



**EVALUATION OF THE EUROPEAN UNION EXTERNAL ACTION**

**THEMATIC EVALUATION**

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**COMBINED EVALUATION OF DG ECHO'S  
HUMANITARIAN RESPONSE TO EPIDEMICS, AND OF  
DG ECHO'S PARTNERSHIP WITH THE WORLD  
HEALTH ORGANIZATION, 2017-2021**

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# Executive Summary

## Introduction, Purpose and Scope

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This is the report of an independent evaluation of two separate, but related, aspects of Directorate-General for European Civil Protection and Humanitarian Aid Operations' (DG ECHO) performance in the humanitarian health sector during the five-year period 2017-2021. It is a combined evaluation, but divided into two parts:

- Part A: DG ECHO's Humanitarian Response to Epidemics
- Part B: DG ECHO's Partnership with the World Health Organization (WHO)

In recent years epidemics have re-emerged as the predominant global health security issue, in humanitarian contexts as much as in development. Climate change, environmental degradation, conflict, mixed migration and other factors are combining in ways that make humanitarian situations high-risk locations for infectious disease outbreaks, including novel zoonotic diseases. And populations caught up in humanitarian crises are especially vulnerable to epidemics. The European Union (EU) is currently strengthening its own capacity to support global health security initiatives. DG ECHO aims to be part of this effort.

Historically, WHO has not been a primary humanitarian partner for DG ECHO, due to its primarily normative role and limited operational capacity to respond to health in emergencies and humanitarian settings. Lessons learned from the 2014 West Africa Ebola crisis led to major reforms for WHO, including the establishment of the Health Emergencies Programme (WHE) in 2016. This reform was a critical step to transforming WHO into an operational agency, increasing WHO's importance for DG ECHO as an implementing partner (IP) in humanitarian health operation. In late 2019, WHO became a strategic humanitarian partner for DG ECHO<sup>1</sup>, which was marked by its first High-level Strategic Dialogue (HSD) in January 2020. These HSDs have taken place annually and have been the hallmark of a growing partnership between DG ECHO and WHO.

The specific purpose of the evaluation, according to its Terms of Reference (TOR) was:

1. To provide an external, independent and thematic assessment of DG ECHO's worldwide Actions in response to epidemics in third countries;
2. To contextualise the DG ECHO's response to epidemics in the broader EU response, and provide an analysis of how to strengthen its position in future responses; and
3. To provide a retrospective assessment of DG ECHO's partnership with WHO globally, with a focus on identifying lessons learned and good practices

As WHO was also one of many organisations that DG ECHO partnered with in responding to epidemics (Part A), there was a very small degree of convergence in scope between Parts A and B. Otherwise, the two parts were largely treated as separate.

The evaluation was global in scope. Although data collection involved some geographical sampling, the findings, conclusions and recommendations are all applicable at a global level. Through discussions between the Evaluation Team (ET) and the Evaluation Steering Group (ESG) during the Inception Phase, it was clarified that the focus for Part A would mainly be on DG ECHO's performance as a humanitarian donor in emergency contexts. The contribution of DG ECHO's Civil Protection (CP) capacities to epidemic response was considered, but to a lesser degree. It was also agreed that DG ECHO's humanitarian response to the wider socio-economic effects of epidemics (e.g., nutrition, protection, cash transfers) would not be covered;

<sup>1</sup> Terms of Reference for the combined evaluation of DG ECHO's humanitarian response to epidemics, and of DG ECHO's partnership with the World Health Organization, 2017-2021; DG ECHO

instead, Part A would focus on the more 'classic' areas of a public health response (including epidemic preparedness measures).

It was further clarified by the ESG that for Part A the focus was on DG ECHO's own performance as an institution in the humanitarian domain, rather than on the collective performance of its IPs. Thus, the ET examined the way DG ECHO made decisions and used valuable resources to best effect when tackling epidemics. In a similar vein, the focus of Part B was on the DG ECHO-WHO partnership itself, rather than on how WHO performed in humanitarian settings as a DG ECHO implementing partner.

## Methodology

The evaluation was divided into four phases: an Inception Phase, during which the scope was refined and a more detailed methodology was devised; a Desk Phase, which focused mainly on documentary evidence; a Field Phase during which the majority of interviews and all focus group discussions were held; and, finally, a Synthesis Phase, when all the data was collated and analysed to derive findings, conclusions, and recommendations. Each phase culminated with a report, this document being the Final Report.

Evaluation Questions (EQs) were set out in the TOR. During the Inception Phase these were refined and judgement criteria (JC) were developed for each EQ to provide further guidance for data collection. Together, these formed an evaluation matrix (EM) which was further developed by the ET into an evidence matrix that allowed all relevant data, from whatever source, to be mapped against relevant EQs and JCs. Evaluation questions were grouped by widely-used humanitarian evaluation criteria for Part A and partnership criteria for Part B.

