve more attention and investment by the global community.

10. Are there systems (such as for prioritizing, coordinating, monitoring) for measuring results of global health campaigns – and are they adequately resourced? (EQ 3.4)

Coverage

11. For the campaigns you were involved in, to what extent have they reached their intended audiences and through which channels? (EQ 4)
12. How do you assess the design and quality of the campaign materials and messaging that you have been involved with? (EQ 4.1)
 - Are the campaigns appropriately segmented in their planning and implementation, including marginalized groups? (EQ 4.1)
 - Do they consider gender, equity, human rights and disability inclusion dimensions, such as in their messages and target audiences? (EQ 4.2)

Efficiency

13. For the campaigns you have been involved in, were the available human, financial and intellectual resources sufficient? How were they used – and in the best way? (EQ 5)
14. Are campaigns evidence-based and tested (e.g. testing of materials and messages with audiences) and then planned within an appropriate timeframe (e.g. such as sharing of plans and preparing materials in a reasonable timeframe, such as providing resources to the regional and country offices at least a month before the day/week? EQ 5.1)
15. How has the coordination for the Global Health Days worked – both within WHO (between technical and communication teams and global, regional and national) and externally with partners? (EQ 2.3, 5.2)

Sustainability

16. How sustainable are the internal systems and processes (such as for prioritizing, coordinating, monitoring, human resources, budgeting, etc.) for ensuring continuity of the benefits of the Global Health Days? (EQ 6, 6.1) To what extent are internal systems (such as for prioritizing, coordinating, monitoring, human resources, budgeting, etc.) set up to ensure the continuity of Global Health Days? (EQ 6.1)
17. Are good practices, challenges and lessons learned systematically documented at all levels (global, regional, national) and shared to guide future planning and implementation, including sustainability? How is this done? (EQ.6.2)
18. Could you cite any good practices or lessons learned for the Global Health Days? (EQ.6.2)
19. Do you have any further suggestions or comments to help strengthen the work of WHO and partners on the Global Health Days?

3.2. Interview guide – Partners for Global Health Days

Introduction

1. Could you please explain your current role and how you and your organization have been involved with the Global Health Days:

[Interviewer to ask which global health day(s) they have been involved with]

- ☐ World Neglected Tropical Diseases Day
- ☐ World AIDS day
- ☐ World Blood Donor Day
- ☐ World Chagas Disease Day
- ☐ World Health Day
- ☐ World Hepatitis Day
- ☐ World Malaria Day
- ☐ World No Tobacco Day
- ☐ World Tuberculosis Day
- ☐ World Patient Safety Day
- ☐ World Drowning Prevention Day
- ☐ World Immunization Week
- ☐ World AMR (Antimicrobial Resistance) Awareness Week.
- ☐ Other day / week, please specify: _____

Relevance and coherence

2. For the Global Health Days you were involved with, do you feel that the campaign's objectives were relevant to the health priorities at the time and for your organization? (EQ 1)
3. Further, do you think the Global Health Days you were involved with are contributing to:
 - increased awareness about the health day topic?
 - In your health area of work, addressing people's health needs? Encouraging different health behaviours?
 - supporting your advocacy/policy work?
 - from an intersectional perspective. (EQ 1.1)
4. For the Global Health Days you were involved with, do you feel they have aligned with the priorities of your organization? (EQ 2, 2.1, 2.2)
5. How much has your organization been involved in the global health day(s) – do you feel a sense of ownership over the activities, such as being involved in planning and managing campaign activities and inputting into campaign messages and strategy? (EQ 1.2)

Effectiveness

6. Do you think the design, execution and strategic approaches of the Global Health Days campaigns you have been involved with were realistic, that is, able to achieve what they set out to do? (EQ 3)

7. Do you think that the campaigns' goals and objectives that you have been involved with are clear (SMART) 2) feasible (reasonable possibility of being achieved) 3) appropriate (addressing the priorities within the thematic area)? (EQ 3.1)
8. Is WHO receiving visibility and gaining leadership thanks to the Global Health Days? (EQ 3.2)
9. What factors favour or hinder the achievement of the campaign objectives? (EQ 3.3)
10. Do you have any examples you can share of achievements of Global Health Days you were involved with? (EQ 3.5)
11. How do you measure the results of the campaign you are involved with? How do you feed this back to WHO? (EQ 3.4)

Coverage

12. For the campaigns you were involved in, to what extent have the campaigns reached their intended audiences and through the right channels? (EQ 4)
13. How do you assess the design and quality of the campaign materials and messaging that you have used and/or been involved with? (EQ 4.1)
 - Are the campaigns appropriately segmented, including marginalized groups? (EQ 4.1)
 - Do they consider gender, equity, human rights and disability inclusion dimensions in their messaging and materials? (EQ 4.2)

Efficiency

14. For the campaigns you have been involved in, were the available human, financial and intellectual resources sufficient? How were they used – and in the best way? (EQ 5)
15. Are campaigns evidence-based and tested (e.g. testing of materials and messages with audiences) and then planned within an appropriate timeframe (such as sharing of plans and preparing materials in a reasonable timeframe, such as providing resources to you at least a month before the day/week? EQ 5.1)
16. How has the coordination for the Global Health Days worked between WHO and your organization? (EQ 2.3)

Sustainability

17. How sustainable are the activities and results of the Global Health Days? What is done to maintain interest on the topics between Global Health Days – by your own organization, WHO or others? (EQ 6.1)
18. Could you cite any good practices or lessons learned for the Global Health Days? (EQ 6.2)

19. Do you have any further suggestions or comments to help strengthen the work of WHO and partners on the Global Health Days?

3.3. Discussion guide – Partners for Global Health Days

1. Could each participant please explain your current role and how you and your organization have been involved with the Global Health Days (EQ 1.2)
2. For the Global Health Days that participants were involved with, are they addressing the priority topics of this area for your own organizations? (EQ 1, 2)
3. Do you think that the Global Health Days campaigns you have been involved with were realistic, that is, able to achieve what they set out to do? (EQ 3)
4. Do you have any examples you can share of achievements of Global Health Days you were involved with? Such as behaviour change of audience, policy change or partner mobilization, etc.? (EQ 3.5)
5. What is done to maintain interest on the topics between Global Health Days – by your own organization, WHO or others? Global Health Days? (EQ 6.1)
6. Do you have any further suggestions or comments to help strengthen the work of WHO and partners on the Global Health Days?

3.4. Discussion guide – WCO Communication Officers

1. Could each participant please explain what Global Health Days your office is involved with and to what extent? (EQ 1.2)
2. Do you feel that the Global Health Days are addressing the priority health topics for your duty station country? If no, what topics are missing? (EQ 1, 2)
3. Do you think that the Global Health Days campaigns you have been involved with were realistic, that is, able to achieve what they set out to do? (EQ 3)
4. Do you have the necessary and timely support (advise, messages, materials, assets) from the regional office (and headquarters) to communication adequately on the Global Health Days in your country? (EQ 5)
5. Do you have any examples you can share of achievements of Global Health Days you were involved with? Such as behaviour change of audience, policy change or partner mobilization, etc.? (EQ 3.5)
6. What is done to maintain interest on the topics between Global Health Days in your country – by WHO, partners or others?

7. Do you have any further suggestions or comments to help strengthen the work of WHO and partners on the Global Health Days?

Tool 4. Three focus campaigns template

For each of the three focus campaigns, a summary (two to four pages) will be prepared of the in-depth analysis with the following sections:

- description of the world health Day/Week
- reconstructed ToC
- planning and design
- execution
- measurement and follow up
- partnership and collaboration
- achievements
- sustainability
- good practices and lessons learned.

Annex 6. Three focus campaign summaries

World Immunization Week

Introduction

World Immunization Week (WIW) (24–30 April) aims, “to highlight the collective action needed and to promote the use of vaccines to protect people of all ages against disease” in order for “more people – and their communities – to be protected from vaccine-preventable diseases” [\(25\)](#). WIW is overseen by WHO’s Immunization, Vaccines and Biologicals (IVB) department with support from DCO, regional and country offices and partners. WIW has a strong partnership model, working closely with several key partners, Gavi, the Vaccine Alliance, UNICEF and the Gates Foundation (GF) (see below). A specificity of the WIW is that the week has its origins in regional Immunization Weeks, which preceded WIW. This implies that regional timing and priorities have traditionally driven many of the WIW communications and events.

Planning and Design

At the global level, WHO’s IVB department coordinates a consultative process annually with its key partners (Gavi, UNICEF and GF) on the themes and messages of WIW. The concept, theme and messages are determined through consensus; the draft concept and theme is shared with regional offices for their feedback and inputs. Campaign toolkits have been produced by WHO and key partners for each WIW containing communication assets for use by WHO regional and country offices and partners. The toolkits provide guidance about how to use and customize the materials and get involved. The toolkits have become progressively more structured and detailed since 2020, including greater attention to audience engagement and suggesting different activities for each day of WIW to highlight different aspects of the theme and to build momentum. The 2023 and 2024 campaigns were created with longevity in mind, so that materials could be used throughout the year rather than solely during the week.

