

Evaluation of the use of consultants and Agreements for Performance of Work by WHO

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Annex 1: Terms of Reference

Background

1. In 2020, contractual services was the second-largest category of expenses for the Organization (representing 28% of total expenses or US\$ 986,1 million) and reflected the cost of contracts entered into with experts and service providers who support the Organization in achieving its planned objectives. The main components of this category are *direct implementation* (activities such as vaccination campaigns implemented by WHO in collaboration with national governments), representing US\$ 246 million and general contractual services (agreements for performance of work for outsourcing professional services, outreach activities, construction services, programme-related operating costs, etc.) representing US\$ 575,3 million. Consultants and research contracts together represented US\$ 34,7 million.¹ Some of the most commonly procured services include international and local consultants, conference organizing, project management, IT services, evaluation services, translation, editorial and proofreading services, training and development, and transport, warehousing and storage.²
2. **Consultants** are considered neither staff members nor officials of the Organization. Consultants shall perform the services under the contract in a personal capacity and not as representatives of a government or of any other authority external to the Organization. They are neither “staff members” under WHO Staff Regulations and Staff Rules, nor “officials” for the purposes of the 1947 Convention on the Privileges and Immunities of the Specialized Agencies. Depending on the nature of the activities to be performed, they may, however, be accorded the status of “experts” who perform missions for WHO within the meaning of Annex VII of the 1947 Convention on the Privileges and Immunities of the Specialized Agencies.³
3. **Agreements for Performance of Work (APWs)** are normally to be used when contracting individuals or firms to provide services not falling within the definition of consultants or under the examples of services that may be provided by consultants. Examples of the type of work for which an APW should normally be used include the preparation of a paper without the need for travel; the translation of a document; acting as a local conference organizer for the logistics of a meeting or other event; lay-out and design work; and other types of work which generally do not fall within the definition of a consultant and examples of consultant services. The individual or entity engaged under an APW is expected to deliver a results-oriented piece of work/services (specialized or non-specialized) in a time-bound manner; and, in all cases, the individual engaged under an APW is paid a fixed-sum or maximum amount; s/he does not normally work on WHO premises, except for an occasional visit; nor does s/he perform work that requires close WHO technical guidance; and does not undertake travel for WHO (i.e. other than commuting and/or traveling for an occasional visit to WHO premises to present or discuss aspects of the work with WHO staff).⁴

¹ Audited Financial Statements for the year ended 31 December 2020, https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_29-en.pdf, accessed 1 June 2021.

² <https://www.who.int/about/finances-accountability/procurement/what/en/>, accessed 1 June 2021.

³ WHO e-manual section III.16.2, III.16.2 Consultants, <https://manual.who.int/p03/s16/Pages/III162Consultants.aspx>, accessed 1 June 2021.

⁴ Ibid.

4. Individuals who are on consultant or APW contracts are not eligible for employment benefits or entitlements reserved for staff members in the UN system, such as participation in the United Nations Joint Staff Pension Fund (UNJSPF) and the staff health insurance (SHI) scheme.⁵
5. Data from 2018-2020 show that the number of consultants and individuals holding APWs in WHO grew from 997 full-time equivalents in 2018 to 1674 in 2020, representing an increase of approximately 68%.^{6,7} During the same period, the number of individuals holding APWs increased from 4581 in 2018 to 4694 in 2020 (reaching 5153 in 2019) and the number of individuals holding consultant contracts increased from 3004 in 2018 to 4329 in 2020 (reaching 4391 in 2019). While the COVID-19 pandemic slowed the delivery of country-level public health activities in 2020, the response to the pandemic resulted in increased contractual services expenditures, and this increase was highest at headquarters.⁸ WHO headquarters issued about 58% of the full-time equivalents of APW contracts with individuals during 2020 (N=268). About 40% of the full-time equivalents of consultant contracts were issued by WHO headquarters (N=485), with the WHO African Region accounting for 26% (N=316), and the WHO Regions of the Western Pacific, Europe, Eastern Mediterranean, and South-East Asia accounted for the remaining 34% (N=153, 134, 82 and 43 respectively).⁹ The growth in the overall number of APWs and consultant contracts is significant when compared to WHO staff data: as at 31 December 2020 the total number of WHO staff members was 8447,¹⁰ an increase of about 6% compared with the total as at 31 December 2018 (7958).¹¹ In 2020, WHO spent US\$ 610 million on general contractual services and consultants and research contracts, and in contrast, the total staff costs in WHO during the same period was US\$ 1,389 million.¹²