### Evaluation Criteria and Evaluation Questions

	Evaluation Criteria	Evaluation Questions
<b>Part A</b>	Relevance	1. How appropriate were DG ECHO's plans and interventions in response to epidemics?
		2. To what extent did DG ECHO's actions seek the participation of affected populations at all stages of the humanitarian project cycle, and seek to address their needs and priorities?
	Coherence	3. How coherent was DG ECHO's response with that of relevant external actors?
		4. How coherent was DG ECHO's response with that of other EU/EC actions including those of individual Member States, and how should DG ECHO's role evolve given the EC's strategic intent to strengthen European and global health security?
	Effectiveness	5. How effective have DG ECHO's tools and instruments been in addressing epidemics?
		6. What results were achieved by DG ECHO's epidemics response?
	Efficiency	7. Have DG ECHO's actions in response to epidemics been cost-effective?
		8. To what extent were DG ECHO's interventions in response to epidemics timely and flexible, thereby allowing partners to have adapted responses?
	Resilience/ Connectedness	9. To what extent has DG ECHO contributed to the resilience of public health systems for outbreak prevention and response in the countries where it works?
<b>Part B</b>	Collaborative	10. Is the DG ECHO-WHO partnership strategic and synergistic, with a shared vision that leverages collaborative advantages at all levels?
	Transactional	11. Is the DG ECHO-WHO partnership supported by effective dialogue and fit-for-purpose structures and mechanisms to deliver on its objectives at all levels?
	Transformational	12. What is the added value of the DG ECHO-WHO partnership in contributing to sustainable and resilient health systems, and more equitable and improved health outcomes in humanitarian settings?

It was agreed that the main sources of evidence would be:

- Documents, including DG ECHO Action (project) documents, key policy documents and documents relevant to the partnership with WHO
- Key Informant Interviews (KIIs)
- Focus Group Discussions (FGDs) with persons affected by epidemics
- Online survey

A purposive sampling approach was used to ensure the limited time and resources available to the ET were used effectively and that the selected data sources were as representative as possible, according to the purpose and scope of the evaluation. An important element of this sampling approach was the selection of particular countries where the evaluation could look in reasonable depth at the performance of DG ECHO's response to epidemics and its partnership with WHO. Overall, the ET collected a considerable amount of evidence during the field and desk phases. From KIIs, reviewed documents and FGDs there were over 1,300 separate data items recorded against 26 individual judgement criteria, and this is not factoring in the data recorded by the online survey.

Regular meetings between the ET and the ESG provided opportunities to track progress, discuss constraints, and resolve any difficulties. Of these, some limitations relating to the country studies were the most significant, but not enough to cast doubt on the validity of the overall findings.

## Summary findings

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### Part A: DG ECHO's humanitarian response to epidemics

#### *Relevance*

**Summary Finding 1: The appropriateness of DG ECHO's epidemic response.** DG ECHO-funded interventions in response to epidemics were appropriate, in the sense that they were broadly relevant and made valid contributions to overall response efforts. In choosing which interventions to support, DG ECHO rightly leant heavily on the rich understanding of local context gained by its field experts, the technical advice of its regional health experts ('Anopheles Group'), and on the suggestions and capabilities of Implementing Partners (IP) already present on the ground. However, this strong capacity for analysis was not well evidenced in DG ECHO's project documents where there was limited inclusion of fresh and specific assessment data, insufficient analysis of specific context and virtually no treatment of epidemic magnitude or trajectory. In the absence of a more rounded problem analysis and a documented consideration of the various intervention options and their pros and cons – either by the IPs or DG ECHO's experts - it was hard for the ET to determine whether the selected interventions were the most appropriate options available, rather than those that were simply relevant, or perhaps even the ones most convenient for the IPs. DG ECHO appears to be strong in applying its knowledge to decide how to intervene, but rather weak in documenting the rationale.

**Summary Finding 2: Accountability to Affected Populations (AAP).** Overall, Actions funded by DG ECHO did not always seek the participation of affected populations at all stages of the project cycle<sup>2</sup>, and DG ECHO's implementation of this policy was uneven. Indeed, several DG ECHO experts were quite candid in their view that community engagement was definitely not a priority in the design phase of an epidemic response intervention. Supporting this, there was little evidence of meaningful consideration of AAP mechanisms by DG ECHO experts in the Action documents, although some of DG ECHO's IPs did exemplify good practice in respect of community engagement in initiative design, and sought ways of being accountable to the populations they served. It was often these same agencies that sought to identify persons with particular needs or vulnerabilities, and targeted them for assistance.