Each regional office adapts the global messages and materials for sharing with countries, and some countries adapt further to their local priorities. Some regions set their own priorities for WIW, for example in the Americas region, WHO (PAHO) will select one country to be a focus of WIW for the year. Regional offices reported coordinating with DCO early in the year regarding their own plans for the regional immunization week. Some regions (e.g. European) focused more heavily on their regional immunization week, and others on the global WIW campaign, depending on the best fit for each regional context. Regional offices also reported preparing their own materials and resources but had limited capacity and resources to engage with regional partners; in 2024, greater collaboration was made possible by increased resources for the 50th anniversary of the Expanded Programme on Immunization (e.g. with UNICEF) (see Messaging section below). The Regional Office for Europe also reported more liaising and sharing materials with a variety of partners, such as with the European Centre for Disease Prevention and Control.

At the country level, the level of engagement depended on the capacity available in each country office and the country context; some countries with larger offices have technical focal points for immunization and may have a communication officer, whilst smaller offices may have a communication focal point with limited time and

resources. The key in-country partners were the ministries of health, as well as UNICEF, which interviewees identified as having a “strong communications focus”. Some countries focus on activities for general awareness-raising on immunization, while others plan immunization campaigns to align with WIW to ensure maximum visibility, aiming to support higher immunization rates.

Messaging

Each year, WIW selects an umbrella theme around which the campaign is structured. WIW has been praised for its inclusive tone³⁶ but was equally criticized, by partners and WHO staff interviewed, for being too general in its messaging. Partners mentioned the challenges in finding agreement on the tone and priorities of WIW messaging.

WIW sought fruitful connections with timely and relevant events for its messaging. For instance, the 2020 WIW celebrated the Year of Nurses and Midwives, highlighting their crucial role as vaccine champions.³⁷ The 2021 campaign spoke to the context of the COVID-19 pandemic reiterating how “vaccines bring us closer together”. Messaging highlighted the positive impacts of immunization, in particular its role in preventing deaths and the benefits for individuals and communities. Messages also sought to address potential barriers to vaccination, e.g. highlighting how vaccines work and their safety.³⁸

Since the pandemic, WIW messaging has included the risks associated with vaccinations missed due to the COVID-19 pandemic or conflict settings (e.g. Ukraine), that created outbreaks of diseases such as diphtheria and measles, which had previously been under control [\(25\)](#). The 2023 campaigns focused on this message under the umbrella of “the Big Catch Up”, aiming to reach children identified as having missed vaccines due to COVID-19 disruptions to health services. As part of this campaign, UNICEF launched its State of the World’s Children Report, based on the yearly global coverage data, collected and analysed by WHO and UNICEF, which further called attention to children missing one or more vaccinations [\(26\)](#).

The 2024 WIW focused on the goal of vaccination for all being achievable, whilst celebrating 50 years of WHO’s Expanded Programme on Immunization (EPI).³⁹ Messaging was anchored at the global level with a WHO-coordinated landmark study on immunization published in the health journal, *The Lancet* [\(27\)](#). Partners commented that the release of evidence-based research and immunization data (such as coverage) could be better aligned with WIW to ensure maximum visibility and to boost newsworthiness. The following table summarizes the goal, objectives and target audiences of WIW, based on the 2024 campaign [\(25\)](#).

WIW goals, objectives and target audiences

Goal	Objectives	Target audiences
To highlight the collective action needed and to promote the use of vaccines to protect people of all ages against disease.	<i>Overall:</i> Ensuring vaccines are high on the priority list for governments in all countries.	Varies for global, regional and country level, including: Member States (in role of providing funding and those

³⁶ For example, the internal documents Vaccines work for all, 2020, Long life for all, 2022 (World Immunization Week 2020 PowerPoint; 230418 – World Immunization Week 2022 MEL Report – v1.

³⁷ WHO, WIW 2020 Toolkit, 2020 (internal document).

³⁸ WHO, World Immunization Week 2022 MEL Report – v1, 2022 (internal document).

³⁹ See the WIW Humanely Possible website.

<p>To encourage governments to prioritize and fund vaccines.</p> <p>To celebrate the achievements of 50 years of the EPI, highlight its impact on lives saved and catalyse renewed efforts to strengthen routine immunization initiatives (28).</p>	<p>Advocating for vaccines to be an integral part of the planning and investment of health care across the life course.</p> <p>Making sure vaccination programmes are adequately financed and resourced in all countries.</p> <p>Accelerating research and innovation that advances access to, and support for, vaccines.</p> <p>Speaking out on the impact of vaccinations locally, nationally and globally.</p> <p>Further adaptation at regional and country level and by partners, including:</p> <ul style="list-style-type: none"> • increasing the number of persons vaccinated; • reducing vaccine hesitancy; and • raising awareness of the importance of people protecting themselves and others. 	<p>managing vaccination campaigns), including policy and decision-makers relevant to immunization:</p> <ul style="list-style-type: none"> • Calling on priority donor countries (high income) to commit to Gavi 6.0 • Calling on governments in countries with high numbers of under-immunized/ zero-dose children to commit to catch-up vaccination rates⁴⁰. <p>Health care workers and scientists.</p> <p>Grass-roots civil society organizations and activists working in health.</p> <p>Members of the public including non-vaccinated, parents of children in need of vaccinations and those in a position to influence the non-vaccinated.</p>
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Budget

WHO's IVB Department allocated US\$ 100,000 on average per year from 2019–2023⁴¹ for the WIW budget (production of assets), making it the highest budget allocation of the 13 mandated Days/Weeks. Further, WIW allocated some US\$ 160,000 per year to regional and country offices, one of the only mandated Days/Weeks that allocated funding directly to the regional and country levels of WHO. With WHO headquarters, staff from both the IVB Department and DCO dedicate considerable time in the preparation and execution of WIW, equivalent to one full-time equivalent position. This does not include the time spent by regional and country-office staff on WIW, both technical and communications. Global, regional and country-level partners also allocated considerable resources (staff and budget) to WIW, although precise budget details were not available for partners.

Partnership model

WIW is based on a partnership model; WHO is part of a partnership with key global immunization actors, notably Gavi, UNICEF and GF. More recently, the key partners at the global level have started engaging through the Immunization Agenda 2030 (IA 2030) and advocacy and communication group [\(29\)](#). Further, WIW has expanded its partnerships and reached out to a broader range of health and civil society actors,⁴² which reflects the

⁴⁰ WIW 2024 Partner Report (internal document provided by BMGF).

⁴¹ The assets budget has increased from US\$ 42 000 in 2019 to US\$ 159 000 in 2023 (source: IVB Department).

⁴² A (non-exhaustive) list of 2024 partners can be found on the It's Humanely Possible website.

“bottom-up” approach of IA 2030 [\(29\)](#). These actors are also important communicators and relays (to their constituencies) for WIW. Internal and external interviewees highlighted the strength of partner engagement around WIW.

Planning for the next WIW starts early October/ November for the following April). WHO engages in weekly meetings for this, as well as monthly “CSO immunization calls” with hundreds of partners and civil society actors. In 2024, partners combined resources to engage an external communications agency to develop the messaging and campaign materials. During the pandemic, market research funded by BMGF supported the development of messaging. This coordination is focused on the global level; each partner then coordinates internally to confer with its regional and country offices (see above on internal planning and design mechanisms).

Execution

At the global level, activities mainly occurred on social media and web platforms, such as hosting a Facebook live event on immunization (2020) and “A Brief History of Vaccination” exhibit in partnership with Google Arts & Culture (2022) [\(30\)](#). Some in-person events were also held, in particular related to WIW 2024’s celebration of the 50th anniversary of EPI, which included a side event during the World Health Assembly.⁴³ A WIW partner (PATH) highlighted the benefits of WIW as an opportunity to build relationships, as they had done via a blog series created with partners, as well as for advocacy with donors, organizing a WIW 2024 event on Capitol Hill in Washington, DC.

At the regional level, for instance, the Regional Office for the Eastern Mediterranean held a photo exhibition on the history of vaccination for the special 50th anniversary event. For the same occasion, an in-person event was also organized in Cairo with EPI managers from countries and national immunization groups, together with UNICEF and other partners, to recognize and celebrate the contribution of each member state; ministers responded positively to the event, which contributed to high-level advocacy for vaccination and immunization in countries. PAHO also held an online launch event for the Vaccination Week in the Americas in 2024 [\(31\)](#).

At the country level, WHO country and regional staff highlighted how WIW was able to act as a “hook” for countries to mobilize partners and other stakeholders (associations of paediatricians, NGOs, etc.). Various activities were organized in countries, including children’s theatre, a lecture series organized by medical students, discussions in parliament, a video statement by the ministry of health, etc. More activities may have been planned during the week had regional and country offices received the campaign materials earlier, which is an ongoing challenge with campaign execution.