Rationale

6. Although a substantial proportion of services are procured by WHO through APW and consultant contracting modalities, especially in headquarters and specific WHO regions, there has been no Organization-wide internal review or independent evaluation to assess how WHO has been utilizing these contracting modalities in delivering its mandate, the challenges associated with them, and to propose measures to improve current practices. This gap in evaluative coverage stands in contrast to other contractual modalities, such as the National Professional Officer (NPO),¹³ that has been recently evaluated with a view to ensuring maximum alignment with the goals of the Thirteenth General Programme of Work 2019-2023 (GPW13). An evaluation of Special Services Agreements, another contracting modality used in WHO, is also planned to be conducted during the 2020-2021 biennium.
7. Despite the lack of specific evaluation attention on APWs and consultant contracts to date, internal evaluative exercises have pointed toward the need for a closer assessment of this contractual

⁵ WHO has contracted a commercial insurance company to provide some protection against the risk of accidents and emergency illness for the non-staff categories, including consultants and APWs. These insurance policies cover the period during which services are performed for the Organization and cease at the end of the individual's contract.

⁶ Human resources: annual report, Report by the Director General (A73/21), https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_21-en.pdf, accessed 1 June 2021.

⁷ Human resources: annual report, Report by the Director General (A74/25), https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_25-en.pdf, accessed 1 June 2021.

⁸ Audited Financial Statements for the year ended 31 December 2020, https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_29-en.pdf, accessed 1 June 2021.

⁹ Human resources: update, Workforce data as at 31 December 2019, Annex to A73/21, Refer Table 20, p.24, https://intranet.who.int/homes/gsp/documents/annex_wha73.pdf, accessed 1 June 2021.

¹⁰ This includes staff in special programmes and collaborative arrangements hosted by WHO. It does not include staff working with PAHO, IARC or any agencies administered by WHO.

¹¹ Human resources: annual report, Report by the Director General (A73/21), https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_21-en.pdf, accessed 1 June 2021.

¹² Audited Financial Statements for the year ended 31 December 2020, https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_29-en.pdf, accessed 1 June 2021.

¹³ Evaluation of the utilization of National Professional Officers, https://www.who.int/docs/default-source/documents/about-us/evaluation/npo-evaluation-report.pdf?sfvrsn=cee21859_0, accessed 1 June 2021.

modality. Moreover, while there have thus far been no Organization-wide audits of hiring, management and administrative processes of consultants and APWs across the Organization, WHO's Office of Internal Oversight Services (IOS) conducted an audit of APWs issued at headquarters in 2015. In addition, IOS included the review of the consultants and APWs as part of its internal audits of many WHO Country Offices (WCOs), Regional Offices and headquarters units. These audits have highlighted the need for WHO's Department of Human Resources and Talent Management (HRT) to review the policy in relation to consultants and APWs with individuals, and to have greater clarity on the use of consultants versus temporary positions and the use of consultants in emergencies. Audits have also made a number of recommendations in the areas of maintaining rosters, recruitment, remuneration/pay band, declaration of interests, local work permits, monitoring/review of deliverables and performance management of consultants and APWs.

