



Economic and Social Council

Distr.: General
14 March 2022

Original: English

Committee for Programme and Coordination

Sixty-second session

Organizational session, 21 April 2022

Substantive session, 31 May–1 July 2022*

Item 3 (b) of the provisional agenda**

Programme questions: evaluation

Triennial review of the implementation of the recommendations made by the Committee at its fifty-ninth session on the evaluation of the Office of the United Nations High Commissioner for Refugees

Report of the Office of Internal Oversight Services

Summary

The present report is submitted in accordance with the decision taken by the Committee for Programme and Coordination at its fifty-ninth session to review the implementation of its recommendations three years after taking decisions on evaluations submitted to the Committee (see [A/37/38](#), para. 362). The present triennial review determined the extent to which the five recommendations emanating from the Office of Internal Oversight Services (OIOS) programme evaluation of the Office of the United Nations High Commissioner for Refugees (UNHCR) were implemented.

The triennial review was conducted through: (a) a review and analysis of biennial progress reports on the status of OIOS recommendations; (b) an analysis of relevant information, documents and reports; and (c) interviews with UNHCR staff.

OIOS determined that all five recommendations were implemented.

In recommendation 1, UNHCR was to strengthen the emphasis on inclusion-based support for health systems in its next public health strategy. UNHCR demonstrated implementation of the recommendation primarily through its new global public health strategy (2021–2025), launched in 2021, in which the integration and inclusion of refugees into national health systems is one of five key cross-cutting strategic approaches. Along with designing a global inclusion survey and dashboard to support the new strategy, UNHCR is also actively disseminating the strategy to promote strategic alignment across international, regional and national operations.

* The dates for the substantive session are tentative.

** [E/AC.51/2022/1](#).



In recommendation 2, UNHCR was to mainstream public health into its operation-wide scenario planning. In addition to the new global public health strategy noted above, UNHCR implemented the recommendation through the design and launch of a new global results framework and a new multi-partner, multi-year planning process that was utilized on a global scale for the first time, beginning with the 2022 planning cycle. Together, these two initiatives have fed into a results-based monitoring framework through which access to and the effectiveness of national health services can be systematically monitored and incorporated into planning priorities.

In recommendation 3, UNHCR was to improve the monitoring of out-of-camp health outcomes. In response to the recommendation, the need for the inclusion of refugees living outside of camps in national health programmes was specifically highlighted in the new global public health strategy. UNHCR also prioritized the data-collection capacity of country operations, updating the health access and utilization survey and guide, including key health indicators in multisectoral surveys in support of results-based monitoring of indicators, and promoting interoperability between its global health information system and national-level systems.

In recommendation 4, UNHCR was to enhance partner-specific follow-up mechanisms to address potential overlaps and gaps with United Nations and other operational partners. UNHCR demonstrated implementation of the recommendation through the launch of its multi-year, multi-partner planning process discussed above, supported by parallel training and capacity-building processes. The new global results framework noted above aligns with key indicators already in use at the global level and provides flexibility for country operations to design and link their own outcome indicators around public health.

In recommendation 5, UNHCR was to enhance multisectoral links through internal learning and integrated programming. In response, UNHCR has developed a broad array of multisectoral programming, tools and guidance in several priority areas. Furthermore, the new global public health strategy already noted contains an objective on cross-sectoral programming and will be used by UNHCR and partners to strengthen cross-sectoral linkages and multisectoral programming.

I. Introduction

1. At its fifty-ninth session, in 2019, the Committee for Programme and Coordination considered the report of the Office of Internal Oversight Services (OIOS) on the evaluation of the Office of the United Nations High Commissioner for Refugees (UNHCR) (E/AC.51/2019/8).
2. The Committee expressed appreciation for the report and recommended that the General Assembly endorse the five recommendations contained in paragraphs 66 to 70.
3. In the present triennial review, OIOS examined the status of implementation of the five recommendations contained in its evaluation report. All five were assessed to have been implemented.
4. The methodology for the triennial review included:
 - (a) A review and analysis of biennial progress reports on the status of recommendations, which are monitored through the TeamMate+ recommendation tracking database of OIOS;
 - (b) An analysis of relevant information, documents and reports obtained from UNHCR on various issues related to the recommendations;
 - (c) Interviews conducted by telephone with UNHCR staff.
5. The assessment by OIOS also took into consideration broader internal change processes at UNHCR. These included a new global public health strategy (2021–2025), the finalization and roll-out of a new global results framework in 2021 and the global launch of a multi-year, multi-partner planning cycle in 2021.
6. The report incorporates comments of UNHCR received during the drafting process. A final draft was shared with UNHCR for its final comments, which are provided in the annex to the present report. OIOS expresses its appreciation for the cooperation and assistance provided by UNHCR in the preparation of the report.