For example, in Brazil, UNICEF highlighted the 2023 “Big Catch-Up” campaign, in a country that had one of the highest numbers of zero-dose children. Following a creative campaign with the ministry of health, children around the country were vaccinated and Brazil moved out of the top 10 countries for zero-dose children. In South Sudan, African Immunization Week was used to organize vaccination campaigns and to inform the general public about the importance of vaccines (e.g. via talk shows). This was also an opportunity for community engagement, reaching mothers and caregivers attending health services, holding focus group discussions to listen and better understand the needs of the community and to test communication materials.

⁴³ WIW 2024 Partner report (internal document provided by BMGF).

Achievements

WIW partners and involved WHO staff provided examples where they saw positive achievements and progress achieved thanks to a contribution of WIW. These included an increased number of persons vaccinated (the Americas), greater Member State support for immunization (e.g. Brazil) or financial support from a Member State (e.g. renewed financial commitments to support Gavi by the UK and Spain in June 2024).⁴⁴ The following table provides some key results:

Key results from WHO monitoring 2020–2023

Audiences reached	Message sentiment	Behaviour change
11 million reached through mainstream media (2023).	72% of the coverage on WHO and WIW in traditional media consisted of positive mentions (2022).	Increased number of persons vaccinated reported in countries where a link was made to WIW with vaccination campaigns.
Predominantly reaching English-speaking countries (Australia, Canada, India, UK, USA, UK) followed by Spanish-speaking countries (Argentina, Mexico, Spain).	Sentiment on social media was much more mixed, given anti-vaxxer re-posting/comments, e.g. on Twitter (now X), sentiment was predominantly negative (2020–2022).	Linked to institutional change, greater Member-State support to immunization or financial support reported.
China, India, Philippines and Brazil were top visitors to the WIW website (2022 and 2023).		
WHO's share of voice significantly dominated in social (84%) and online (73%) media in relation to peer organizations (notably UNICEF) (2020–2022).		
The 2024 campaign gained significant coverage in traditional media outlets before and after the main week's events (Humanely Possible, EPI, WIW mentioned in over 3500 articles between 24 April 24 – 31 May 2024.) ⁴⁵		

Measurement and evaluation

To date, the systematic measurement and evaluation of WIW was limited to monitoring of output level data (e.g. web and social media as shown in the table above). WHO staff and partners commented that it was challenging to assess the extent to which WIW influenced behaviour (such as number of persons vaccinated) and had impact at the policy level, such as funding decisions and policy change or at the level of public health, leading to the higher vaccination rates desired. Regional offices were also preparing some feedback and reports with lessons learned, although not consistently or widely shared among WIW partners, according to WHO staff and partners interviewed. There was also no formal monitoring process to capture activities carried out at the

⁴⁴ Interviews highlighted the complexity of attribution: with key partners working closely together on WIW, it is difficult to determine the extent to which WHO (or any specific partner) contributed to these results.

⁴⁵ WIW Partner report 2024 Internal document provided by BMGF).

country level. Monitoring and evaluation were raised as a challenge by internal and external stakeholders, linked with the broad goals of WIW that did not readily lend themselves to measurement in the absence of a ToC.

Sustainability

Traditionally, WIW focused on the one week of activities and had limited sustainability. At the global level, WHO and external partners meet frequently throughout the year to coordinate around vaccine and immunization advocacy. In recent years, WIW has started to be seen as establishing a theme that would be continued beyond the week (e.g., “the Big Catch-up”, 2023, and “Humanely Possible”, 2024); WHO staff and partners reported that the “Big Catch-Up” continued to resonate and be used throughout the year and beyond. WHO’s partners (GF, UNICEF, Gavi) proactively strived to keep vaccines on the global agenda all year round; for instance, one partner reported advertisements being promoted at the UN General Assembly (September 2024) on this year’s theme of Humanely Possible. At the country level, WHO country offices reported the challenge of sustaining advocacy around any issue given their limited human and financial resources and the expectation to communicate on multiple global health days.

Good practices and lessons learned

A galvanizing moment to build community and momentum: While some interviewees expressed concerns about “preaching to the converted”, a majority of internal and external stakeholders shared a positive perception of WIW bringing opportunities to build momentum. Within the vaccine community, WIW helped foster an active community of stakeholders working on this issue (global partners, CSO, ministries of health, NGOs, medical associations at global, regional, national level). Beyond this community, WIW helped highlight the cause to support advocacy with governments and communities.

Clarity of objectives: Collaborating with partners brought both opportunities and compromise across different levels. Finding a theme and messages that appealed to all parties involved could lead to broad, more generic campaigns that each partner implements according to their own priorities.

Timeliness is everything: While preparations generally began well in advance at the global level, materials and messaging often reached the country level at the last minute, making it difficult to maximize the potential of the campaign and to have time to tailor the campaign to the local context. Changing the design and messaging each year was acknowledged as a factor that contributed to this delay.⁴⁶ Interviewees also highlighted several benefits of keeping a theme for several years, including fewer resources spent on the production of materials, ease of adaptation for WHO country staff and the benefits of repeated messages for the audience. Enhanced timeliness was also flagged as an issue that would boost engagement in the broader partner community.⁴⁷

Clarity of audience: An occasional disconnect was identified between “big picture” messaging, which targeted a global (Western, donor) audience with a view to fostering political and financial support, and specific messaging tailored to local contexts seeking to raise awareness and change behaviour in countries.

Monitoring beyond metrics: There was a desire among stakeholders to better capture the impact of WIW on its intended beneficiaries. No documented ToC was found by this evaluation to support the monitoring of WIW, whether in terms of higher-level advocacy or how the awareness-raising might be translated into actions and,

⁴⁶ WIW 2022, 2023, 2024 Partner reports (internal documents provided by BMGF).

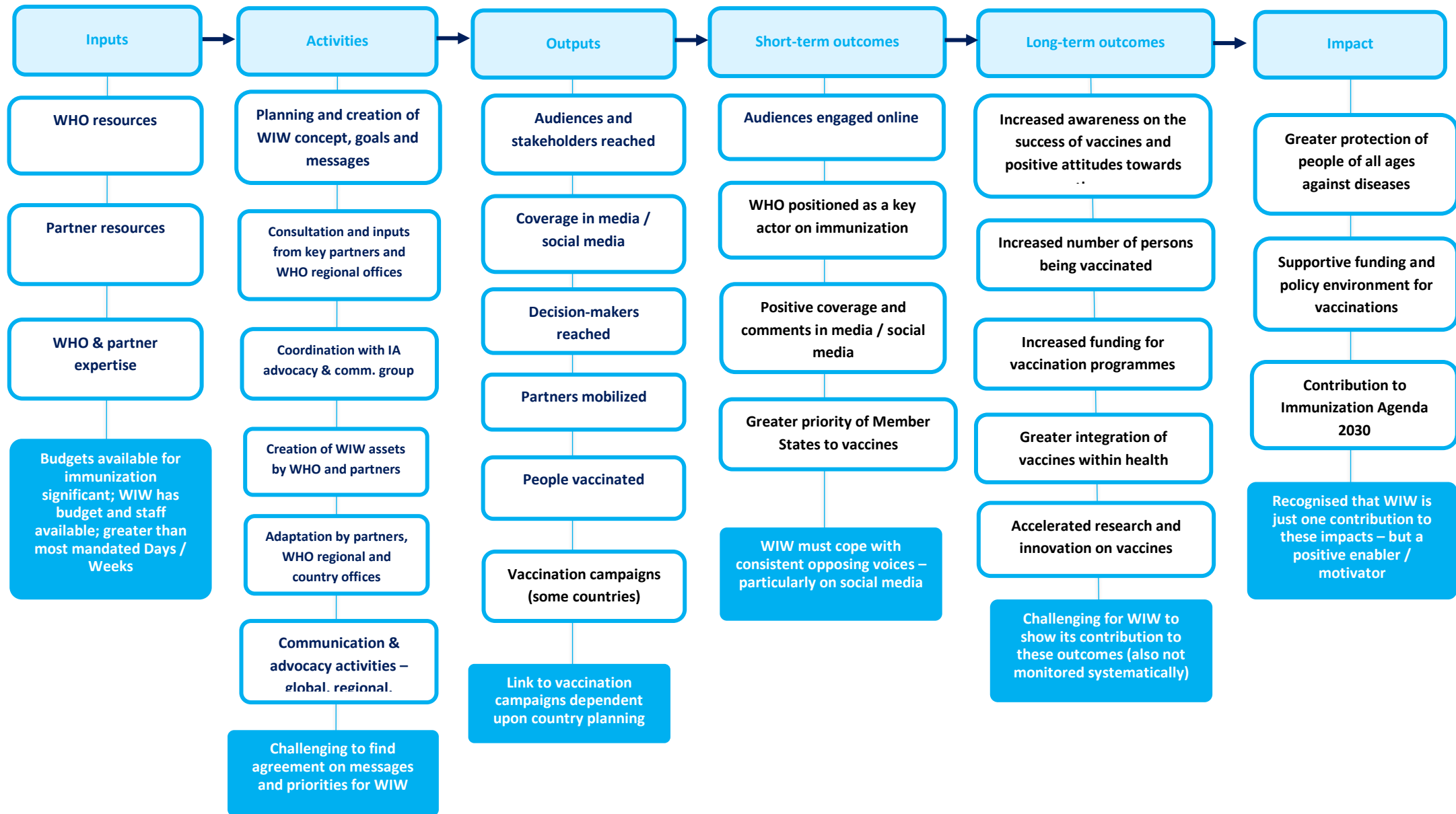
⁴⁷ Ibid.

ultimately, improved vaccination rates. This was further complicated by difficulties attributing outcomes to the global partners which work closely together for WIW.

