

## Central project evaluation – executive summary

# Regional Programme Support to Pandemic Preparedness

Project title	Regional Programme Support to Pandemic Preparedness in the ECOWAS Region		
Country/region/global	The Economic Community of West African States (ECOWAS)/member states: Benin, Burkina Faso, Cape Verde, Cote d' Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal, and Togo		
Sector and CRS code	12110 – Health policy and health care administration		
Project number	2014.2510.7		
Commissioning party	German Federal Ministry for Economic Cooperation and Development (BMZ), co-financier European Union (EU)		
Lead executing agency/partner organisations	GIZ/ECOWAS Commission – West African Health Organization (WAHO), Regional Centre for Surveillance and Diseases Control (RCSDC)		
Development cooperation (DC) programme	<i>Unterstützung des Integrationsprozesses zur Verbesserung der Gesundheit der Bevölkerung in der Ostafrikanischen Gemeinschaft</i>		
Implementing organisations of DC programme	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, KfW Development Bank, Physikalisch-Technische Bundesanstalt (PTB),		
Project value	EUR 26,050,000 (of which EUR 8,000,000 is co-financed by the EU)		
Project term	September 2016 - August 2021		
Reporting year CPE	2022	Sample year CPE	2017

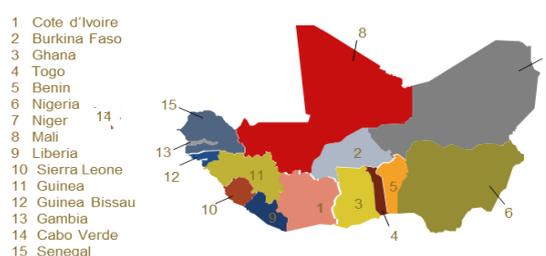
### Context of the project

The Economic Community of West African States (ECOWAS) was established on 28 May 1975 via the Treaty of Lagos. It has 15 member countries: Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal, and Togo. ECOWAS aims to be 'an integrated region where the population enjoys free movement, has access to efficient education and health systems and engages in economic and commercial activities while living in dignity in an atmosphere of peace and security'.

However, political instability in some countries in the region is a challenge for regional development and the construction of strong institutions, jeopardising, among other state functions, the provision of health services and the population's access to these services. The population of ECOWAS member countries is exposed to the risks of disease outbreaks not only due to inadequate medical care and lack of coordination of relief efforts, but also due to the impact of outbreaks on other vital sectors such as disruptions in the labour and goods market, or agricultural production.

Given the high levels of mobility, migration and transnational trade in the region, with high permeability and informal crossing of nations' borders, and the concomitant political instabilities and weaknesses in national health systems, stakeholders recognised the importance of strengthening coordinated regional strategies for preparedness and response of outbreaks and pandemics. The vulnerability of the region to outbreaks and epidemics became particularly clear to national and regional authorities and the international community with the outbreak of the Ebola epidemic between 2014 and 2016. Deficiencies in the health systems were identified as one of the major aggravating factors that impeded an effective response to the West African Ebola pandemic.

Figure 1: ECOWAS region



## Brief description of the project

The project was the technical component of the programme entitled Regional Programme Support to Pandemic Preparedness in the ECOWAS Region. It was implemented by the German Technical Cooperation (GIZ), the German Development Bank (KfW), and the National Metrology Institute of Germany (PTB). The project coordination was the responsibility of GIZ. The political partner for the programme and the project was the ECOWAS Commission, the political arm of ECOWAS. The technical partners were WAHO, and its agency, RSCDC. The staff of these organisations were the direct beneficiaries of the project, as were the personnel of the National Coordinating Institutions (NCIs). These institutions are the national organisations (e.g. national public health institutes) responsible for public health issues and act as the institutional contact for WAHO and RSCDC. The project had four focus countries: Sierra Leone, Liberia, Guinea (the three countries most affected by the West African Ebola outbreak of 2014–16), and Togo; Nigeria and Ghana were included for activities related to the surveillance field of action.

