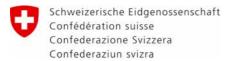


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## **Evaluation in the Federal Office of Public Health**

20 Years - The Highlights and Lowlights of the Commissioning Process (Strategic Framework)

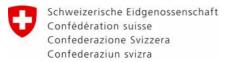
Marlène Läubli-Loud August 2007



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### What I am going to tell you

- 1. Background to the development of evaluation in the Office
- 2. Developing the evaluation system / strategic framework
- 3. Some of the key challenges to the commissioning process past and future



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## 1. Background and Context

- Revival of Evaluation in Public Administration during the 80s expanding throughout Europe
  - Switzerland is a "late" country no previous evaluation experience or culture (Exception DEZA)
  - Swiss National Research programme initiated to explore benefits of evaluation in public administration
- Spread of AIDS pandemic at an alarming rate
- Evaluation of Office's AIDS prevention efforts (1986/87) introduced for the first time



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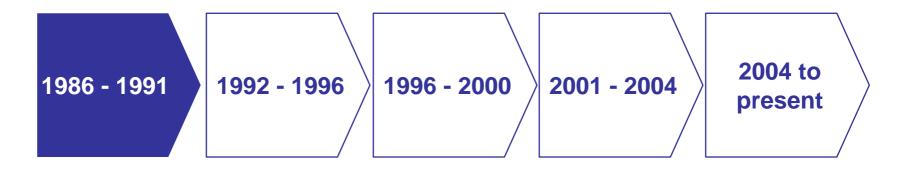
## 2. Evaluation – Overview (1/6)





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## 2. Evaluation – Overview (2/6)





1986 - 1991

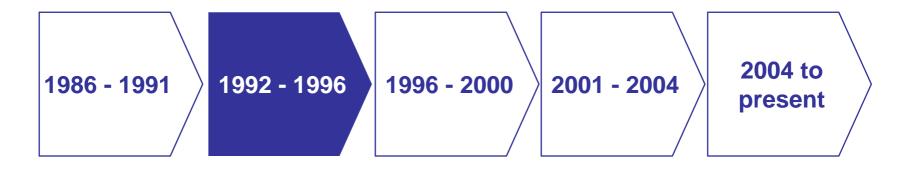
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Structural organisation	<ul> <li>Contractual partnership directly between Office's programme manager and external evaluators</li> <li>Funding for studies provided 'on demand' from programme budget</li> </ul>
Evaluand	HIV/AIDS national strategy
Approach and nature of the commissioned evaluations	<ul> <li>Strategic evaluation – analysis of the strategy, operational programme and activities as a whole – umbrella for all commissioned evaluations</li> <li>Comprehensive (process, outcome, impact)</li> <li>Mixed method approach, integrating several monitoring studies</li> <li>User-focused - based on Office's needs and questions</li> <li>Multi-studies – detailed analysis of specific aspects of the overall programme (mutually agreed between two partners)</li> <li>Formative, accompanying actions over legislative period (1- then 3, then 4 years)</li> <li>Synthesis of lessons from multi-studies – legitimation / accountability</li> </ul>
Sole contractor	Objective to develop evaluation expertise (UEPP, Lausanne)



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## 2. Evaluation – Overview (3/6)





1992 – 1996 (1/2)	Structural organisation	<ul> <li>Office reorganisation (1992)</li> <li>Management of commissioned evaluations centralised within a section of the Prevention Division (200% staff funded)</li> <li>Funding for studies still provided 'on demand' by programmes</li> </ul>
	Evaluand	AIDS / Federal Drugs prevention programme, gradually extended to other prevention areas e.g. Tobacco and Healthy Schools programmes –
	Main purpose	Combination of formative, legitimation, and accountability

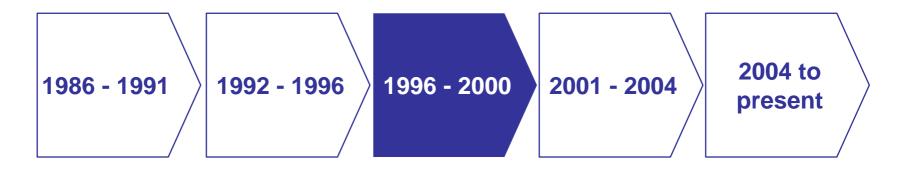


1996 (2/2)	Approach and nature of the commissioned evaluations	<ul> <li>Strategic evaluation design continued and similar principle applied to other prevention areas</li> <li>Formative evaluation introduced for "project" evaluations</li> </ul>
1992 – 1	Sole contractor	Sole contractor for "Global" Drugs / AIDS evaluations, but <b>Principle of "Open Tender</b> " introduced for "new prevention areas", particularly for projects in Drugs field