<sup>2</sup> As called for in the Grand Bargain commitment to a "Participation Revolution", and earlier commitments to AAP

## Coherence

**Summary Finding 3: Coherence with external actors.** DG ECHO not only sought coherence with other actors, but showed leadership by actively promoting and encouraging response coordination efforts, especially among donors and international humanitarian actors. It supported and participated in United Nations (UN) led coordination mechanisms, and encouraged its IPs to engage with the Cluster system and ensure their interventions were coherent with those of other actors at the local level. There was less direct evidence of government-led plans guiding DG ECHO's response, although broad coherence with such plans was assured through the UN-led (or UN-facilitated) coordination structures and through regular dialogue between IPs and local health officials. There was strong evidence of DG ECHO adding value to overall epidemic response efforts in multiple ways, including its technical understanding, backed by knowledge of local context; its ability to work flexibly with experienced long-term partners; and its role in humanitarian advocacy.

**Summary Finding 4: Coherence with other EU/EC bodies.** There is a growing number of EU bodies and initiatives which have some responsibility for epidemic preparedness and response, although most are focused inwardly (within the EU's borders). In respect of external humanitarian action on epidemics, the ET found that the relevant EU bodies were not sufficiently tied together by coordination mechanisms or policy direction, leading to some incoherence. In humanitarian settings, DG ECHO has the potential to play a bigger role in the coordination of epidemic preparedness and response, as well as in the EU's related global health security dispositions. DG ECHO has privileged information and expertise, and could use this more within the EU to emphasise the associations between humanitarian crises and epidemics, and to champion the need for prevention, preparedness and early response. At present, however, DG ECHO appears to be diffident about coordination with other EC services, and lacking sufficient policy capacity to lead on those aspects of the EU Global Health Strategy that relate to international humanitarian action.

## Effectiveness

**Summary Finding 5: The effectiveness of DG ECHO's tools and instruments.** The scale of DG ECHO's response to epidemics was generally considered appropriate in relative terms, given that the needs arising from COVID-19 were particularly overwhelming. By being agile, DG ECHO could sometimes plug important gaps before donors with bigger resources were able to respond. The Epidemics (funding) Tool is a very specific and highly-valued instrument, but stakeholders thought it could be used more often, especially to support preparedness work, and would be more effective if the grants were larger. The Humanitarian Air Bridge provided effective logistical support to the COVID-19 response. Some of DG ECHO's civil protection capacities have the potential to support humanitarian response to epidemics, but they had not been deployed at scale within the evaluation timeframe. DG ECHO's system of managing Actions through the SingleForm/FicheOp<sup>3</sup> documentation system may have led to efficiencies, but at the cost of richer analysis and clearer rationales explaining how interventions have been prioritised. A lot of trust and responsibility is therefore placed on the advice of DG ECHO's highly-appreciated network of field experts. Interviewees felt that good technical expertise and field knowledge needed to be balanced by additional capacity for policy development and strategic thinking, especially at Brussels level.

**Summary Finding 6: The results of DG ECHO's response to epidemics.** The results of most Actions were self-reported by the IPs and not subjected to independent evaluation, although DG ECHO field experts did conduct field monitoring visits, scrutinised project reports and sought clarifications when necessary. Around 65% of project targets were achieved or exceeded and explanations were provided for missed targets. Understandably, results were most impressive in Actions focused specifically on epidemic response rather than those (the majority) where existing projects had been lightly adapted through Modification Requests to incorporate epidemic intervention measures, which sometimes lacked ambition and probably had negligible impact on epidemic trajectory. Several stakeholders, including affected persons, thought DG ECHO-funded

<sup>3</sup> The eSingleform is a single external-facing online platform that contains IP proposals, project descriptions, modification requests and reporting. The FicheOp is an internal DG ECHO platform that records staff activities (monitoring visits, operational communications, technical assessments) as well as gender and resilience marker scores and financial information. To fully appreciate an Action, the observer needs to combine the IP view (eSingleform) and the DG ECHO staff view (FicheOp)



interventions had had a lasting effect, beyond the life of the Actions themselves. Data about unintended consequences were very scant, making it hard to formulate any overall judgements, although the ET was made aware of a number of active measures taken by IPs to avoid such consequences resulting from their project implementation.

### *Efficiency*

**Summary Finding 7: Cost-effectiveness.** DG ECHO has no established framework for measuring cost-effectiveness, so the ET interpreted this as 'the achievement of intended outcomes in relation to costs'. By this yardstick DG ECHO's response to epidemics was broadly found to be cost-effective, achieving decent levels of results (see Finding 6 above) in return for relatively modest and proportionate amounts of funding. DG ECHO field experts were conscious of the need to achieve appropriate balance between costs and outputs, and sought cost efficiencies where they could. Also relevant to the consideration of cost-effectiveness is Finding 1 above on appropriateness, because it is possible that in some places another intervention might have yielded even more impressive results for the same investment.