Harnessing data and evidence to drive and inform campaigning: Multiple participants highlighted the benefits of evidence-based messaging, linking WIW 2024 with the release of rigorous research highlighting the benefits of vaccines. Equally, data-driven messaging drawing on detailed research across different countries was beneficial in shaping effective messaging in more recent campaigns (made possible by partner funding from GF). GF perception research on global health underlined the importance of linking global health and immunization to what is relevant for people (e.g. economic challenges) to make it relatable and salient.

Reconstructed ToC for WIW

The chart on the following page summarizes the ToC for WIW as reconstructed by the evaluation team. The dark, shaded boxes indicate some of the key challenges and issues identified (positive and negative), along the pathway from inputs to impact for WIW.



World No Tobacco Day

Introduction

World No Tobacco Day (WNTD) (31 May), established in 1987, aims to “inform the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations” [\(12\)](#). WNTD is overseen by WHO’s No Tobacco Unit (TFI) within the Department of Health Promotion, with support from DCO, regional and country offices and partners.

Planning and design

WHO’s TFI unit, in coordination with DCO, leads an annual consultative process with regional offices to brainstorm on the potential themes and messages for WNTD. Within the regional offices, both the technical staff (notably regional advisors on tobacco control) and communication staff provide inputs and feedback. Consequently, several proposed themes are then submitted to WHO’s Director-General for approval. In parallel, the TFI consult with select partners on the proposed concept. The types of partners consulted depend on the proposed theme (see Partnership model). At regional level, regional offices then adapt the messages and materials to the local context, to be shared with countries. Some of the regions set their own priorities for WNTD. For example, Europe will select a focus country to “host” WNTD every year. At the country level, activities are designed in collaboration with ministries of health and civil society actors. The types of activities selected depend on the level of priority that tobacco control has in the country and on the resonance of the WNTD theme of that year.

Campaign assets are developed by WHO for each WNTD and include a range of communication tools for use by WHO regional and country offices and partner organizations. The assets emphasize the central messages of the WNTD theme(s) and typically include videos, social media posts, posters and visuals. Designed to be adaptable by regions and countries, these resources were reported as highly valued by both WHO staff and partners. Additionally, some partners also produce their own materials to complement the global campaign. For example, for WNTD 2024, the Union for International Cancer Control created its own media kit, messages, images and posts, while aligning with the 2024 theme of protecting children [\(12\)](#).

Messaging

Each year, WNTD selects an umbrella theme around which the campaign is structured, developed through a consultative process as described above. Past themes have included:

- 2024: Protecting children from tobacco industry interference;
- 2023: Raising awareness about alternative crop production for tobacco farmers;
- 2022: Tobacco’s threat to the environment;
- 2021: Supporting people to give up tobacco; and
- 2020: Protecting youth from industry manipulation and preventing them from tobacco and nicotine use.

WNTD messaging was often supported by WHO or partner research studies. For example, in 2024, a joint WHO and STOP⁴⁸ publication “Hooking the next generation: how the tobacco industry captures young customers” was launched on WNTD, which was central to the messaging [\(32\)](#).

Some partners and WHO staff noted that the global messages could sometimes be challenging to adapt to regional and country-specific contexts. For example, the 2023 theme on tobacco growing posed difficulties in regions and countries where no tobacco was cultivated. Further, it was suggested that the themes and assets could be used over a longer period, such as throughout the year and possibly over two years. This approach would provide an opportunity to maximize their usage and impact, while also helping to conserve resources. The following table sets out the goal, objectives and target audiences of WNTD, with reference to the 2024 campaign where relevant:

WNTD Goal, objectives and target audiences

Goal	Objectives	Target audiences
<i>(All years)</i> Informs the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic and what people around the world can do to claim their right to health and healthy living and to protect future generations.	<p><i>(2024)</i> Raise awareness and sensitize the general public to the tactics of the industry to grow new markets for tobacco and nicotine products, strategies used to target children and young people.</p> <p>Engage governments who should honour and abide by their obligations under WHO Framework Convention on Tobacco Control - Article 5.3 by introducing safeguards to protect tobacco-control policy from tobacco industry interference.</p> <p>Create, collate and disseminate updated evidence and best practices to help counter the tobacco and nicotine industry, including where appropriate with relevant stakeholders at the country level.</p> <p>Expose industry tactics through innovative approaches.</p> <p>Demonstrate how lessons learned in tobacco control can be applied to addressing other NCD risk factors with commercial determinants (e.g. alcohol).</p>	<p>Varies at global, regional and country levels, depending on the WNTD theme.</p> <p>2024 audiences included:</p> <ul style="list-style-type: none"> • tobacco control partners; • NGOs, including women and youth groups; • schools and universities, media outlets; and • youth influencers.

⁴⁸ STOP (Stopping Tobacco Organizations and Products), a global tobacco industry watchdog.

Budget

WHO's TFI unit allocated an average of US\$ 68 000 annually from 2019–2023⁴⁹ for the WNTD budget, primarily to produce communication assets. This made it the second highest budget allocation of the 13 mandated Days/Weeks, after the WIW. However, no dedicated WNTD budgets were found to be allocated for regional and country offices, requiring regions and countries to secure their own funding. This was noted as a source of concern for the regional and country offices. In some previous campaigns, TFI has financially supported country offices depending upon the campaign and theme and local context.

At WHO headquarters, staff from both TFI and DCO dedicated considerable time to the preparation and execution of WNTD, equating to 90% of a full-time position. This figure excludes the substantial time invested by regional and country office staff on WNTD, both technical and communications in supporting WNTD efforts.

Global, regional and country-level partners also contributed considerable resources to WNTD, including staff and budgets, although detailed financial data for partners were not available. WNTD also benefited from pro-bono support from some external providers, such as communications agencies producing materials free of charge, or social media platforms providing preferential treatment for WNTD posts.

Partnership model

For each WNTD, the TFI unit and DCO identify the most suitable global partners aligned with the WNTD theme of that year. The Secretariat of the WHO Framework Convention on Tobacco Control has been a consistent partner, along with Stopping Tobacco Organizations and Products (STOP), although the nature of these partnerships varies depending on the focus of the annual theme. For example, in 2023, the theme focused on alternative crop production, therefore WHO partnered with UN agencies and environmental organizations.⁵⁰ At the regional and country levels, regional and country offices engaged with a diverse range of partners, tailored to the WNTD theme of that year and the specific priorities of the regions/countries.

Execution

At the global level, examples of activities to reach worldwide audiences included online webinars and events, such as the 2024 WNTD Youth Rally (online) ([33](#)), the global media competition (short video clips ([34](#))), the 2022 webinar launch ([35](#)) and the 2020 launch of online courses on tobacco product regulation ([36](#)). Each year, WNTD Awards are held to celebrate people and organizations from all regions who champion a tobacco-free future ([37](#)). In addition, WHO and partners also produced research studies to support tobacco control, as previously described. The timing of WNTD can sometimes be challenging as it often occurs in parallel to the World Health Assembly, which makes it a difficult time for communications tools such as press conferences and press releases to break through.

⁴⁹ The assets budget has increased from US\$ 41 000 in 2019 to US\$ 100 000 in 2023 (source: TFI unit).

⁵⁰ Partners for 2023 included the World Food Programme, Food and Agriculture Organization, UN Convention to Combat Desertification, Convention Secretariat to the WHO Framework Convention on Tobacco Control, International Labor Organization, UN Environmental Programme and NGOs (e.g. Unfair Tobacco). Source: WHO, WNTD 2023, theme proposal, 2023 (internal document).

At the regional level, regional offices adapted and aligned the WNTD with their respective tobacco control strategies, projects and priorities. For example, in the Eastern Mediterranean Region, the regional office adapted the 2024 campaign messages, images and languages to the local contexts. This included a focus on the dangers of smokeless tobacco and shisha, which were found to be particularly prevalent in the region, in addition to launching additional activities, such as an art competition for children [\(38\)](#).