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## 2. Evaluation – Overview (4/6)





1996 – 2000 (1/2)	Structural organisation	<ul> <li>Office reorganisation (1996)</li> <li>Centralised service dismantled – initially 100% person remained responsible for <i>programme</i> evaluations only</li> <li>Responsibility for <i>project</i> evaluation reverted to programme sections</li> <li>No change in funding arrangements – additional 200% personnel eventually given to support return to centralised service</li> </ul>
-	Evaluand	AIDS, Drugs, Tobacco, Healthy Schools, Alcohol, Flu – bottom-up approach for setting priorities
	Main purpose	More emphasis on <b>developmental</b> evaluation, less on accountability – no knowledge building ( <i>based on Chemlimsky and Weiss' three way distinction</i> )

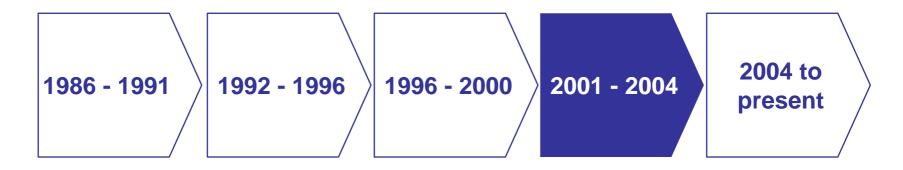


2000 (2/2)	Approach and nature of the commissioned evaluations	No change to design – <i>strategic / programme</i> evaluation contracts average 4 years - <i>project</i> <i>evaluations</i> more focussed and over less time
1996 –	Sole contractor	Sole contractor remains for AIDS and Drugs – others subject to "open tender" process



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## 2. Evaluation – Overview (5/6)





1 – 2004 (1/2)	Structural organisation	<ul> <li>Centralised service re-established – (attached to Chief of Staff of the Office's Directorate, with 490% staffing)</li> <li>Responsibility extended to cover Office-wide needs - Responsibility for all commissioned evaluations and development of evaluation system</li> <li>Centralised funding pool created to support studies</li> </ul>
2001	Evaluand	Traditional prevention areas – others added e.g. Radiation – priorities set by Units but agreed by Top Management
	Main purpose	No change



2001 - 2004 (2/2)

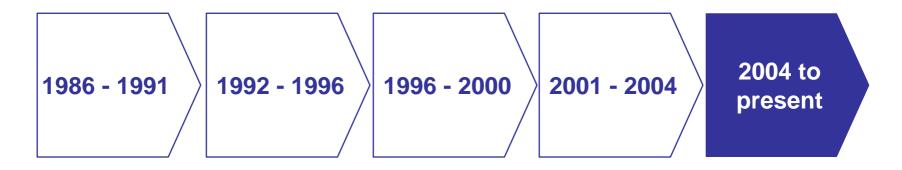
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Approach and nature of the commissioned evaluations	<ul> <li>Strategic (programme) evaluations</li> <li>comprehensive with some in-depth studies,</li> <li>time-bound (over less time) developmental in nature – less formative studies.</li> <li>introduced use of evaluability studies</li> <li>more participative in nature (efforts to seek external stakeholder's questions too)</li> <li>separation of evaluation and monitoring activities</li> </ul> Fewer project evaluations
Sole contractor	<ul> <li>Principle of sole contractors in AIDS/Drugs stopped,</li> <li>Process of open or selected tender applied throughout</li> </ul>



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## 2. Evaluation – Overview (6/6)





present (1/2)	Structural organisation	<ul> <li>Office reorganisation (2004) – Revision of</li> <li>Office's strategy</li> <li>Centralised service remains but with less staff (250% available to support evaluation)</li> <li>Service moved to Health Policy Unit – but for evaluation issues, reports directly to Vice Director</li> </ul>
Sel		<ul> <li>Principle of centralised fund stays</li> </ul>
2004 to pre	Evaluand	Selection process still 'bottom-up', 'top-down', NEW = to also include proposals from evaluation service itself
200	Main purpose	Developmental, legitimation – focus to become more strategic than operational to <b>support</b> <b>executive decision making</b>



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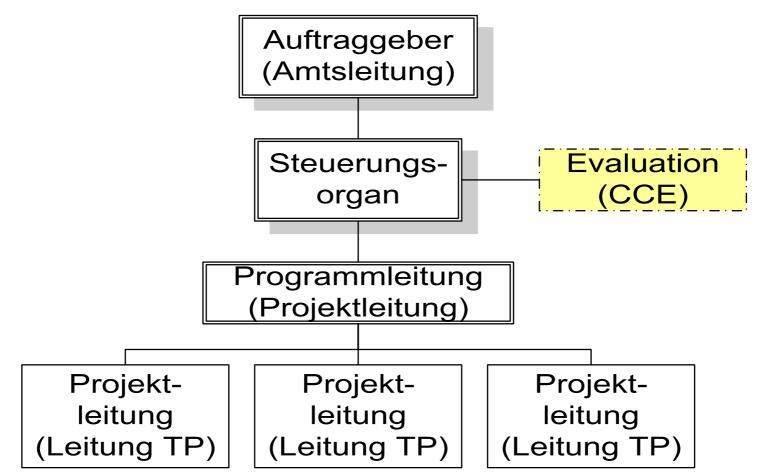
Approach and nature of the commissioned evaluations