II. Recommendations

Recommendation 1

Strengthen emphasis on inclusion-based support for health systems in the next public health strategy

7. Recommendation 1 reads as follows:

In the next public health strategy, UNHCR should include stronger emphasis on shifting towards more sustainable, inclusion-based support for health systems, with guidance for country operations on actions and indicators to measure progress towards inclusion and define and develop the Office's role in strengthening health systems and facilitating the engagement of other actors in addressing public health for refugees.

Indicator of achievement: post-2018 global strategy for public health incorporates the inclusion elements noted

8. UNHCR launched its most recent global public health strategy (2021–2025) in August 2021, in which the integration and inclusion of refugees and other populations of concern into national health systems was identified as a key cross-cutting strategic approach.¹ In line with the global compact on refugees and comprehensive responses,

¹ Office of the United Nations High Commissioner for Refugees (UNHCR), "UNHCR global public health strategy 2021–2025" (2021), p. 8, strategic approach 1.

the strategy emphasizes support for national systems and provides guidance on developing medium- to longer-term inclusion plans with multiple stakeholders in order to strengthen national health systems to meet the needs of refugees and hosts.² The strategy outlines the convening and catalytic role of UNHCR in leveraging support of multiple actors for refugee situations, including where national systems are hosting refugees.³ UNHCR staff interviewed provided examples of results emanating from the convening and catalytic role in Cameroon, Bangladesh, Ethiopia, Jordan, the Niger and Uganda, including through leveraging resources from the International Development Association of the World Bank.⁴

9. UNHCR also disseminated its strategy to regional bureaus and national counterparts and provided support for the development of regional and country-level strategies. As of March 2022, the regional bureaus for Southern Africa and South America were developing regional strategies informed by the new global public health strategy.

10. The global public health strategy further identifies the UNHCR public health inclusion survey as a biennial tool to assess and monitor the extent of inclusion in national systems. The survey was launched in January 2020, reflecting the situation of refugees in 48 countries. It encompassed multiple indicators of inclusion, including funding, services, water, sanitation and hygiene, and food security, providing detailed indicators and information on progress towards inclusion at the country level.

11. On the basis of the above actions, OIOS assessed the recommendation to have been implemented.

Recommendation 2

Mainstream public health into operation-wide scenario planning

12. Recommendation 2 reads as follows:

UNHCR should plan in a forward-looking and strategic manner at the operation level to ensure systematic engagement with regard to needs and develop early options to respond to post-emergency and transition scenarios, with public health mainstreamed into operation-wide planning.

Indicators of achievement: guidance for systematic and evidence-based decision-making on engagement in public health at the country level developed and tracked; lessons learned on transition planning shared across operations; the new results framework as part of the results-based management renewal project incorporates parameters of operation-wide scenario planning

13. The mainstreaming of public health into operation-wide planning and engagement by UNHCR at the country level was evidenced by both the new global public health strategy and the public health inclusion survey discussed in paragraphs 8 and 10 above, respectively. Country operations, including those in Malawi, Pakistan and Uganda, used those initiatives for planning purposes, and UNHCR also carried out and published lessons-learned reports on the operations' transition planning processes.

² Ibid., pp. 15–16, result 1.

³ Ibid., p. 8, strategic approach 2.

⁴ With regard to Cameroon, see X. Bourgois, “Innovative Cameroon project will benefit refugees and hosts”, UNHCR, 29 June 2018, available at www.unhcr.org/en-us/news/latest/2018/6/5b35ffc84/innovative-cameroon-project-benefit-refugees-hosts.html; regarding Bangladesh, Ethiopia, Jordan and the Niger, see UNHCR, “Evaluation of UNHCR’s engagement in humanitarian-development cooperation” (2021), available at www.unhcr.org/61af7be94.pdf.

14. In addition, several significant changes in the UNHCR approach to planning reflected implementation of the recommendation. The results-based management renewal process highlighted in the 2019 OIOS evaluation made substantial progress by the end of 2021 (A/AC.96/1213/Rev.1, para. 8). Linked to the global public health strategy, the new results-based management system draws on situational analysis at the country operation level and annual implementation plan reviews to assess and monitor the effectiveness of access to health services.⁵ The results-based management system incorporates several elements that promote forward-looking and strategic planning. It is backed up by a multi-year, multi-partner planning strategy first piloted by UNHCR in six country operations in 2016 and utilized on a global scale for the first time for the 2022 planning cycle (A/AC.96/1158, para. 116; A/AC.96/1213/Rev.1, para 8; see also recommendation 4). It links to a new global results framework, which tracks UNHCR-wide investment across four impact areas and 16 outcome areas, which, in turn, are linked to the global compact on refugees and the Sustainable Development Goals. Lastly, the new results-based management system is supported by new software called COMPASS to strengthen coordination across country operations (A/AC.96/1213/Rev.1, paras. 8 and 42).