**Summary Finding 8: Timeliness and Flexibility.** There was very strong evidence that DG ECHO was quick in responding to epidemics and that its project management systems, combined with its close relationships with respected partners, allowed DG ECHO to be flexible in adapting its response to changing situations. Adaptation was easiest and quickest where DG ECHO had an existing project partnership and adjustments could be managed through Modification Requests. Where epidemics were a well-recognised risk, IPs had the opportunity to include a specific Crisis Modifier in their funding application, although in practice this was seldom used among the Actions reviewed in detail by the ET. The Epidemics Tool was seen as a particularly quick project funding instrument, although the release of funds from this tool has slowed significantly since 2019. Against the overwhelmingly positive views on timeliness and flexibility, a minority of respondents questioned how flexible DG ECHO was in responding to new emergencies in places where it did not have existing project partnerships, and noted that flexibility in adding activities through a Modification Request was not always matched by flexibility in providing additional funding, for example additional support costs.

### *Resilience/ Connectedness*

**Summary Finding 9: DG ECHO's contribution to resilient public health systems.** DG ECHO contributes to resilience through its epidemic response projects and especially through those few projects which are focused on specific preparedness activities. Many of the activities contributing towards resilience were part and parcel of humanitarian delivery in the context of chronic crises, such as training local personnel. The Resilience Marker sections of Action documents received minimal treatment in most cases, by IPs and DG ECHO experts alike. Typically, activities were described as contributing to resilience, rather than having resilience as a goal in its own right. Interviewees had mixed views on the humanitarian-development nexus: some yearned for a more joined-up approach and for more work on prevention and preparedness; while others felt that precious humanitarian resources should be preserved for crisis response and not expected to address development failures. There were good examples of collaboration across the nexus with partners external to the EU, although these were few in number. Within the EU/EC family of institutions, the ET found the most evidence on the relationship between DG ECHO and Directorate-General for International Partnerships (DG INTPA), which was found to be very cordial, although the dialogue at all levels was seen as ad hoc, not always productive, and suffering from a lack of operational guidance on how to work together.

## **Part B: DG ECHO's Partnership with the World Health Organization**

### *The 'collaborative' dimension*

**Summary Finding 10: Shared strategic purpose and vision, and leveraging the partnership's strengths.** The partnership extends beyond the donor-recipient relationship and has become more strategic due to strengthened dialogue, its exchange of technical knowledge, and its pursuit of joint initiatives with results. Most WHO stakeholders at all levels, and DG ECHO respondents at Headquarters (HQ) level, view the partnership as strategic and one which extends beyond that of a donor-recipient relationship. However,



this is less the case for DG ECHO operational staff, who expressed that the partnership lacks both a joint vision and a strategic framework. The partnership lacks an overarching strategy to frame both partner's vision. Instead, at the global level the partnership is marked by annual HSDs and a set of jointly agreed priority actions that are not widely shared or understood across partnership levels. This lack of a shared vision and strategic framework for engaging in humanitarian settings has led to misunderstandings on the partnership's priorities and frustration on both sides. This is especially prevalent at the operational level, where agreements at the global level do not necessarily trickle down to the field level and vice versa.

There is also confusion on alignment on health approaches. WHO has up-to-date and documented frameworks, strategies and guidelines for different areas relevant to health emergencies and health in humanitarian settings (i.e. on the nexus, resilience building and epidemics). DG ECHO has a health policy and general guidance on addressing health in humanitarian emergencies, however, these documents, whilst for the most part still largely valid, are out of date and do not include its approaches to important areas of health in humanitarian settings such as epidemics, strengthening resilience and bridging the nexus. DG ECHO does not have an established and clarified process to identify organisational priorities in health. Within DG ECHO, health is fragmented across different units, with most of the health expertise seated at the operational level in the Anopheles Group, which is not involved in policy decisions at HQ level. Furthermore, there is no official working group on health that meets regularly and can represent the organisations' position on the highly evolving areas of health and humanitarian emergencies. This results in incoherence on health areas beyond the immediate response to health emergencies, placing DG ECHO on uneven footing with WHO to jointly develop a shared vision and identify strategic priorities for the partnership.