8. GPW13 represents a framework not only for how the Organization will achieve results from 2019-2023, but also how it will drive public health impact at country level in a manner that maximizes its contributions to the achievement of the Sustainable Development Goals (SDGs).¹⁴ Toward this end, the GPW13 envisions WHO as becoming more focused and effective in its country operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, in close alignment with the country context. Within this context, APWs and consultants, by sheer virtue of their numbers and volume, play a role in realising the goals outlined in the GPW13 and, by extension, the SDGs.
9. To date, no other UN agency is known to have conducted an evaluation on this topic. However, some of the reviews conducted by the United Nations Joint Inspection Unit (JIU) in recent years have addressed the issues and challenges surrounding the processes and practices for contracting non-staff personnel (which include consultant and APW contracting modalities), and external outsourcing of services to commercial service providers the UN System.^{15,16,17,18} These reviews identified many challenges related to the contracts of non-staff personnel and external outsourcing of services, and issued several recommendations. For example, the *Review of individual consultancies in the UN system* (2012) highlighted the need for: (a) overarching criteria to choose between staff and non-staff contract modalities; (b) clear consultancy policies; (c) sound management of individual consultants; and (d) effective monitoring and oversight. Similarly, the *Review of the use of non-staff personnel and related contractual modalities in the UN system Organizations* (2014) found that the system of hiring non-staff across the UN system was inconsistent with international good labour practices, operated without real oversight and accountability and presented risks for the organizations. Therefore, the findings and recommendations of this evaluation, in addition to helping inform the effective utilization of APWs and consultants as part of WHO's workforce at country level, could also offer valuable insights for other agencies within the UN system as they seek to better align their work forces with their agency-specific goals and their contribution to the SDGs.

¹⁴ WHO (2018). Thirteenth General Programme of Work 2012-2023. http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1, accessed 1 June 2021.

¹⁵ Review of contemporary practices in the external outsourcing of services to commercial service providers by United Nations system organizations (JIU/REP/2019/9). https://www.unjiu.org/sites/www.unjiu.org/files/jiu_rep_2019_9_english.pdf, accessed 1 June 2021.

¹⁶ Use of non-staff personnel and related contractual modalities in the United Nations system organizations (JIU/REP/2014/8), https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2014_8_Final.pdf, accessed 1 June 2021.

¹⁷ Review of individual consultancies in the United Nations system (JIU/REP/2012/5), https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2012_5_English.pdf, accessed 1 June 2021.

¹⁸ Contract management and administration in the United Nations system (JIU/REP/2014/9), https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2014_9_English.pdf, accessed 1 June 2021.

Purpose and objectives

10. The overall objective of this evaluation will be to assess why and how WHO has employed the consultant and APW¹⁹ contracting modalities towards the effective delivery of WHO's mandate. The evaluation will specifically focus on the policies, regulations and practices for issuing APWs and consultant contracts and the management of conflicts of interest. The evaluation will also document successes, added value of using these contractual modalities, challenges and best practices, and will provide lessons learned and recommendations for future use by management to inform policy and decision-making.
11. The evaluation will be used to strengthen both organizational learning and accountability. Its overall purpose is to inform WHO senior management in its decision-making in relation to the most effective and rational utilization of consultants and APWs. From a learning standpoint, it will offer WHO an opportunity to clearly understand how it has been utilizing these contractual modalities, their added value, the challenges associated with it, and how it could most effectively utilize them in future. From an accountability standpoint, it will provide WHO's external stakeholders (including its Member States) with an objective, impartial perspective on these same issues in a manner that can help them better understand these challenges.

Target audiences and expected use

12. The principal target audience of this evaluation will be WHO's senior management (the Director-General, regional directors, ADGs, directors at headquarters and regional levels) and heads of WHO country offices. The main expected use for this evaluation is to support WHO senior management to strengthen WHO's performance overall, and enhance accountability and learning for future planning. Specific potential uses of the evaluation will be identified during the inception phase at the outset of the exercise.
13. Member States and other partners also have an interest in understanding how WHO has been using APWs and consultants and their added value in contributing to achieving WHO's mandate.