At the country level, country offices and partners conducted a wide range of activities, including events, youth rallies, social media campaigns and promotion of digital platforms to provide cessation support. They also engaged in advocacy for stricter tobacco regulations and aligned WNTD with other ongoing initiatives. For example, in Kenya, WNTD activities complemented the tobacco-free farms initiative.⁵¹

Achievements

Depending on the WNTD theme, partners and WHO staff involved in the campaigns highlighted examples of positive achievements and progress resulting from the WNTD activities conducted. This could include policy developments (e.g. in response to the 2022 environmental focus), mobilization of new actors (e.g. of government and civil society watchdogs in response to the 2024 theme on children); and health behaviour changes, such as stopping smoking (e.g. the 2022 theme). The following table provides some key results:

Key results from WHO monitoring for 2022–2023

Audiences reached	Message sentiment	Behaviour change
86 million reached through mainstream media (2023) and 2 million through social media and up to 2.6 billion exposed to messages (impressions) (2022).	Online media and social media coverage of WNTD was mixed: 33% neutral, 21% negative, 2% positive and 44% unknown (2022). Similar results seen for earlier years.	In three countries, Brazil, India and Bangladesh (focus countries for WNTD in 2022), the campaign-aware participants reported making quit attempts because of the campaign (Brazil: 82%, India: 76%, Bangladesh: 84%). ⁵²
Predominantly reaching English-speaking countries in Asia, followed by Spanish-speaking countries, also including the WNTD websites.	Analysis indicates that negative coverage/content was both proactive, countering WNTD messages by the tobacco industry and their allies; and the automated analysis interpreting WNTD messages as “negative”, e.g. “teenagers falling prey to aggressive tobacco marketing” could be counted automatically as “negative”.	
India, Mexico, US, Spain and China were top visitors to the WNTD website (2022 & 2023).		

⁵¹ Tobacco-Free Farms project is a joint initiative of WHO, the World Food Programme, and the Food and Agriculture Organization of the United Nations, in collaboration with the Government of Kenya.

⁵² Vital strategies, 2022 (internal document), op.cit.

Measurement and evaluation

The measurement and evaluation of WNTD results mainly focused on monitoring of output-level data, such as web and social media, as outlined in the table above. This approach provided insights into the most effective channels in terms of potential reach and online engagement, enabling regional offices to adapt initiatives accordingly. For example, the Western Pacific regional office had developed a monitoring and evaluation plan to align with WNTD plans in the region, using a range of metrics including the number of views, likes, shares of social media posts, number of downloads of campaign materials, evaluations from webinars, etc. In assessing campaign reach and engagement, WHO staff and partners noted that the tobacco industry and its allies were very proactive in engaging online with tobacco control campaigns, which could artificially inflate reach and engagement numbers.

The only documented evaluation at the outcome level was the evaluation of the 2022 WNTD in three focus countries.⁵³ In addition, no known system was found for WHO and partners to monitor which regions and countries had been active on WNTD, what activities they had carried out and with what results, such as tracking of any policy developments. For example, the 2023 WNTD theme proposal stated that “the key measure of campaign success would be the number of governments that pledge to set up programs to support tobacco farmers access to markets for alternative crops”⁵⁴. However, no known tracking of the establishment of such programmes was carried out.

In recent years, regional offices have also reported that the WNTD messages and assets had been pre-tested, which was seen as a positive development to improve their effectiveness.

Sustainability

WNTD activities primarily focused on the lead-up to 31 May, although regional and country offices and partners reported that they tended to use the communication assets throughout the year to sustain the momentum generated by WNTD. As described above, there were suggestions that the WNTD themes and assets could be leveraged over a longer period, such as up to two years. This approach was also thought to further enhance consistency in messaging, expand reach, and contribute to more substantial and potentially lasting results. There was also a suggestion to better link WNTD with regional and national tobacco control strategies and initiatives.

TFI had also received suggestions from government, local health organizations or institutions asking if WHO would like to use their campaign messages and materials at a global level. This was also seen as a possible sustainability measure to boost Member State involvement and globalize the assets, with the possibility to select a new focus region every year.

Good practices and lessons learned

- **Personalized and emotional messaging:** Messages and videos that use personal stories or emotional appeals create deeper engagement and resonate better with the audience.

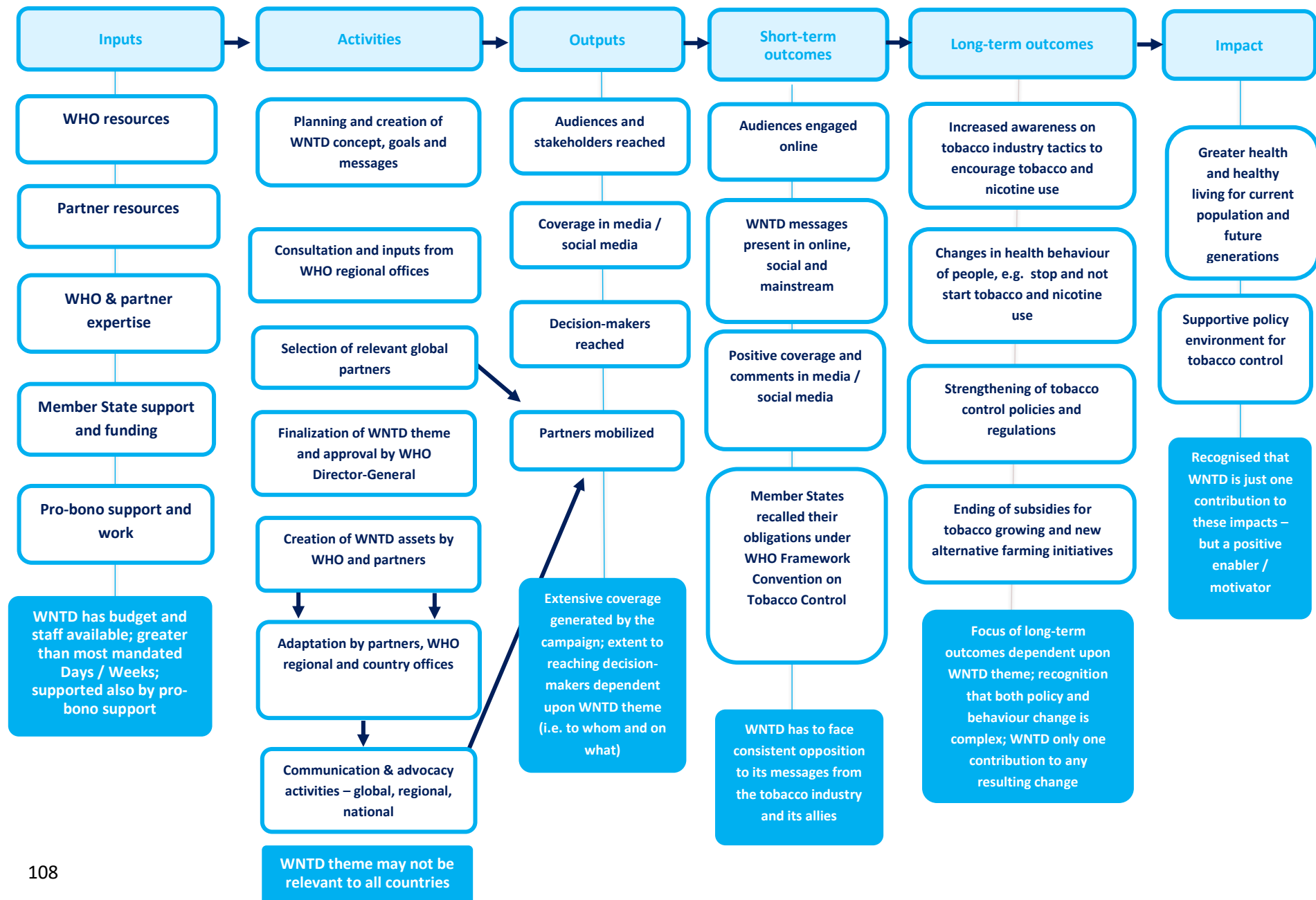
⁵³ Ibid.

⁵⁴ WHO, WNTD 2023 theme proposal: grow food instead of tobacco, 2023 (internal document).

- **Proactive counteraction against misinformation:** Being prepared to counteract industry pushback, particularly on social media, is crucial to maintaining the campaign's message integrity.
- **Targeted and smarter communication:** Tailored messaging based on audience segmentation and data insights is more impactful than broad, generic approaches; the best practice of selection of focus countries has seen more targeted campaigning.
- **Adaptation to local contexts:** Designing campaigns that reflect regional and national cultural, economic and regulatory realities increases their effectiveness and relevance.
- **Robust theme-based campaigns:** Having clear and focused yearly themes, such as addressing youth exposure to tobacco or environmental impacts, helps unify efforts and provide actionable goals; these themes could even be extended over several years for further resonance.

Reconstructed ToC for WNTD

The chart on the following page sets out the ToC for WNTD as reconstructed by the evaluation team. The dark, shaded boxes indicate some of the key challenges and issues (positive and negative) along the pathway from inputs to impact for WNTD.