The ET found both partners recognise and appreciate each other's comparative advantages, however there were differing views on both sides about what strengths each institution was bringing to the partnership and how the partnership could best leverage these strengths. There exist strongly-held views within DG ECHO that, barring WHO's work in pandemics and on some protracted crises, WHO is not operational in humanitarian settings. Furthermore, this is not seen by some within DG ECHO to be an area where WHO brings added value, especially when compared to its normative and technical strengths in managing public health events. Paradoxically, DG ECHO staff at both HQ and operational levels expressed that the partnership would strengthen if WHO had more operational capacity and resources for implementation. This suggests a misalignment in expectations between WHO and DG ECHO, as well as within DG ECHO itself. WHO/WHE sees itself as straddling both humanitarian and development arenas, and very much wants to expand its operational capacities and receive increased operational funding from the partnership. For WHO, the partnership would benefit if DG ECHO had more technical health expertise at HQ level.

### *The 'transactional' dimension*

**Summary Finding 11: Effective dialogue and fit-for-purpose structures.** Dialogue between DG ECHO and WHO has improved within levels (global-global, country-country), but not across levels (global-country), leading to disjointed communication that affects partnership decisions and actions. At the global level, high level dialogue has improved in both quantity and quality, through the Senior Official Meetings (SOMs) and HSDs and regular dialogue between DG ECHO and WHO HQ focal points. For senior management at DG ECHO and WHO HQ, the HSDs are seen as the hallmark of the strategic partnership, having more firmly set DG ECHO and WHO as humanitarian partners. However, while the HSDs provide the forum for frank discussions on areas of common interest at the highest level, both WHO and DG ECHO interviewees felt the approach to the HSDs was formulaic and not strategically driven. Rather than stemming from a collaborative discussion on institutional health priorities, the HSDs revolve around DG ECHO units and WHE providing their inputs on agenda items. Furthermore, the HSDs are limited to HQ staff and do not include direct inputs from, nor are they shared with, operational and field levels of the partnership, thus limiting its value beyond HQ level. At the country level, strategic and effective dialogue is varied and dependent on country context, tending to be stronger in more protracted crises where both organisations can rely on a history of good partner relations. There were no instances of regional dialogue during the evaluation period, despite the autonomous and influential role of WHO regional offices.

There was evidence of improved transparency according to Action documents, which reported irregular procedures in 2017. The partnership portfolio has increased substantially between 2017 and 2021, with funds more than doubling. Further, the average grant size increased annually, and more WHO Actions were funded each year than prior to 2017, including multi-country Actions. Part of this increase can be attributed to COVID-19, both in terms of COVID-19 focused funds, and the increasing health character of humanitarian programming uplifting general funding to health. There is, however, strong evidence that WHO's efforts to strengthen its capacity in DG ECHO engagement and processes have contributed to an increased frequency and quality of WHO proposal submissions, DG ECHO-funded Actions, and therefore increased DG ECHO funding.

There have been some improvements in partnership efficiencies – for WHO, the average duration of DG ECHO proposal and funding processes decreased during the evaluation period. However, some inefficiencies remain, with DG ECHO's heavy reporting requirements and the repetitive Single Form forms on the one side, and WHO's slow administrative processes leading to delays in implementation on the other. While DG ECHO has made some strides in implementing alternative modalities of financing, for example in response to COVID-19 with large multi-million USD grants, WHO's efforts to explore alternative and innovative financing approaches have either been slow in pickup (multi-year regional grants) or futile (programmatic partnership).

The onset of the COVID-19 pandemic was a test case for the newly strategic partnership. The € 30M COVID-19 grant was an important manifestation of DG ECHO's strategic partnership with WHO, given its infancy. For DG ECHO, the grant was ground-breaking as it had many firsts – the first EC organisation to fund WHO's response plan, the first large sum of € 30M, the first loosely earmarked grant, the first global multi-country grant, and the first 18-month grant cycle - all of which were out of the norm for DG ECHO. This flexibility allowed WHO to determine how best to use the funds. The partnership was able to show its maturity by finding middle ground on certain reporting requirements, while other grant processes are still deemed burdensome. There remains room for improvement on both sides, with DG ECHO reconsidering the level of detail needed on multi-country grants and WHO finding ways to report enough detail to at least minimise the need for timely verification. DG ECHO followed the same funding approach in 2021 with a € 16M loosely earmarked contribution for the rollout of COVID-19 national vaccination campaigns in 15 African countries. The two large-scale COVID-19 grants worked well and demonstrated to DG ECHO the potential viability and efficiency of allocating unearmarked funds and the need for greater flexibility in its financing mechanisms.