The programme's main objective was: "the population of the ECOWAS is better protected against infectious diseases", including the recognition, report to the World Health Organisation (WHO), preparedness, and response to Public Health Emergency of International Concern (PHEICs). The project's objective was: "the advisory services to the ECOWAS member States provided by the ECOWAS Commission, the West Africa Health Organisation (WAHO) and specialist agencies in establishing selected disease control mechanisms in accordance with the International Health Regulations are improved". The central hypothesis was that, with improved advisory services to member states, these would establish improved disease control mechanisms, and consequently, have more effective and faster disease control, protecting the population of the ECOWAS against infectious diseases.

The project initially had three fields of action, a fourth one was added in 2019. The fields of action were selected on the basis of 4 of the [13 International Health Regulations \(IHR\) core](#)

[capacities](#), which constitute the international legal framework for preventing the transnational spread of infectious diseases. The first field of action focused on improving health risk communication with output A: 'the communication of health risks due to infectious diseases which takes gender and One Health aspects into account has improved'. The second field of action focused on improving inter-institutional communication and coordination with output B: 'communication and coordination between ECOWAS institutions and specialist agencies, NCIs and partners in the field of disease control has been strengthened'. The third field of action focused on strengthening human resources with output C 'human resources of the ECOWAS Commission, WAHO, RSCDC and NCIs are strengthened in relation to disease control'. The fourth field of action focused on improving the digitalised outbreak management and surveillance system with output D: 'the digitalised disease outbreak management and surveillance system in Nigeria and Ghana has been enhanced'. This last field of action and output were specially tailored to improve and support the implementation of the Surveillance Outbreak Response Management and Analysis System (SORMAS) and e-health software for disease control and response management.

Figure 2: Project objective/areas of intervention



## Assessment according to DAC criteria

### Relevance

The relevance criterion was evaluated on the basis of alignment with the policies and priorities of the key stakeholders and the needs and capacities of beneficiaries; design appropriateness; and the project's response to changes, especially the COVID-19 pandemic.

The project design was well aligned with the main international and BMZ policies (e.g. BMZ's Reform Strategy and One Health strategy) and priorities related to outbreak preparedness and response. The project contributed to the achievement of the third Sustainable Development Goal (SDG), good health and well-being. The project's four fields of action (coordination, risk communication, human resources and surveillance capacities) matched four of the core capacities of the IHR, WHO's legally binding framework that countries should follow to manage public health emergencies of international concern (PHEICs). In particular, the effort to improve health risk communication in the region proved to be extremely relevant. The project addressed the main needs and requirements of the NCIs, especially the support needed for the development of human resources. WAHO and RCSDC needed to increase their expertise in the technical fields of risk communication and coordination and communication; they also needed to strengthen their own human resources and institutional capacities. The project was well designed to support the above-mentioned technical fields, but a better alignment and design that would support RCSDC's organisational development, including strengthening its human resources, would have been valuable. Moreover, other needs that were considered more relevant by some of the stakeholders (e.g. improving border surveillance) were not addressed by the project.

In total, the relevance of the project is rated as highly successful, with 93 out of 100 points

### Coherence

The coherence criterion was evaluated on the basis of the project's internal coherence (synergy with other initiatives supported by the German Government and project design) and external coherence (synergy with other international cooperation-supported projects and initiatives, and WAHO strategies).

The project had very high rates of internal coherence and good external coherence. The project was part of a BMZ-supported programme in which KfW and PTB also carried out other projects. Synergies emerged between the selected fields of activity, the division of tasks in the initiatives supported by the German Government (especially between the tasks performed by the KfW project and those performed by the project itself) and the cooperation. This helped to achieve the programme objective. The project design was mostly coherent, although the activities and strategies in the fourth field of activity were not as strongly interlinked to the other three fields. In terms of external coherence, the intervention complemented the efforts of the ECOWAS Commission and WAHO to strengthen the region's response to outbreaks and pandemics, and took on board the strategies and policies of these organisations. Still, some of the project activities were designed to act directly with the ECOWAS member countries. This strategy certainly helped to improve national and subnational capacities, increasing the awareness of national institutions and their capacity to request and respond to the advisory services provided by WAHO/RSCDC. However, it bypassed to some extent the original pathway of the results matrix, which considered that the advisory services of the ECOWAS Commission and WAHO should be improved. The project worked in synergy with and complemented other donors and international initiatives, especially the World Bank's Regional Disease Surveillance Systems Enhancement project (REDISSE).