World Blood Donor Day

Introduction

World Blood Donor Day (WBDD), established in 2004, is celebrated annually on 14 June. The Day emanated from the positive experience of World Health Day of 2000, which focused on the theme of blood safety. The date was selected to commemorate the birthday of Karl Landsteiner, the Nobel Prize winner who discovered the ABO blood group system. The Day “serves to raise awareness of the need for safe blood and blood products and to thank voluntary, unpaid blood donors for their life-saving gifts of blood” [\(39\)](#).

Three international organizations partner annually with WHO for the Day: The International Federation of Red Cross and Red Crescent Societies, the International Federation of Blood Donor Organizations and the International Society of Blood Transfusion (ISBT). Within WHO, WBDD is overseen by the Blood and other Products of Human Origin Unit within the Health Products Policy and Standard Department with the support from DCO, regional and country offices and partners.

Planning and design

WHO collaborates with global, regional and national partners to execute WBDD. Campaigns are designed to align with WHO’s strategic priorities, with themes tailored annually to address global health needs. Materials such as posters, social media tiles, videos and factsheets are created by DCO and shared globally, enabling regional and local customization. WBDD themes and messaging are developed through consultations with stakeholders, ensuring alignment with global and local priorities, and evolve annually to reflect emerging global health challenges and priorities, such as low blood donor turnout during pandemics and the inclusion of plasma donations. WBDD has consistently aimed to strengthen the global blood donation ecosystem, emphasizing the critical role of blood donation in global health systems, and to inspire consistent donor practices worldwide.

A Steering Committee for WBDD, comprising representatives from key global organizations and stakeholders involved in blood donation and transfusion services, also guides the strategic planning process for WBDD, including the selection of themes, slogans and messages. Members collaborate to propose and finalize the annual themes aligned with global blood donation priorities and health challenges, and defines the campaign objectives, such as raising awareness, increasing blood donations or strengthening donor systems. Feedback from interview and survey respondents indicated, however, that there was limited consultation with WHO regional and country offices for the development of the themes and messages.

Messaging

Between 2020 and 2024, the main messages of WBDD consistently highlighted the critical role of voluntary, unpaid blood donors in saving lives and strengthening health care systems. The campaigns emphasized that safe

and sufficient blood supplies are essential for emergencies, surgeries and chronic care, urging regular donations to address global shortages. Themes underscored solidarity and compassion, with blood donation presented as a life-saving act that builds stronger communities. During this period, the messaging evolved to include plasma donations, respond to challenges like the COVID-19 pandemic and celebrate milestones such as the 20th anniversary of WBDD in 2024. Each year recognized donors' contributions while advocating for investments in sustainable blood systems and equitable access to safe blood for all. Past themes have included:

- 2024: 20 years of celebrating giving: thank you blood donors!
- 2023: Give Blood, Give Plasma, Share Life, Share Often
- 2022: Donating blood is an act of solidarity. Join the effort and save lives
- 2021: Give Blood and Keep the World Beating
- 2020: Safe Blood Saves Lives.

The following table describes the goal, objectives and target audiences for WBDD, with reference to the 2024 campaign where relevant:

WBDD goal, objectives and target audiences

Goal	Objectives	Target audiences
The goal of the 2024 campaign was to celebrate the 20 th anniversary of World Blood Donor Day, to thank blood donors across the world for their life-saving donations over the years and honour the profound impact on both patients and donors. It was also aimed to address continued challenges and accelerate progress towards a future where safe blood transfusion is universally accessible (40) .	<p>The main objectives aimed to thank and recognize the millions of voluntary blood donors who contributed to the health and well-being of millions of people around the world, including:</p> <ul style="list-style-type: none"> • showcasing the achievements and challenges of national blood programmes and share best practices and lessons learned; • highlighting the continuous need for regular, unpaid blood donations to achieve universal access to safe blood transfusion; and • promoting a culture of regular blood donations among young people and the general public and increase the diversity and sustainability of the blood donor pool. 	<p>The target audience for the 2024 campaign included the general public, youth and young adults, health care providers and policy-makers, as well as media and community organizations.</p> <p>For 2024, a particular focus was placed on voluntary blood donors to express gratitude to the millions of individuals who donated blood voluntarily and to acknowledge their critical role in saving lives. It also aimed to showcase national blood programme achievements and challenges, and share best practices to improve blood donation systems globally.</p>

Budget

No specific budget has been allocated for the Day. In recent years, an annual budget of some US\$ 20 000 has been provided by Blood and other Products of Human Origin Unit (through the fund for other Blood and other Products of Human Origin Unit technical programmes) to cover the costs of communication assets produced. No additional budget is allocated to regions or countries for regional or country-office activities. Headquarters staff from both technical and communications units dedicate an equivalent of a 40% full-time role annually to WBDD. Global and regional partners such as blood donor clinics and country or regional associations also allocate

a significant number of resources for the adaptation of materials to local contexts as well as implementation of activities, which provide a considerable contribution to the success of the Day.

Partnership model

The day was founded in collaboration with the International Federation of Red Cross and Red Crescent Societies, International Federation of Blood Donor Organizations and ISBT. These organizations have collaborated since 2004 to develop the strategies for each WBDD. They provide critical technical and logistical support (e.g. ISBT), as well as more specific collaborative support helping to organize blood donation drives and raise awareness (as the International Federation of Red Cross and Red Crescent Societies does through its extensive network of national Red Cross and Red Crescent societies worldwide).

At the regional level, collaborating organizations adapt global themes to reflect local priorities, while countries implement grassroots-level activities such as donor appreciation events and blood donation drives. For example, WHO in the Americas, (PAHO) adapted and promoted WBDD across the American continent.⁵⁵

Ministries of health and national health authorities particularly in host countries (appointed every year, see below) also played a key role in collaborating with WHO on campaign dissemination and to facilitate blood donation events, implement policies and ensure the infrastructure for safe blood collection and transfusion. Host countries have included: 2019 – Rwanda (Kigali); 2020 – virtual due to COVID-19; 2021 – Italy (Rome); 2022 – Mexico (Mexico City); 2023 – Algeria (Algiers) (hosted by Algeria’s National Blood Transfusion Service); 2024 – Peru (Lima).

Local and regional organizations such as regional blood alliances/networks, NGOs and community groups also conducted grassroots-level campaigns, engaged with local communities and encouraged voluntary blood donations.

Execution

The WBDD campaigns effectively utilized digital and traditional methods to reach a global audience, emphasizing the importance of voluntary, regular blood donations while fostering a sense of community and solidarity.

At the global level, WHO coordinated the overarching strategy for WBDD with the three key partner organizations. This included developing annual themes that reflected emerging global health challenges, such as “Safe Blood Saves Lives” in 2020 and “20 Years of Celebrating Giving” in 2024. Each year, a country is selected as the host and focus of the Day. Global ceremonies were hosted in countries such as Mexico (2022) and Peru (2024), which served as focal points for advocacy, featuring high-profile speakers, donor recognition events and media campaigns to amplify key messages. Examples of global initiatives included ISBT’s production of videos asking people to say “Thank you” to blood donors in their own language as well as videos of interviews with blood donors. Videos were uploaded to social media platforms so that they could be reposted for broader visibility.

⁵⁵ For example, the European Blood Alliance and AABB (formerly the American Association of Blood Banks), Asian Association of Transfusion Medicine, Rwanda National Blood Service, Thalassaemia International Federation Cyprus, Korean Red Cross Blood Service, Chinese Blood Transfusion Society, Shanghai Blood Centre, National Voluntary Blood Services Program Philippines, national blood bank, Bhutan; Národná transfúzna služba SR Slovakia, national Blood Centre Italy, Dubai Blood Service; Iranian Blood Transfusion Organization; National Blood Service Ghana; Rwanda Blood Service.

WHO regional offices and partners adapted global themes to address specific challenges and opportunities within their regions. For example, the Asian Association of Transfusion Medicine emphasized issues such as blood shortages and donor engagement during the COVID-19 pandemic. Other regional activities included training workshops for blood programme managers, awareness drives and collaborations with local health organizations to enhance blood donation systems. Regional offices also leveraged digital platforms to disseminate content tailored to cultural and linguistic contexts, ensuring messages resonated with diverse populations. The Asian Association of Transfusion Medicine also organized online webinars two years in a row, broadcasting WBDD celebrations where countries shared their experiences.

At the country level, ministries of health and local partners implemented grassroots activities, including blood donation drives, donor recognition ceremonies and community awareness events. Countries adapted global and regional materials to reflect their unique needs: for example, some focused on overcoming cultural barriers to donation, while others prioritized youth engagement.

Several successful examples of national and local campaigns were cited in interviews with stakeholders in countries such as Greece, Rwanda and Viet Nam, including innovative approaches such as drone deliveries and efforts to shift blood donation practices to the national level. In Cyprus, storytelling was used to disseminate information about the value of blood, with stories of people who received blood; educational webinars about the safety and adequacy of blood were also noted as valuable. In China, there was a reward programme through the national health centre that distributes medals (gold, bronze and silver) to donors. By aligning global themes with local priorities, these efforts ensured that the campaigns remained impactful across various contexts.