### *The 'transformational' dimension*

**Summary Finding 12: Working together on resilience.** Most stakeholders thought the partnership supported the resilience of health systems to respond to health emergencies, and good examples of this were provided in Action documents as well as through interviews. A promising trend towards longer Actions was noted, suggesting joint recognition that building resilience requires a slightly slower and more sustained approach in order to have impact. Nonetheless, there may be limits to this trend, as DG ECHO lacks a unifying framework on resilience, especially regarding health emergency preparedness, so efforts to work on these areas through the partnership are governed by the outlook of individual DG ECHO field experts and field offices, rather than stemming from a single point of reference. In WHO's eyes this has led to lost opportunities, especially when DG ECHO and WHO agree at the policy level on joint initiatives to include preparedness, but such proposals are rejected due to the aversion of some DG ECHO counterparts to interventions which divert scarce resources away from 'pure' humanitarian response. Without a dually agreed strategic approach to strengthening resilience, both organisations run the risk of entrenched complacency, as experienced in South Sudan, where the same preparedness activities have been refunded yearly for over a decade without addressing how to progress towards both DG ECHO and WHO's own policies of sustainable resilience.

The two organisations also approach the nexus differently. WHO has a strong and (especially since 2016) well-institutionalised 'dual mandate' to work across the nexus. In contrast, DG ECHO's stance is less symmetrical: it is an organisation focused primarily on humanitarian action, but with a policy to support work across the nexus. However, in a resource-constrained environment and in the absence of specific guidance

on the nexus, DG ECHO staff, especially at field level, have a propensity to steer its support towards traditional response activities.

## Strategic recommendations

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### Part A

#### **Strategic Recommendation 1: Forge a strategic vision and policy on epidemics**

The importance of epidemics for global health security and for DG ECHO's work require that it sets out a clear direction, backed by a coherent policy framework. DG ECHO's current policy on epidemics is quite thin and is scattered among several reference documents. It also lacks some internal coherence and fails to provide adequate guidance and direction to staff and potential implementing partners. This creates 'grey areas' that could undermine consistency and quality. Based on the findings of this evaluation, key areas demanding better guidance include the balance between epidemic prevention, preparedness and response; using epidemiological data to consider epidemic trajectory and then factor that into programming; selecting the most appropriate funding tool; prioritising which response pillars to support in different situations; and how to complement humanitarian assistance and civil protection interventions in meaningful ways.

#### **Strategic Recommendation 2: Reinforce policy discipline on important cross-cutting issues**

DG ECHO has developed important areas of cross-cutting policy that underpin all its humanitarian work, including its response to epidemics. These policies often embody the leading edge of humanitarian thinking and reflect commitments the EU has made to its own citizens and in international fora. DG ECHO must find ways to ensure practice conforms with policy. The ET found several areas where there was a discrepancy between published DG ECHO policy, and the attitudes and practices of field staff. These divergent and relatively pervasive attitudes ranged from deliberate 'blind spots' at the mild end of the spectrum, to very dismissive comments about policy at the extreme end. They related in particular to AAP, to building resilience, and to working across the humanitarian-development nexus, but practice also deviated from policy on the treatment of vulnerability in project design, and on the importance of using needs assessments to inform planning (rather than to justify spending). While there are often differences of opinion about policy in large organisations, the gap between policy and practice in DG ECHO seemed particularly wide in the opinion of the ET, and it clearly spilt over into the quality of Action documents, where sections relevant to policy compliance (such as the Resilience Marker) received weak attention. To espouse bold policy statements that are not complied with in practice can increase DG ECHO's reputational risk, undermine accountability and send out confusing messages to IPs.

#### **Strategic Recommendation 3: Adopt a more proactive role within the EU on epidemics in emergencies**

This is a formative time in the EU for its positioning on global health security. DG ECHO needs to engage more strongly and help shape the agenda, so the mutually compounding effects of humanitarian crisis and epidemics, and the potential of humanitarian action in epidemic contexts are not overlooked. In the wake of the COVID-19 pandemic, the EU is moving quickly to strengthen its own resilience to health shocks, especially epidemics, and to play a fuller part in global health security. The creation of the Directorate-General for Health Emergency Preparedness and Response Authority (DG HERA) the new Regulation on cross-border health threats, the new extended mandate of the European Centre for Disease Prevention and Control (ECDC), and the announcement of a new Global Health Security Strategy are major examples of this agenda (under the general heading of European Health Union). Within DG ECHO, a new response tool - the European Humanitarian Response Capacity (EHRC) - was also announced recently, building on experience gained during COVID-19 and other high impact epidemics. These are exciting new initiatives, but will also add some organisational complexity, especially in the short to medium term. This evaluation has several findings relevant to this challenge. There is already a crowded field of agencies, delivery units and initiatives within the EU which all have a bearing on epidemics. EU stakeholders lacked awareness of how they all work together currently and how the creation of new bodies, tools and initiatives might change things. There is also a finding

that relevant EU entities had not been well coordinated in responding to epidemics in the recent past. Lastly, although DG ECHO has a key role to play - and ambition to do more in the future – it is seen as reticent among EU stakeholders, and as ceding all leadership on the humanitarian dimensions of global health security to other EC services. This diffidence within the EU at headquarters level is in stark contrast to DG ECHO's leadership and appetite for coordination among external actors in field settings.