15. A further example of guidance for systematic and evidence-based decision-making on engagement in public health at the country level included an implementation guide on public health and nutrition responses, published by UNHCR in 2019 in support of the global compact on refugees.⁶ The guide identifies timeline-specific considerations for preparedness, emergency, transition and long-term inclusion.

16. On the basis of the above actions, OIOS assessed the recommendation to have been implemented.

Recommendation 3

Improve the monitoring of out-of-camp health outcomes

17. Recommendation 3 reads as follows:

UNHCR should improve the monitoring of out-of-camp health outcomes, including by using data for strategic decisions.

Indicators of achievement: post-2018 public health strategy reflects different approaches to improve the monitoring of health in out-of-camp populations; continued advocacy with host Governments on the collection, disaggregation and reporting of key refugee data, including health data, where the protection environment allows; provision of guidance and training to strengthen the capacity of UNHCR staff and implementing partners in the collection, analysis and use of programme data; expansion of the number and/or scope of health access and utilization surveys where feasible

18. This recommendation has been implemented through several initiatives. First, advocacy for the inclusion of refugees in national health programmes, especially for those living outside of camps, is recommended in the new global public health strategy.⁷ In addition, the overall importance of reliable, disaggregated data on health and nutrition status, access, utilization, coverage and quality of services is stressed in the strategy. It commits UNHCR to improving the availability, quality and utilization of data on out-of-camp refugees, including through the expanded use of the health

⁵ “UNHCR global public health strategy 2021–2025”, p. 9.

⁶ See UNHCR, “Public health and nutrition in operationalizing the global compact on refugees and comprehensive responses”, available at www.unhcr.org/en-us/publications/brochures/5fb3ad4d4/public-health-nutrition-operationalizing-global-compact-refugees-comprehensive.html.

⁷ “UNHCR global public health strategy 2021–2025”, p. 39.

access and utilization surveys and inclusion of key health indicators in multisectoral surveys in support of results-based monitoring of indicators.⁸

19. The health access and utilization survey tool and accompanying manual were updated in 2020 and again in 2021 to include optional modules on education, shelter, water, sanitation and hygiene, food security and a new section on coronavirus disease (COVID-19)-related indicators. Owing to delays stemming from the COVID-19 pandemic, the first survey was conducted in Egypt, with roll-out in additional country operations currently in planning.

20. UNHCR also issued an updated user guide in August 2021 for its health information system, accompanied by webinars for UNHCR staff and partners. The guide promotes interoperability between the health information system and the national-level health system, District Health Information Software (DHIS 2).

21. Lastly, UNHCR worked with the World Bank to issue high-frequency rapid response phone surveys. These surveys are multisectoral and contain questions relating to access to health services, with recent iterations focused on COVID-19.⁹

22. On the basis of the above actions, OIOS assessed the recommendation to have been implemented. OIOS encourages further progress on global implementation of the health access and utilization survey tool.

Recommendation 4

Enhance partner-specific follow-up mechanisms to address potential overlaps and gaps with United Nations and other operational partners

23. Recommendation 4 reads as follows:

To improve operational partnerships, UNHCR should enhance partner-specific, concrete follow-up mechanisms to address potential overlaps and/or gaps with United Nations and other operational partners and implement the lessons learned from the multi-year, multi-partner pilot.

Indicators of achievement: institutionalization of multi-year, multi-partner programming and take-up of multi-year, multi-partner lessons learned through the results-based management renewal project; inclusion of longer-term outcomes in the new results framework to permit multi-year planning and monitoring of outcomes to be more in line with potential planning processes of operational partners

24. As noted in paragraph 14 above, the transition to multi-year, multi-partner planning, supported by training and capacity-building processes, was well advanced. In 2021, 24 operations developed multi-year strategies while all others prepared transition plans, with an estimate that, by 2024, all country operations would be implementing multi-year strategies.¹⁰ To prepare for the 2021 roll-out, UNHCR developed a comprehensive capacity-building strategy, including online self-paced learning modules, weekly training on new approaches and tools, and short-term dedicated staff deployed to each region.