In total, the coherence of the project is rated as highly successful, with 93 out of 100 points.

## Effectiveness

The effectiveness criterion was evaluated on the basis of the achievement of the intended objectives, the project's contribution to this achievement and the identified unintended results.

In general terms, the project achieved its intended objective to support WAHO in assisting countries in their disease control in accordance with the IHR. Assistance was given directly to NCIs in focus countries (Liberia, Guinea, Sierra Leone and Togo) and to SORMAS countries (Nigeria and Ghana), to strengthen their capacities to cope with outbreaks. The project assisted with the creation of WAHO's strategies on risk communication and coordination and communication, as well as related standard operating procedures (SOPs) and other tools. It supported the training of almost 7,000 people on different IHR topics at regional level (WAHO/RCSDC staff) and at national and subnational level. In the SORMAS countries, over 7,000 users (national and subnational health staff) are now connected to the system. Although the project's outcome indicators were achieved in almost totality, these had some inconsistencies, and some were misleading. Some strategies were not as effective as expected (e.g. Regional Rapid Response Teams - RRRT, use of communication channels such as ECOSuite Pandemic Preparedness and Response Portal, or RCSDC risk communication platform. A positive unintended result was the fast adaptation of SORMAS due to the COVID-19 pandemic.

In total, the effectiveness of the project is rated successful, with 81 out of 100 points.

Figure 3: Achievement of the project's objective indicators

Support measures provided by WAHO/RCSDC	100%
Communication and coordination mechanisms	100%
Risk communication in accordance with strategy	94%
RRRT support missions	100%
Districts using SORMAS in Nigeria and Ghana	100%

## Impact

The impact criterion was evaluated on the basis of the high-level development changes, the project's contribution to these changes and the results.

The ECOWAS member countries have been making progress in implementing better prevention and control measures since the West African Ebola epidemic, but infectious disease threats are still an issue. Since the start of the project, ECOWAS member countries registered two PHEICs – the vaccine-derived poliovirus infection in Nigeria and the COVID-19 pandemic (both still ongoing) – and reported accordingly to WHO. The countries have improved their reporting of IHR core capacities. However, core competencies varied among countries and did not considerably improve. Nevertheless, stakeholders in the region are almost unanimous in their assertion that outbreak preparedness and response capacities did improve. The project contributed to an improvement in disease control mechanisms. For example, over 220 million people are currently covered by the SORMAS surveillance system in Nigeria and Ghana. In particular, the improvement in the communication of health risks in ECOWAS member countries, including unexpected positive impacts (e.g. improvements in health communication strategies for mother and child health), can be linked to the project's contribution. Still, the advisory capacities of the WAHO and RCSDC were not strengthened as expected principally because of internal challenges of within the counterpart organisations, reducing the overall project impact.

In total, the impact of the project is rated moderately successful, with 78 out of 100 points.

Photo 1: RPPP risk communication material (© 2022 GIZ)



## Efficiency

The efficiency criterion was evaluated on the basis of the production efficiency (relationship between resource allocation and outputs) and the allocation efficiency (relationship between resource allocation and outcomes). It was assessed using the GIZ efficiency tool, which allocates costs to specific outputs of the project, using a follow-the-money approach.

The allocation of funds by output showed a relatively balanced distribution of costs, with costs for the three original outputs (A, B, C) accounting for 73% of all costs, output D (SORMAS) accounting for around 16% of all costs and overarching costs accounting for 10% of all costs. This did not take into account the EU co-financing (the EU fund allocation per output was not available). The balance between outputs reflects the project design.