- Moving towards **higher-level strategic evaluations** addressing over-arching questions
- Phasing-in more "**hybrid**" **evaluations** combining "internal" with "external" evaluations – with "internals" particularly focussing on formative / process evaluation
- **Closer cooperation** with programme designers e.g. to develop a theoretical programme logic with appropriate indicators, and establish the relevant monitoring studies
- More emphasis on economic aspects
- Continued use of mixed methods different types of data for different stakeholders e.g. statistics for decision makers, quotations for activist stakeholders etc. and triangulation
- Different products for different audiences



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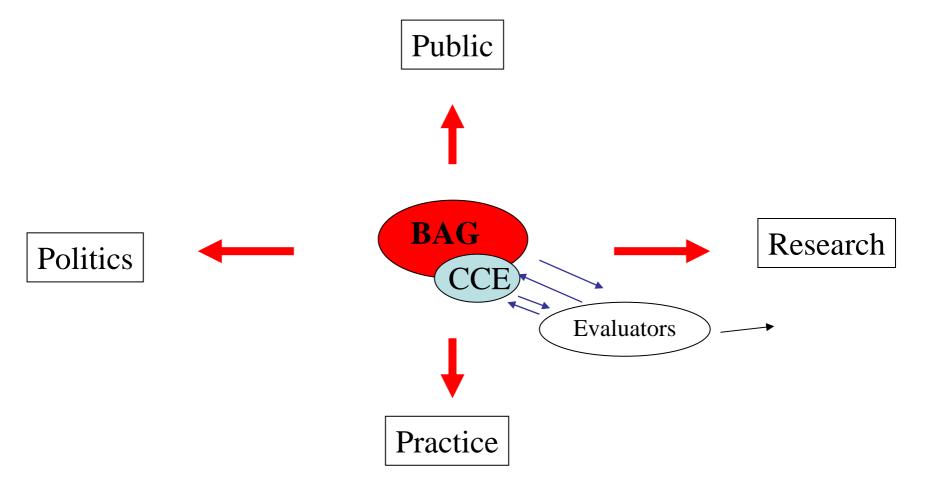
### **Integrating Evaluation into Prevention Planning**





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#### **Evaluation and stakeholder interests**



### 3. Evaluation System – Highlights / Lowlights - Ongoing Challenges

- **3.1 Protecting the interests of the Office**
- 3.2 Protecting the independence of evaluators (external evaluations)
- 3.3 Creating the context for evaluation to inform strategy and practice



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#### **3.1 Protecting the interests of the Office**

- Value for money
- Scientific quality
- Policy relevance of work (but changing timeframes)
- Publication of results within Office's time frame

# 3.2 Protecting the independence of evaluators (external evaluations)

- Integrity of individual pieces of work
- Ensuring findings are considered, disseminated and translated into useful actions
- Informing decision makers as to what evaluation can reasonably be expected to deliver (not solving all the problems – nor prescribing how to handle them)



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## 3.3 Creating the context for evaluation to inform strategy and practice (1/2)

- **Dealing with unrealistic expectations** (accountability evidence on causality vs. prioritising improvement and learning)
- **Recognising complexity of social reality** rather than simplification e.g. of linear programme logic model of inputoutput-outcome-impact. One programme /aspect maybe precondition for change, but no change will happen until other elements are in place – change not necessarily incremental, but radical and swift
- Internal evaluation service to also propose studies of strategic interest to directorate level



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## 3.3 Creating the context for evaluation to inform strategy and practice (2/2)

- **Moving from empirical findings to theoretical generalisations** Building (middle-range) domain-specific theory to understand mechanisms used to produce observed effects in particular contexts – what works, for whom, under what conditions (and at what price) (knowledge building use of evaluation)– perhaps building typologies of interventions within specific programmes
- **Developing "learning organisation culture**" in Office working together with other relevant services towards this end so that evaluation findings can be more effectively integrated into Office practices and processes



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### "Evaluation should focus less on accountability and more on *learning* – but **policy makers** need to be made accountable for making better use of the lessons learned!"

(based on address by Eliot Stern to 5th Conference on the evaluation of the EU structural funds, June 2003)