Scope and focus

14. The evaluation will consider the relevance, effectiveness and efficiency (and, where feasible, the impact and sustainability) dimensions of using APWs and consultants. It will assess the specific contributions and added value of APWs and consultants in relation to delivering results in response to the outputs and outcomes identified by the key WHO strategic instruments, i.e. the GPW13, and the biennial programme budgets. It will also cover the scope at all three levels of the Organization, i.e. headquarters, regional offices and country offices, where relevant.
15. The evaluation will also consider the evolution of the use of consultants and APWs over the past two biennia (2018-2019 and 2020-2021 to date) and document any changes in the process of engaging consultants and APWs. However, the evaluation will be forward-looking and will provide useful and actionable recommendations to facilitate future policy and decision-making. It will also consider benchmarking with other UN system agencies in relation to the use and modalities of issuing similar consultant contracts, including daily rates, modalities and other benefits.

Evaluation questions

16. High-level evaluation questions and the corresponding indicative areas for investigation are presented below:

¹⁹ This includes contracts with both companies and individuals.

Evaluation questions	Indicative areas of investigation	Evaluation sub-questions
EQ1: How well aligned are WHO's practices of issuing APWs and consultant contracts with its policies and strategic priorities? <i>(Relevance)</i>	Analyse the policies, regulations and practices of issuing APWs and consultant contracts; explore the issues and challenges associated with the practices; role of APWs and consultants vis-à-vis organizational priorities, policies and practices; geographic diversity and gender balance.	1.1 How well aligned with the stated WHO policies are the practices of using APWs and consultant contracts to deliver services? 1.2 How well aligned with WHO's strategic priorities are the practices of using APWs and consultant contracts to deliver services? 1.3 To what extent has WHO's use of APWs and consultant contracts been explicitly informed by gender analysis and undertaken in a gender-sensitive manner? 1.4 To what extent does the selection and recruitment process of APWs and consultant contracts consider the geographic diversity and gender balance?
EQ2: How well aligned are WHO's practices of issuing APWs and consultant contracts with international labour practices within the UN system? <i>(Relevance)</i>	Analyse the policies, regulations and practices of issuing contracts within the UN system - including remuneration of consultants and APWs, national and local consultants and APWs; explore the extent to which the WHO policies and practices are aligned with the international labour practices within the UN system, the reasons for non-alignment if any, and the challenges associated with it.	2.1 To what extent has WHO's use of APWs and consultant contracts aligned with international labour policies and practices within the UN system? 2.2 What are the reasons for any non-alignment of policies/practices in relation to recruitment, selection and performance management of APWs/consultants? 2.3 What are the challenges associated with the non-alignment (if any) of policies and practices in relation to recruitment, selection and performance management of APW contract holders and consultants?
EQ3: What are the specific contributions and added value of APWs and consultants in relation to achieving WHO's results? <i>(Effectiveness)</i>	Assess the added value of APWs and consultants within WHO; and key elements of effectiveness such as value addition, quality, innovation and cost-effectiveness.	3.1. What are the reasons for using APWs and consultant contracts? 3.2. To what extent have the planned objectives and outcomes of WHO been achieved by using APWs and consultant contracts? 3.3. To what extent has WHO's use of APWs and consultant contracts produced unintended outcomes (positive or negative) and how has it managed these? 3.4. What have been areas of particularly higher and lower effectiveness of using APWs and consultant contracts in WHO?
EQ4: How efficiently has WHO been using the APWs and consultant contracts to achieve its results? <i>(Efficiency)</i>	Assess the timeliness, cost-efficiency factors in using APWs and consultant contracts; management and internal control systems; monitoring, evaluation and reporting systems to monitor the performance of APW contract holders/consultants; performance assessments.	4.1 How successfully has WHO delivered services using APWs and consultant contracts in a timely manner? 4.2 What are the efficiency gains of using APWs and consultant contracts in WHO? 4.3 What have been areas of particularly higher and lower efficiency?
EQ5: What have been the main internal and external factors influencing WHO's ability to use APW and consultant contracts in the most relevant, effective, and efficient manner possible? <i>(Cross-cutting)</i>	Assess both internal (policies, procedures, timeliness of contracting, administrative delays in contracting at various levels of the Organization, associated challenges, etc.) and external (availability, geographical representation, gender, equity) factors.	5.1. What have been the main internal factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most relevant manner possible? 5.2. What have been the main external factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most effective manner possible? 5.3. To what extent has WHO monitored the performance of APW contract holders and consultants, learned from this information and knowledge, and fed these sources of learning into improved policies and practices?