#### **Strategic Recommendation 4: Enhance the effectiveness of existing tools, instruments and practice**

DG ECHO already makes effective contributions to addressing epidemics in humanitarian contexts, but it could boost its performance even further by making relatively simple adjustments to its current tools and ways of working.

**Firstly**, the Epidemics Tool should be updated and given a more prominent place within DG ECHO's suite of funding instruments. In the absence of strong policies or specific programme on epidemics, the Epidemics Tool is DG ECHO's only instrument dedicated to epidemics. It is highly valued, but not used as often as it could be. The current average grant size is probably too small to have an impact on the trajectory of an epidemic even in its early stages, and the release of funds under this instrument slowed significantly in 2020-21. The guidelines governing how it can be used are also rather ambiguous in relation to preparedness.

**Secondly**, more careful attention should be given to how epidemic interventions are selected, and the rationale for the specific approach should be described more fully in the Action documents. The ET found that the majority of epidemic response proposals selected for funding lacked sufficient explanation of context, especially needs and response gaps, and why the proposed intervention was the optimal one, rather than the one most convenient for the IP. From the Action documents it seemed that too many such proposals were approved with minimal challenge or commentary by DG ECHO field experts and desk officers. The ET therefore doubted whether the selected interventions were always the most apt and ambitious.

**Thirdly**, potential civil protection and similar in-kind interventions need to be harmonised with humanitarian aid delivery in an objective and holistic way, based on humanitarian principles. DG ECHO incorporates a civil protection wing (that has largely been focused inwardly within the EU) with a humanitarian aid wing (that is focused externally). Recent initiatives to deploy civil protection instruments to support humanitarian assistance – moving 'from donor to doer' - show some promise. However, there was good evidence that some of these initiatives were driven by the political needs of EU stakeholders for visible 'action' rather than being prioritised on the basis of need. This widens divisions between the civil protection and humanitarian arms when they still need to complement and add value to each other. In addition, rather exaggerated claims are being made about the contribution of civil protection to humanitarian action. Some of these initiatives are still underdeveloped; and some of them will always be of marginal importance given the often-difficult contexts in which humanitarian aid operates.

**Fourthly**, DG ECHO should explore ways of accessing epidemic response capacities in flexible ways, especially by seeking partnerships with trusted specialist institutions. Epidemics are episodic and unpredictable. It makes sense to be able to draw upon external expertise when needed, but within long-term frameworks. In particular DG ECHO could benefit from epidemiological expertise to better understand the trends within disease outbreaks. Other kinds of potential support could come from the likes of DG ECHO's strategic partners, health anthropologists, experts on resilience and epidemic preparedness, and governance advisers.

#### **Strategic Recommendation 5: Step up work to bridge the nexus by focusing on preparedness**

DG ECHO should begin programming purposeful and well-structured work on epidemic preparedness in selected humanitarian contexts, possibly including action research. The strategic recommendations above are all relevant to working better across the humanitarian-development nexus, but this issue is so important it warrants being brought together through a specific recommendation. Senior DG ECHO leadership has already accepted that a major lesson of recent epidemics is the need to take a longer-term approach and to work alongside others across the nexus. DG ECHO already has some experience of this (e.g., in South Sudan), but the examples are relatively few, ad hoc and lack a sense of direction. Field practitioners feel they



lack agency without clear guidance and a strong push from senior management. Bridging the nexus can seem daunting when the gap between humanitarian aid and development is very wide. However, work on epidemic preparedness is a good place to start. It can sit within humanitarian action, but can borrow heavily from development practice, employ action research and offers a potential pathway into further health systems' strengthening if the humanitarian situation resolves.

## Part B

### **Strategic Recommendation 1: Co-develop a strategic framework for engaging in humanitarian settings**

Forging a strategic partnership requires shared vision, structure, and mutual understanding of each partner's strengths and gaps. The annual high-level meetings and associated follow up actions do not provide the momentum to strengthen the partnership across levels to realise its potential added value. The partnership needs a framework to define what it wants to achieve and how it wants to engage in humanitarian settings, as well as the areas of health it wants to invest resources and expertise, including policy and advocacy.

The first step in this process is for DG ECHO and WHO to come together to map the areas of common interest, each organisation's strengths, areas of complementarity and synergy, and areas of misalignment or barriers to achieving a unified approach. Ideally, the partnership can identify strategic priorities that can be mainstreamed into both organisations and across all levels, whether it's ensuring mental health services in all responses or integrating resilience strengthening across all Actions.

The framework's development is not just an exercise at HQ level, it requires global ownership, and needs the inputs across all levels, building the strategic priorities from the bottom-up so they reflect the humanitarian health needs on the ground. This requires a collective look at the needs across countries. Multi-level formal dialogues can be used as a forum for different stages of developing the framework.