Residual funds as of February 2022 were about EUR 1.4 million and correspond mainly to unspent funds for goods procurement. The project's production efficiency was assessed as good: almost all output indicators were achieved; there was good resource mobilisation of new EU funds and COVID-19 emergency funds; key activity and staff costs were shared well; and the training model was very efficient. However, although almost all indicators at both output and outcome level were achieved according to the results matrix, they do not always indicate the extent to which the provided services/tools were used by beneficiaries. Some resource inputs (support for Regional Rapid Response Teams, ECOSuite and the risk communication platform) were not converted into the expected outcomes and impact. Alternative designs to address challenges at regional level could have been considered, and the outcome and outputs indicators were not adapted in line with the increased funds allocated as COVID-19 emergency support (EUR 10 million, 38% of the project's budget), the efficiency of the project is rated moderately successful, with 78 out of 100 points.

## Sustainability

The sustainability criterion was evaluated on the basis of the capacities of the beneficiaries and stakeholders, the project's contribution to supporting these capacities, and the durability of the results over time.

ECOWAS member countries are more aware of the importance of pandemic preparedness and response and are improving their capacities in this field. The capacities of NCIs, WAHO and RCSDC still need to be strengthened to increase the sustainability of the strategies that have been developed. The project helps to strengthen the capacities of counterparts, particularly in the area of human resources and training in risk communication and communication and coordination

The organisational development measures that would improve the capacities of RCSDC were not carried out as initially planned. The partners had good ownership of some of the results of the project, such as the risk communication and communication and coordination strategies, and the SORMAS component and activities. These results will probably be durable over time. Other results, such as the IT solutions that were developed with the project's support (platforms, hackathons), the operationalisation of SOPs, or the Regional Rapid Response Team, will be less sustainable if strategies and activities to support them are not reconsidered or finalised. In total, the sustainability of the project is rated moderately successful, with 71 out of 100 points.

## Overall rating

The project's topic and design were aligned with the strategies and policies of GIZ, donors, and ECOWAS. The project addressed the main needs of counterparts, but the organisational development support for RCSDC could have been explored better, considering that this posed a serious challenge for the implementation of the project. The COVID-19 pandemic also challenged the performance of the project. However, due to the pandemic, the project was able to mobilise extra funds from the COVID-19 emergency funds provided by BMZ and the EU (around EUR 10 million, or 38% of the project's budget), and had the chance to put into practice the tools and mechanisms that were being developed. However, this increase in funds was not reflected in a change of output or outcome indicators. Some results were effective and had an impact, but others did not achieve the expected performance, and may not be sustainable with the current strategies in place.

Table 1: Rating of OECD/DAC evaluation criteria

Criteria	Score (Max. 100)	Rating 1 (highly successful) to 6 (highly unsuccessful)
Relevance	93	Level 1: highly successful
Coherence	93	Level 1: highly successful
Effectiveness	81	Level 2: successful
Impact	78	Level 3: moderately successful
Efficiency	70	Level 3: moderately successful
Sustainability	71	Level 3: moderately successful
<b>Overall</b>	<b>81</b>	<b>Level 2: successful</b>

## Conclusions and factors of success and failure

The ECOWAS region has a very complex and unstable political context. WAHO and RCSDC have very motivated and competent personnel, but the organisations are understaffed, and procedures are not fully traceable or operative. Decision-making processes in the ECOWAS Commission, WAHO and RCSDC are challenging and sometimes inefficient. The institutional capacities of RCSDC are still weak. These were challenges to the project's impact. Although products were revised and developed (e.g. ECOSuite platform, risk communication platform, SOPs), WAHO and RCSDC do not have enough resources to operationalise or update many of these tools and mechanisms.

The COVID-19 pandemic showed the importance and relevance of the main project topic (pandemic preparedness and response) but also disrupted implementation of the project. Different interests and levels of development between countries were a challenge, as strategies had to be adapted at country level. Project staff were based in six different countries, and project staff in the focus countries worked directly with the NCIs. This had a positive effect on the development of national organisations and was very useful during the COVID-19 crisis, as project staff were able to directly support the procurement and distribution of goods financed by the COVID-19 emergency funds. However, some partners considered it a missed opportunity to build up closer cooperation between the countries' NCIs and WAHO/RCSDC, as the project was taking over part of the RCSDC functions. Due to a variety of factors, the activities designed to support the organisational development of RCSDC were delayed and could not be fully implemented. The project therefore could not fully address the main challenge identified for its implementation: the weak capacity of regional counterpart. This component should be strongly addressed in the next project phase