Approach and deliverables

17. The evaluation team will develop an **inception report** at the inception stage, following the principles set forth in the WHO Evaluation Practice Handbook and the United Nations Evaluation Group's Norms and Standards for Evaluation and Ethical Guidelines for Evaluation. The inception report will include a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations and human rights, and include to the extent possible disaggregated data and analysis. In addition, gender-specific sub-questions will be developed at the inception stage and included in the inception report. These include aspects of recruitment of women, their inclusion, and recognition of their contribution, with a view to providing specific recommendations in relation to addressing challenges faced by female consultants and APW contract holders. The inception report will also include an evaluation matrix as per WHO guidelines, detailing information needs, sources and methods for all evaluation questions.
18. **The evaluation methodology** will demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information from various stakeholder groups gathered through a variety of means. The evaluation will rely mostly on desk review, key informant interviews and online surveys. The evaluation will consider conducting case studies, as relevant, from specific departments or programmes (through virtual data collection procedures), to highlight emerging issues and challenges and good practices. The selection of case studies may be done after the desk review of data from the Department of Human Resources and Talent Management, as well as the Department of Procurement and Supply Services, and could be done mostly through key informant interviews/desk review. The desk review will also include a review of all available reports, policies and progress reports, including the governing bodies reports and updates, JIU review reports, and evaluation/review reports from other UN system agencies. Internal and external stakeholders to be consulted through the above means include, but are not limited to, regional directors, heads of WHO country offices, APW and consultancy contract holders and WHO directors of administration & finance. For the purpose of benchmarking, interviews with heads of procurement/human resources departments from selected UN system agencies are also expected. Online surveys in three languages (English, French and Spanish) are envisaged for (a) APW contract holders; (b) consultant contract holders; and (c) staff responsible for preparing APWs and consultant contracts.
19. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It will be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias. The evaluation report will include an executive summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation. Once finalized, the evaluation report will be posted on the WHO Evaluation Office website (www.who.int/about/evaluation/en/).
20. The management response to the evaluation recommendations will be prepared by WHO senior management and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate.

Evaluation timeline

21. Key milestones envisaged for the evaluation are given in the table below.

Key milestones	Dates	Comments
Preparatory phase	June 2021	Initial desk review
Inception report	End July 2021	Desk review and exploratory interviews with selected key informants. Inception report to include detailed methodology, tools for data collection etc.
Completion of data collection	End August 2021	Desk review, online surveys and key informant interviews.
First draft of the report	Mid-September 2021	Good quality first draft
Final report	End September 2021	Evaluation team to address the feedback and comments on the draft report.
Presentation to Senior Management	October 2021	Presentation to the Senior Management.

Evaluation team

22. The WHO Evaluation Office will establish an evaluation team comprised of its staff to conduct this evaluation. The evaluation team will report to the Director-General's Representative for Evaluation and Organizational Learning in his capacity as Evaluation Commissioner. The WHO Evaluation Office may use internal WHO services for translation of data collection and survey tools and analysis purposes (in French and Spanish).

Evaluation management

23. The WHO Evaluation Office will manage the evaluation. A dedicated staff member of the evaluation office will be appointed as the Evaluation Manager for this evaluation.

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Annex 2: Evaluation methodology and evaluation matrix

1. This Annex summarizes the approach adopted in this evaluation and the main methods and tools employed. It draws on the inception note.
2. Guided by the WHO Evaluation Practice Handbook²⁰ and the United Nations Evaluation Group Norms and Standards for Evaluation and Ethical Guidelines for Evaluation,²¹ the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning.
3. The evaluation was conducted between June and November 2021 by a core team from the WHO Evaluation Office, supported by a retired staff member with extensive country office and regional office experience.