The framework can serve as a guide across levels and functions, ensuring coherence on policy and strategic priorities across HQ, policy and operational arms of the partnership. To ensure the framework is mutual, both partners must bring cohesive and strategic thinking on health to the table and find the natural alignment of their respective frameworks that can guide the partnership. This may be a challenge for DG ECHO without an updated and unified approach to health, an area to prioritise moving forward.

### **Strategic Recommendation 2: Engage in more frequent, more inclusive, and more strategically driven dialogue and communication**

The partnership has experienced improved dialogue within levels (global-global, country-country), but the lack of coherence across levels has created a disconnect which impacts the partnership's efforts. Even though the HSD - at the apex of the of the strategic partnership - has strengthened the partnership between DG ECHO and WHO, it does not come from a strategically driven process and remains highly exclusive, having little impact at the operational level. The HSDs need to be further strengthened through a more inclusive and strategically driven process, expanding participation to engage DG ECHO and WHO technical and operational levels, and formalising the outcomes for more widespread dissemination.

Dialogue at the regional level has been limited and at the country level is inconsistent, dependent on country context and marked by communication breakdowns within each organisation. An overarching strategic framework for engagement (Strategic Recommendation 1) can address many of these issues by providing a common frame for dialogue at all levels, and by establishing the linkages between functional levels. However, the partnership also needs to directly address the quality and frequency of dialogue. DG ECHO can bolster quality by supporting WHO's continued efforts to strengthen its capacities to engage in DG ECHO processes. An example of such support is helping to demystify DG ECHO processes by inviting WHO to participate in country-held DG ECHO process workshops.

The partnership needs to expand formal and documented dialogues to all levels, HQ, regional and country. The dialogues should be strategically driven with clear objectives. Cross fertilisation is important, bringing the operational experience closer to HQ by involving more field and technical people at the HSD, and including HQ policy people at operational dialogues.

**Strategic Recommendation 3: Explore innovative partnership arrangements that combine the unique strengths of each organisation to work on higher level shared goals**

There are important examples where the partnership has successfully leveraged its comparative advantages to save lives. For example, at the global level with the Mental Health and Psychosocial Support (MHPSS) and Emergency Medical Teams (EMT) programs, and in Yemen, Syria and Afghanistan through joint health advocacy. Both DG ECHO and WHO agree on the value of more efficient, effective and impactful investments in health in humanitarian settings.

Of the two partners – and especially at the operational level - DG ECHO is less clear about what value it thinks WHO adds to humanitarian settings. However through structured dialogue at all levels – and mutual recognition and appreciation of comparative strengths - DG ECHO can leverage WHO's normative and technical expertise to help bridge gaps in DG ECHO's health policy (such as a framework for epidemic response). At the highest level, DG ECHO does recognise WHO as a multipurpose development organisation with a humanitarian dimension. DG ECHO can build on this to implement its commitments under the Grand Bargain.

On the WHO side, the perception is that DG ECHO's Humanitarian Implementation Plans (HIP) and Epidemics Toolbox are valued, but limited in scope, timeframe and funding, leading to missed opportunities, especially for progress in protracted crises and towards bridging the nexus. For WHO, the strategic partnership would preferably establish financing mechanisms outside the HIPs by exploring alternative mechanisms that extend beyond multi-country grants. Alternative and innovative financing approaches can secure impactful work on preparedness, and more timely and appropriate responses to future public health emergencies in humanitarian settings.

Committing to alternative financing modalities such as pilot programmatic partnerships (PPP) can better integrate resilience approaches into investments, so the partnership can have a longer-term impact. Increased investment in innovative financing will require leadership buy-in and an appetite for risk, especially at HQ levels. This is a big stretch without a better understanding of WHO's performance and potential: a first step could be for DG ECHO to commission an independent review of WHO as an implementer, something which was beyond the mandate of this evaluation.

In addition, the two organisations could explore tripartite and multilateral collaborations with other EC services such as DG INTPA to address resilience and nexus-bridging activities; or with other technical/implementing agencies to maximise technical exchange and consider joint initiatives.

Recommendations one and two can both feed into this process of leveraging each other's strengths respective strengths.

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## The European Civil Protection and Humanitarian Aid Operations - ECHO

### ECHO Mission

The primary role of the Directorate-General for Civil Protection and Humanitarian Aid Operations (DG ECHO) of the European Commission is to manage and coordinate the European Union's emergency response to conflicts, natural and man-made disasters. It does so both through the delivery of humanitarian aid and through the coordination and facilitation of in-kind assistance, specialist capacities, expertise and intervention teams using the Union Civil Protection Mechanism (UCPM)

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