## Recommendations

### To GIZ/project/main partner

Organisational development and institution building of partners, regional cooperation

- Create embedded advisor/integrated expert positions at regional counterparts
- Support partners in their cooperation with international bodies
- Support south-south cooperation, and dissemination of best-case experiences from focus countries

Sustainability and dissemination of project achievements

- Human resources and training: Integrate course contents into the curricula of schools in the region; support postgraduate training, e-learning or blended learning
- Regional Rapid Response Team: Reconsider its functions to act as a regional hub for technical information exchange
- Communication and coordination mechanisms: Reconsider the mechanisms, focusing on their effectiveness
- SORMAS: The tool needs significant human and financial resources, consider the sustainability strategies to be applied by countries

Project design and cooperation

- Clarify project objectives and strategies with partners; rely more on local/regional experts; give greater consideration to vulnerable groups

### To donors

- Reconsider indicators when increasing budgets and make them more ambitious
- Consider longer-term processes and results (rather than only three-year cycles) in order to tackle organisational development challenges
- Reinforce the agreed project approaches among partners (actions at national and regional level) and GIZ approaches (*technical* cooperation)

## Approach and methods of the evaluation

This evaluation followed the GIZ evaluation guidelines and tools and considered the main questions in the GIZ evaluation matrix. It was based on two main designs:

A **contribution analysis** considered the contribution made by the project to the main hypothesis underpinning the theory of change. It validated the theory of change, considering the empirical evidence and triangulation of the information obtained by the evaluation. It accounted for external factors influencing the results. The main empirical methods used were:

- analysis of documents (BMZ and WAHO policy papers and strategies; project documents – offers, results matrixes, reports; ECOWAS member state reports on IHR core capacities to WHO; scientific publications),
- interviews with key stakeholders and beneficiaries and
- Focus group discussion

An **efficiency analysis** considered how resources and inputs were converted into the project results at output (production efficiency) and outcome/impact level (allocation efficiency). For this evaluation, the follow-the-money approach and the GIZ efficiency tool were used. Information obtained in interviews with project staff and key stakeholders was triangulated. Two main empirical methods were used.

- Financial reports were analysed and related data was provided by the project team
- Information was collected in interviews and shared via email

**Limitations of the evaluation:** COVID-19 restrictions meant that the evaluation was done mainly remotely. Due to a change in the evaluation team, methods had to be readapted and counterparts were interviewed a second time, delaying the process. Some of the contacted stakeholders did not reply or were late in replying to the request for an interview. Some data, especially data on EU financial resources and on the allocation of resources to outputs were not available and had to be evaluated subjectively.

## Rating system

Projects are rated based on the OECD/DAC criteria of relevance, coherence, effectiveness, impact, sustainability and efficiency. Each of the six criteria is rated on a scale of 1 to 100 (percentage system).

The project's overall score is derived from the average points awarded for the individual DAC criteria. The average value for the overall score is rounded according to mathematical convention. All DAC criteria are equally weighted for the overall score. Compared with the predecessor systems (6-point scale, 16-point scale), a 100-point scale has a number of advantages in that it allows differentiation, is commonly used internationally, is easy to understand and can readily be converted into other assessment systems.

Table 2: Rating and score scales

100-point scale (score)	6-level scale (rating)
92–100	Level 1: highly successful
81–91	Level 2: successful
67–80	Level 3: moderately successful
50–66	Level 4: moderately unsuccessful
30–49	Level 5: unsuccessful
0–29	Level 6: highly unsuccessful

Overall rating: The criteria of effectiveness, impact and sustainability are knock-out criteria: if one of the criteria is rated at level 4 or lower, the overall rating cannot go beyond level 4 although the mean score may be higher.

Both the assessment dimensions within the OECD/DAC criteria and the determination of the overall score using a points system serve to increase the transparency of ratings while enabling better comparability between individual projects.

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