Inception phase

4. The inception phase of the evaluation was conducted between July and August 2021. It was based on the terms of reference of the evaluation (Annex 1) and focused on identifying and describing how the evaluation would be conducted. The evaluation team conducted a preliminary document review and discussions were held with 17 WHO staff members from HQ and regional offices. The evaluation sub-questions were further refined during this phase. The main product of this phase was an inception report.
5. The inception report includes an evaluation matrix which defines areas of investigation for assessing each evaluation question and sub-question and indicates which data collection methods and data sources were used to inform each of these. The evaluation matrix is available at the end of this Annex.

Data collection phase

6. The methodology ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach (e.g. quantitative and qualitative data) through a variety of means.
7. The **desk review** included a review of all available reports, policies and progress reports, including the governing bodies reports and updates, JIU review reports, and reports from other UN system agencies. The full list of documents reviewed is contained in Annex 3.
8. The primary data collection phase started in September 2021. Data was collected through two parallel methods: questionnaires and semi-structured key informant interviews. The questionnaires and interview guidelines can be found in Annex 4.
9. **Questionnaires** for hiring managers were issued by email to the following:
 - Directors at HQ and in outposted offices and one reminder was sent. A total of 20 directors provided responses to the questionnaires.
 - Directors in regional offices through the Director of Programme Management and one reminder was sent. A total of 16 directors in regional offices (4 in the African Region; 8

²⁰ WHO (2013) *WHO Evaluation Practice Handbook* available on http://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf;jsessionid=B9451D6A553A070BADE75ED7E874F623?sequence=1 (accessed 24 September 2020)

²¹ United Nations Evaluation Group (2016) *Norms and Standards for Evaluation* available on <http://www.unevaluation.org/document/download/2787> (accessed 24 September 2020) and United Nations Evaluation Group (2008) *UNEG Ethical Guidelines for Evaluation* available on <http://www.unevaluation.org/document/detail/102> (accessed 24 September 2020)

in the Eastern Mediterranean Region and 4 in the South-East Asia Region) responded to the questionnaire.

- Heads of WHO offices in countries, territories and areas (HWCO) (not including the Region of the Americas). In total, 38 heads of WHO country offices provided feedback on the questionnaires (16 from the African Region; 5 from the Eastern Mediterranean Region; 10 from the European Region; 3 from the South-East Asia Region; and 4 from the Western Pacific Region).

All were invited to consult with staff in their respective areas of responsibility who have responsibility for administering non-staff contracts and to submit one consolidated response per department/country office.

10. Give their oversight role within their respective Divisions, a questionnaire was also issued to management officers/senior executive officers at HQ and one reminder was sent. Seven responses were received.

11. A total of 44 semi-structured **key informant individual and group interviews** were conducted. Internally this included: (i) staff of the Human Resources and Talent Management (HRT) and the Procurement and Supply Services (SUP) Departments at HQ; (ii) directors of programme management and directors of administration & finance in the regional offices and IARC; (iii) regional HR and procurement/finance officers; and (iv) staff at HQ with oversight functions. For the purpose of benchmarking against the practices of other UN and related agencies, this included interviews with heads of procurement/human resources from selected UN system and related agencies. Initial contacts with the procurement and HR departments of these agencies were made through the Directors of HRT and SUP and nine of the 11 agencies contacted accepted to be interviewed. The full list of people interviewed can be found in Annex 5. Care was taken to ensure that the interviewees felt comfortable to express their opinions. The evaluation used a combination of individual and group interviews.

12. Focus group discussions were also offered to representatives of the HQ and regional Staff Associations and members of the HQ consultant group. Twenty consultants availed themselves of this option. The option to respond to a questionnaire was also offered to these two groups and written responses were received from four HQ and regional Staff Association representatives (excluding PAHO) and six HQ consultants.

13. All interviews and focus group discussions were conducted remotely through MS Teams (list available in Annex 5). By default, all interviews and focus group discussions were treated as confidential by the evaluation team.