A major impediment noted by feedback provided to this evaluation was that communication assets were delivered very late, which created challenges for the local implementation of campaigns. In many instances, organizations/partners, regions and countries organized their own activities some years without using the WHO assets.

Achievements

Several key achievements were noted by interviewed stakeholders and those who responded to the survey. In general, most identified the main achievements as increased visibility and public awareness about blood donations and an increase in the number of donations. Social media campaigns were reported as successfully reaching millions globally, with hashtags such as #GiveBlood trending during the day. The following table provides some key results.

Key results from WHO monitoring for 2022

Audiences reached	Message sentiment	Behaviour change
In 2023, 46 million reached through mainstream media. In 2022, the hashtag #GiveBlood generated 58 800 results for one week and a peak on the Day, with significant engagement in countries such as India, the US, Pakistan and the UK.	In 2022, 1000–1500 shares per post was not met and Facebook sentiment was mixed, as anti-vaxxers expressed they did not want to receive “vaccinated blood”, but positive sentiment was seen as some users mentioned how important it is to donate blood.	No specific behaviour change was recorded aside from an increase in blood donations on the specific Day. This was in countries that had linked WBDD to blood donation drives.
The high traffic from India was thought to be due to some influential people tweeting about the Day, but none used WHO campaign materials.	Twitter received 3–5 million impressions per day, and the sentiment was positive, as many users thanked those who donated while others expressed that they were donors themselves.	
In 2022, a wide audience was reached but targets were not met on all platforms. Facebook reached 791 068 people, and 890 shares. This meant that the target of 1000–1500 shares per post was not met.	LinkedIn sentiment was positive as users shared that they or their family members are blood donors, while others expressed that those who shared blood are life savers.	
Twitter had 1.7 million impressions. This meant that the target of 3–5 million impressions per day was not reached.	Instagram sentiment was positive as users left emojis, such as hearts, applause and stated that they donate blood; some users mentioned they wished they could donate but were not allowed to by law.	
LinkedIn had 358285 impressions with 6 365 engagements 86 453 views and 740 shares. Instagram reached 914 404 people, had 961 755 impressions and 27 029 engagements, 20 000 below the target.		
WHO was the top influencer, meaning that the content published earned the highest engagement among all the influencers who tweeted about it.		

Measurement and follow up

Respondents said that very little was done in terms of targeted measurement of results. While social media and website tracking was noted as prevalent throughout the countries, counting viewers, likes and number of shares on social media, the impact measured remained largely at the awareness level in terms of messaging, with behaviour linked mostly to number of donations rather than criteria such as influencing others, etc. For example,

one respondent quoted that in June 2024, 1.7 million viewers were recorded in real time on social media but was unable to provide further details about behaviours linked to WBDD. Further, there was no collation of blood donation data of countries that had linked their blood donor drives to WBDD. Some reports of activities are submitted to WHO after the Day, but they focused on reporting activities or materials produced rather than results.

Sustainability

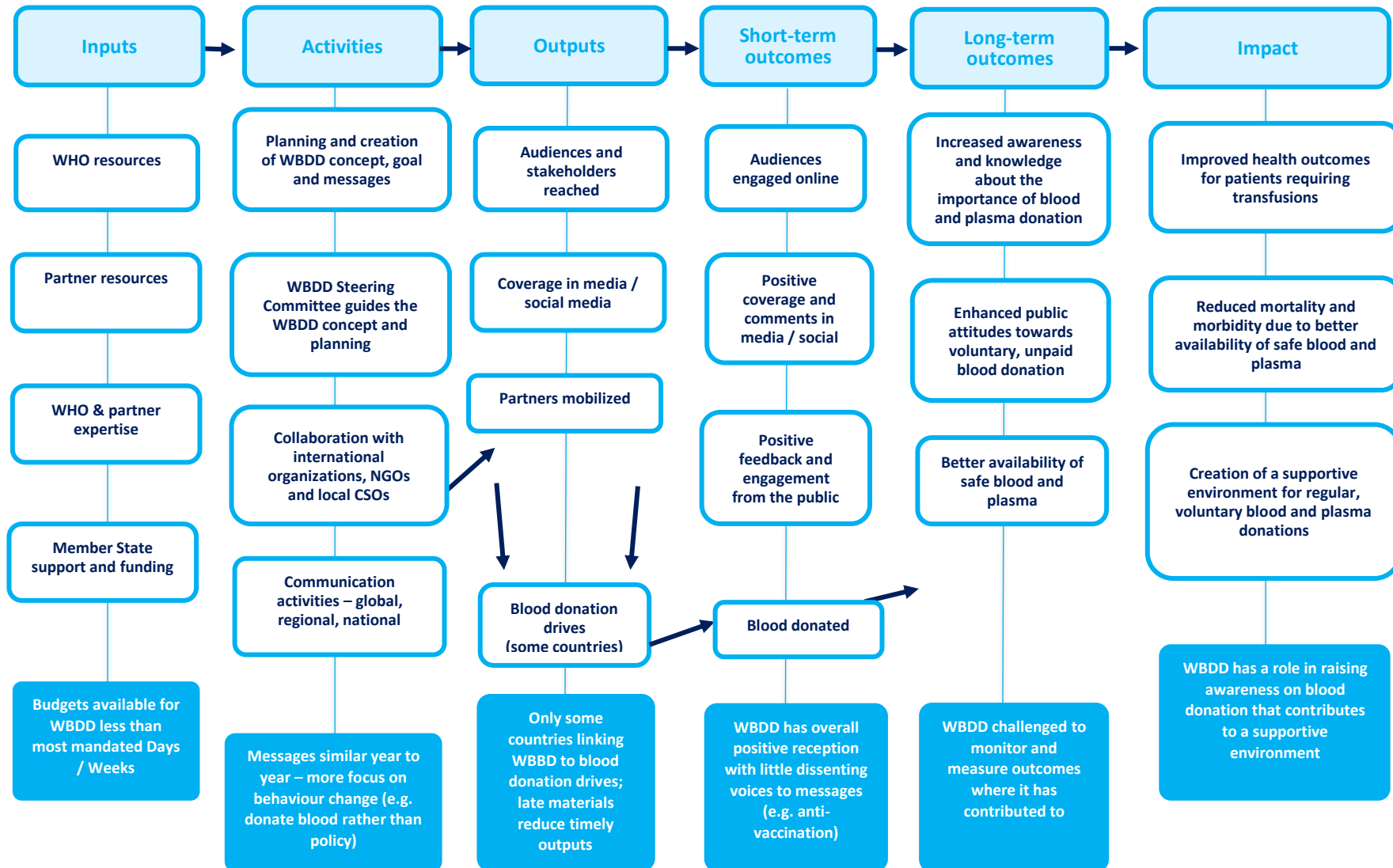
WBDD demonstrated sustainability through year-round activities that extended beyond the annual celebration on 14 June. Key stakeholders, such as blood donor organizations and national blood services, reported having conducted ongoing blood donation drives globally, with particular emphasis in regions with greater needs, like the Global South. Some countries reported leveraging WBDD as an anchor event, using it to build longer-term campaigns, recruit new donors, and promote voluntary, non-remunerated blood donation, as well as combining messages with their own national blood donation days. For example, Ghana reported complementing WBDD with a national blood donor week in October, while schools and government institutions integrated blood donation messaging into events all year round. Similarly, the selection of a host country each year was said to support sustainability by creating ownership and fostering collaboration. Repeated initiatives such as the “Go Blue” campaign, with iconic landmarks illuminated in blue, were also noted as contributing to sustainability by creating visibility and strengthening global unity.

Good practices and lessons learned

- **Timeliness of assets and messaging:** Findings indicated that materials and messaging often reached countries very late, not leaving enough time for recipients to adapt it to local contexts. Respondents suggested that materials needed to be delivered earlier, at least one to two months before the Day. Some respondents also suggested that the ideas for themes should be shared ahead of time to allow for feedback to be collected and that themes should be repeated over several years in order to save on resources. This was particularly pertinent for WBDD as the goals and objectives have remained relatively constant, compared to other Global Health Days. It was thought that enthusiasm and excitement was dwindling, and there was an evident feeling of fatigue with the messages.
- **Extending reach beyond the blood community:** A need was noted to further expand the reach of WBDD, to invite other organizations which could support the work with government, as well as regional organizations, such as indigenous organizations, and potentially organizations not directly involved in blood donations, but that have a following/membership where blood donation messages could resonate. The aim would be to design a strategy to create visibility that could contribute to awareness beyond the specific Day.
- **Reinforcing reporting and information sharing:** More systematic reporting was identified as missing from the organization of WBDD, for example on the results and impact across regions and countries as well as best practices and lessons learned. Several respondents suggested that more information-sharing would allow themes to be better adapted to the needs of countries and regions. This information was also thought to potentially contribute to guiding the selection of themes so as to be better adapted to regions.
- **Coherence with other Days and other organizations:** Little alignment was found between WBDD and other Global Health Days, even though blood transfusions are also relevant for them, such as World Patient Safety Day, World AIDS Day and Maternal Health Day.