25. As also noted in paragraph 14 above, the global results framework was developed as part of the process to align with key indicators already in use at the global level, with adaptations for refugees, where necessary. At the national level, country offices designed their own outcomes around health to link to the new global reporting requirements. This included a compendium of good practice indicators to

⁸ Ibid., p. 9, strategic approach 4.

⁹ UNHCR provided an example of the Kenya COVID-19 rapid response phone survey.

¹⁰ “Enhancing UNHCR’s capacity to deliver and report on results: our approach to results-based management” (presentation to member States, October 2020), slide 4.

facilitate national selection, providing countries with both relevant information and the flexibility to use their own indicators.

26. On the basis of the above action, OIOS assessed the recommendation to have been implemented.

Recommendation 5

Enhance multisectoral links through internal learning and integrated programming

27. Recommendation 5 reads as follows:

UNHCR should enhance multisectoral links by emphasizing them in the next public health strategy to support internal learning and links and by demonstrating and documenting successful models of integrated programming to support advocacy internally and with donors on funding requirements.

Indicators of achievement: documentation and sharing of integration models internally and with donors; strengthened emphasis on cross-sector links in the post-2018 public health strategy, including how links can be optimized at the country level

28. The new global public health strategy contains an objective on cross-sectoral programming and will be used by UNHCR and partners to strengthen cross-sectoral linkages and multisectoral programming.¹¹ In response to the COVID-19 pandemic, UNHCR also developed multisectoral tools and guidance on shelter and health infrastructure, water, sanitation and hygiene, and public health.¹² In May 2020, UNHCR supported the launch of the Global Humanitarian Response Plan for COVID-19, with additional briefings from other global partners. UNHCR also joined the World Health Organization and other key agencies in drafting the Inter-Agency Standing Committee interim guidance on public health and social measures for COVID-19 preparedness and response in low capacity and humanitarian settings.

29. Furthermore, UNHCR has developed additional multisectoral programming, tools and guidance in several priority areas, including on health and protection needs of people selling or exchanging sex; mental health and psychosocial support; suicide prevention; community engagement and social mobilization in the roll-out of COVID-19 vaccines; the role of cash in financing access to health care; adolescent sexual and reproductive health in refugee situations; and camp coordination and management.

30. On the basis of the above actions, OIOS assessed the recommendation to have been implemented.

III. Early results

31. Early indications of positive results already identified with these actions, as reported by UNHCR staff interviewed and/or determined in documents reviewed, include:

(a) Increased mobilization of resources in Cameroon, Bangladesh, Ethiopia, Jordan, the Niger and Uganda;

¹¹ “Enhancing UNHCR’s capacity to deliver and report on results: our approach to results-based management” (presentation to member States, October 2020), slide 4.

¹² See UNHCR, “UNHCR global COVID-19 emergency response”, 11 May 2020, available at https://reporting-legacy.unhcr.org/sites/default/files/11052020_UNHCR%20Global%20COVID-19%20Emergency%20Response.pdf.

(b) Increased capacity for intensive care beds and in-patient management in Lebanon and support for the Ugandan Ministry of Health that benefited both refugees and the national health system;

(c) Development of regional public health strategies by the regional bureaus for Southern Africa and South America, which will support the alignment of priorities at the global, regional and national levels;

(d) Use of the public health inclusion survey in Malawi, Pakistan and Uganda to identify gaps in the provision of public health to refugees;

(e) Use of the 2021 operational guidance on “responding to the health and protection needs of people selling or exchanging sex in humanitarian settings” when allocating resources from the Joint United Nations Programme on HIV/AIDS;

(f) Enhanced measurement of the vaccine status of refugees and guidance on working in communities with high levels of vaccine hesitancy.

Annex***Comments received from the United Nations High Commissioner for Refugees**

Thank you for your memorandum and for sharing with us the Triennial review of the implementation of recommendations made by the Committee at its fifty-ninth session on the evaluation of the United Nations High Commissioner for Refugees.

The Office of Internal Oversight Services (OIOS) evaluation focused on the support by the Office of the United Nations High Commissioner for Refugees (UNHCR) in the implementation of public health programmes.

The triennial review recognized that UNHCR the improved positive outcomes in the implementation of the five recommendations, as well as the positive results following the issuing of the UNHCR public health strategy for 2021–2025.

I take this opportunity to thank the OIOS evaluation staff for the valuable contributions made through the evaluation to UNHCR’s public health programmes.

* In the present annex, the Office of Internal Oversight Services sets out the full text of comments received from the Office of the United Nations High Commissioner for Refugees. The practice has been instituted in line with General Assembly resolution [64/263](#), following the recommendation of the Independent Audit Advisory Committee.