Data analysis

14. The evaluation team triangulated all information collected. Evaluation findings were then drawn only after a thorough cross-checking and triangulation of all information related to each evaluation question. This ensured that answers to evaluation question were based on solid and cross-checked evidence. The evaluation team identified a certain number of challenges to address some of the evaluation questions, which are described in the limitations section below.

Reporting

15. On the basis of the cross-checked evaluation findings, the team formulated answers to the evaluation questions. These answers informed the drafting of the conclusions. These included, to the extent possible, lessons learned and best practices identified in the course of the evaluation.

16. Finally, the evaluation team provided practical, operational recommendations for future adjustments and actions. Each recommendation is based on the answers to evaluation questions and overall conclusions, which in turn is linked to evaluation findings per evaluation question and ultimately to the data collected.

Gender, equity and human rights

17. The evaluation ensured that gender, equity and human rights issues were addressed to the extent possible and through several means. Sub-questions within the evaluation matrix were gender sensitive. The document review and questionnaires paid specific attention to how these issues were addressed at planning, implementation, monitoring and evaluation stages of WHO contributions. Finally, these dimensions have been reflected in interviews.

Limitations of the evaluation

18. Availability of data was found to be a limitation. Consultant and APW contracts are managed within the procurement module of the Global Management System (GSM) which, by virtue of its design, does not record data such as gender, age and nationality for the contracts issued, data which is of relevance in the case of contracts with individuals. Furthermore, the way in which expenditures are recorded in the procurement module is such that obtaining an accurate readout of the total number and value of contracts with individuals is not straightforward. Additional data cleansing is also required to prepare the annual financial statements which report against expenditure codes as opposed to contract types. In addition, online surveys were initially foreseen with (a) APW contract holders; and (b) consultant contract holders, but, it was not possible to extract from GSM the email addresses of these contract holders spanning the period within the scope of the evaluation in a timely fashion in order to issue and manage the online surveys within the timeframe of the evaluation.

19. The evaluation took place during an ongoing COVID-19 pandemic which restricted the ability to conduct face-to-face interviews and forced greater reliance on virtual means. It also affected the ability of respondents focussing on COVID 19-related work to engage in the evaluation process within the planned timeline.

20. An online survey for all staff on the use of contractual modalities, organized by the Task Force on Contractual Modalities, was issued during the same timeframe as this evaluation which may have led to confusion among staff and affected the response rate to the questionnaires for hiring managers.

21. The revised consultant policy was issued on 8 September 2021, during the data collection phase of this evaluation and, as such, was still being assimilated by staff. This has been taken into account to the extent possible in the data analysis.

22. Finally, the scope of the evaluation covers the period 2018 to date, which is limited in duration as well as recent, and therefore not conducive to a longer perspective on results achieved. While focusing on this brief and recent time period for maximum relevance and utility, the evaluation also included pertinent information on the subject prior to this period as a means of establishing a historical perspective. However, although the scope only covered 2 biennia, it did provide valuable information on the use of these contractual modalities.