Reconstructed ToC for WBDD

The chart on the following page sets out the ToC for WBDD as reconstructed by the evaluation team. The dark, shaded boxes indicate some of the key challenges and issues (positive and negative) along the pathway from inputs to impact for WBDD.



Annex 7. Neglected and current health priorities alignment with 13 campaigns

The evaluation team analysed the extent to which the 13 mandated Days addressed neglected health areas and current health priorities. This corresponds directly to evaluation question 1.1: “To what extent do campaigns respond and contribute to addressing **current key health priorities** and people’s health needs globally, regionally and nationally, including on **neglected health priorities** and from an intersectional perspective?”

Neglected health priorities: WHO has no definition of “neglected health priorities”. Therefore, using WHO’s criteria for neglected tropical diseases, the evaluation team defined neglected health priorities as *those that do not receive sufficient attention in terms of focus and funding, from health professionals, health policy-makers and international and national donors* (41). Based on a review of WHO and external documentation (see note on sources at end of Annex) and input from WHO staff and external stakeholders (through interviews), a list of eight topics was identified as neglected health priorities for the purpose of this evaluation:

1. maternal mortality
2. child and infant mortality
3. infectious and neglected diseases
4. noncommunicable diseases (hypertension, obesity, trans fats policy)
5. antimicrobial resistance (AMR)
6. health emergencies
7. mental health
8. affordable essential medicines and vaccines

Compared against the 13 Days, some direct alignment (e.g. AMR day) or indirect alignment (e.g. child and infant mortality included as a message in different Days) was found with these priorities. Where no or very little direct or indirect alignment could be identified, such as for mental health or hypertension, these could be the focus of other non-mandated Days or possibly a topic of a given World Health Day (where the topic changes every year). Table 1 below shows a mapping of the 13 Days against these neglected health priorities.

Current key health priorities: Two sources were referenced for the current key health priorities:

- 1) the outcomes of WHO’s Three Billion Goals (TBGs) as detailed in WHO’s Thirteenth General Programme of Work 2019–2023; and
- 2) the SDG 3 targets.

The 13 Days showed mixed alignment to these priorities. The TBG universal health coverage goal was indirectly addressed by many Days but the outcome on reducing financial hardship was found to be covered by only the World Health Day (2023 theme). The TBG health emergencies were less aligned, and the well-being goals were mainly indirectly aligned. SDG 3 targets were largely covered by the Days, except for targets 3.5 Drug abuse, 3.6 Road traffic accidents, 3.7 Sexual and reproductive health care and 3.9 Hazardous chemicals and pollution. World Drowning Prevention Day and World Blood Donor Day had limited alignment with the current health priorities. Non-mandated

Days cover some SDG 3 targets, such as road traffic accidents and sexual and reproductive health care. Tables 2 and 3 below show a mapping of the 13 Days against the TBGs and the SDG 3 targets respectively.

Table A7.1. Neglected health priorities mapped against the 13 mandated Days

Global Health Days/Weeks	World NTDs Day	World TB Day	World Health Day ⁵⁶	World Chagas Disease Day	World Malaria Day	World Immunization Week	World No Tobacco Day	World Blood Donor Day	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day	No. of Days covering
Neglected health priorities														
Number of areas covered	4	2	6	2	4	3	1	1	1	2	2	3	2	--
Maternal mortality	x		x		x						x			4
Child and infant mortality	x				x	x			x		x			5
Infectious and neglected diseases	x	x	x	x	x					x		x	x	8
Noncommunicable diseases (hypertension, obesity, trans fat policy)			x				x							2
Antimicrobial resistance												x		1
Health emergencies			x			x		x				x		4
Mental health			x											1
Affordable essential medicines and vaccines	x	x	x	x	x	x				x			x	8

NB: Some of these areas are also reflected in the Triple Billion Goals – WHO's current health priorities are in Table 2

⁵⁶ The World Health Day theme changes each year, so its alignment to priorities vary; this table reflects World Health Day themes from 2019–2024.

Table A7.2. WHO's current health priorities (TBGs) mapped against the 13 mandated Days

Global Health Days/Weeks-	World NTDs Day	World TB Day	World Health Day ⁵⁷	World Chagas Disease Day	World Malaria Day	World Immunization Week	World No Tobacco Day	World Blood Donor Day	World Drowning Prevention Day	World Hepatitis Day	World Patient Safety Day	World AMR Awareness Week	World AIDS Day	No. of Days covering
Number of priorities covered	3	2	9	3	3	4	2	2	1	2	4	5	3	--
Triple Billion Goals – WHO current health priorities														
B1: One billion more people benefiting from universal health coverage														
Outcome 1.1. Improved access to quality essential health services	x	x	x	x	x	x		x	x	x	x	x	x	12
Outcome 1.2. Reduced number of people suffering from financial hardship			x											1
Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for primary health care	x		x	x	x	x		x		x		x	x	9
B2: A billion more people protected from health emergencies														
Outcome 2.1. Countries prepared for health emergencies			x								x			2
Outcome 2.2. Epidemics and pandemics are prevented	x	x	x	x	x	x					x	x	x	9
Outcome 2.3. Health emergencies rapidly detected and responded to			x			x					x	x		4
B3: A billion more people provided with better health and well-being														
Outcome 3.1. Determinants of health addressed			x				x							2
Outcome 3.2. Risk factors reduced through multisectoral action			x				x					x		3
Outcome 3.3. Health setting and Health in All Policies promoted			x											1

⁵⁷ Ibid.

Table A7.3. SDG 3 targets mapped against the 13 mandated Days

Global Health Days/Weeks	World NTDs Day	World TB Day	World Health Day ⁵⁸	World Chagas Disease Day	World Malaria Day	World Immu- nization Week	World No Tobacc o Day	World Blood Donor Day	World Drowni ng Prevent ion Day	World Hepatiti s Day	World Patient Safety Day	World AMR Awaren ess Week	World AIDS Day	No. of Days covering
SDG 3 targets														
Number of targets covered	3	3	8	3	3	3	2	1	1	3	6	2	3	-
3.1. Reduction in maternal mortality.	x	x	x	x	x	x				x	x		x	9
3.2. End of preventable deaths of newborns and children aged under 5 years, reduction of neonatal and under-5 mortality.	x	x	x	x	x	x			x	x	x		x	10
3.3. End epidemics of AIDS, tuberculosis, malaria and NTDs and combat hepatitis, waterborne diseases and other communicable diseases.	x	x	x	x	x	x				x	x	x	x	10
3.4. Reduction by one third of premature mortality from noncommunicable diseases through prevention and treatment and promotion of mental health and well-being.			x				x				x	x		4
3.5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.			x				x				x			3
3.6. By 2020, halve the number of global deaths and injuries from road traffic accidents.														0
3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of			x											1

⁵⁸ Ibid.

reproductive health into national strategies and programmes.					
3.8. Universal health coverage, including financial risk protection, access to quality essential health-care services and quality and affordable medicines and vaccines.	x		x	x	3
3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.	x				1

Notes on identifying neglected health priorities: Based on a documentation search (on WHO website, general search engines, grey literature, and academic databases), health actors mentioned a number of neglected health priorities that fitted within the definition used by this evaluation. No consensus was found on these priorities, beyond the recognized priority of neglected tropical diseases. The following are examples of neglected health priorities cited directly.

- UNFPA recognizes continued high rates of maternal mortality as a neglected global crisis for women, as “nearly every maternal death is preventable, and the expertise and technology necessary to avert these losses have existed for decades” [\(42\)](#), [\(43\)](#);
- UNICEF states that the global burden of stillbirths is a “neglected tragedy” (around 2 million babies are stillborn each year) [\(44\)](#);
- WHO considers mental health “one of the most neglected areas of public health... Close to 1 billion people are living with a mental disorder, 3 million people die every year from the harmful use of alcohol and one person dies every 40 seconds by suicide” [\(45\)](#);
- A 2019 paper wrote of the neglected area of access to essential medicines, which are unavailable, unaffordable, inaccessible, unacceptable or of low quality for nearly 2 billion people [\(46\)](#).

Furthermore, WHO Member States have identified seven health priorities to add to the 46 TBGs outcome indicators (the other 39 are taken from the SDGs). These seven priorities were not stated by Member States as being “neglected”, but their absence from the SDGs and their selection by Member States implies that these are also considered to be overlooked areas. According to GPW 13 [\(2\)](#), the seven priorities are “antimicrobial resistance, polio, noncommunicable diseases (hypertension, obesity, trans fats policy) and health emergencies (vaccine coverage for epidemic prone diseases, provision of essential services to vulnerable populations)” (ch. 2, p. 8).

Based on the above review, complemented by inputs during interviews with WHO staff and external stakeholders, the non-exhaustive list of eight neglected health priorities was determined, for the purposes of the evaluation. A limitation of this list is that it was created through a limited document review and was not peer reviewed.

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