Evaluation questions	Areas of investigation	Evaluation sub-questions	Data collection method	Data source
EQ1: How well aligned are WHO's practices of issuing APWs and consultant contracts with its policies and strategic priorities? <i>(Relevance)</i>	<ul style="list-style-type: none"> • Analyse the policies, regulations and practices of issuing APWs and consultant contracts; • explore the issues and challenges associated with the practices; • role of APWs and consultants vis-à-vis organizational priorities, policies and practices; • geographic diversity and gender balance. 	1.1 What are the main reasons for external sourcing of services? 1.2 How well aligned with the stated WHO policies are the practices of using APWs and consultant contracts to deliver services? 1.3 How well aligned with WHO's strategic priorities are the practices of using APWs and consultant contracts to deliver services? 1.4 To what extent has WHO's use of APWs and consultant contracts been explicitly informed by gender analysis and undertaken in a gender-sensitive manner? 1.5 To what extent does the selection and recruitment process of APWs and consultant contracts consider the geographic diversity and gender balance?	<ul style="list-style-type: none"> • Document review • KIIs • FGDs • questionnaires 	<ul style="list-style-type: none"> • E-Manual relevant sections • WHO Procurement Strategy 2015 • Guidance note: procurement of Services Revision 8.0 • Procurement Handbook • GPW13 • Evaluation/audit reports • CRC reports • IEOAC/IOAC reports • WHA/EB reports
EQ2: How well aligned are WHO's practices of issuing APWs and consultant contracts with international labour practices within the UN system? <i>(Relevance)</i>	<ul style="list-style-type: none"> • Analyse the policies, regulations and practices of issuing contracts within the UN system - including remuneration of consultants and APWs, national and local consultants and APWs; • explore the extent to which the WHO policies and practices are aligned with the international labour practices within the UN system, the reasons for non-alignment if any, and the challenges associated with it. 	2.1 To what extent has WHO's use of APWs and consultant contracts aligned with international labour policies and practices within the UN system, particularly in relation to selection, recruitment and performance management of APWs and consultants? 2.2 What are the challenges associated with ensuring the alignment of WHO's policies and practices in this regard with international labour policies and practices within the UN system?	<ul style="list-style-type: none"> • Document review • KIIs with UN agencies 	<ul style="list-style-type: none"> • JIU reports • Reports from other UN and relevant agencies

<p>EQ3: What are the specific contributions and added value of APWs and consultants in relation to achieving WHO's results?</p> <p><i>(Effectiveness)</i></p>	<ul style="list-style-type: none"> • Assess the added value of APWs and consultants within WHO; • assess key elements of effectiveness such as value addition, quality, innovation and cost-effectiveness. 	<p>3.1. To what extent have the planned objectives and outcomes of WHO been achieved by using APWs and consultant contracts?</p> <p>3.2. To what extent has WHO's use of APWs and consultant contracts produced unintended outcomes (positive or negative) and how has it managed these?</p> <p>3.3. What have been areas of particularly higher and lower effectiveness of using APWs and consultant contracts in WHO?</p>	<ul style="list-style-type: none"> • Document review • KIIs • FGDs • questionnaires 	<ul style="list-style-type: none"> • HR workforce data reports 2018-2020 • Audited financial statements 2018-2020 • Evaluation/audit reports • IOAC reports • CRC reports
<p>EQ4: How efficiently has WHO been using the APWs and consultant contracts to achieve its results?</p> <p><i>(Efficiency)</i></p>	<ul style="list-style-type: none"> • Assess the timeliness, cost-efficiency factors in using APWs and consultant contracts; • management and internal control systems; • monitoring, evaluation and reporting systems to monitor the performance of APW contract holders/consultants; • performance assessments. 	<p>4.1 How successfully has WHO delivered services using APWs and consultant contracts in a timely manner?</p> <p>4.2 What are the efficiency gains of using APWs and consultant contracts in WHO?</p> <p>4.3 What have been areas of particularly higher and lower efficiency?</p>	<ul style="list-style-type: none"> • Document review • KIIs • FGDs • questionnaires 	<ul style="list-style-type: none"> • HR workforce data reports 2018-2020 • Audited financial statements 2018-2020 • Evaluation/audit reports • CRC reports • IOAC reports • WHA/EB reports
<p>EQ5: What have been the main internal and external factors influencing WHO's ability to use APW and consultant contracts in the most relevant, effective, and efficient manner possible?</p> <p><i>(Cross-cutting)</i></p>	<ul style="list-style-type: none"> • Assess both internal (policies, procedures, timeliness of contracting, administrative delays in contracting at various levels of the Organization, associated challenges, etc.) and external (availability, geographical representation, gender, equity) factors. 	<p>5.1. What have been the main internal factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most relevant manner possible?</p> <p>5.2. What have been the main external factors enabling and inhibiting WHO's ability to use APWs and consultant contracts in the most effective manner possible?</p> <p>5.3. To what extent has WHO monitored the performance of APW contract holders and consultants, learned from this information and knowledge, and fed these sources of learning into improved policies and practices?</p>	<ul style="list-style-type: none"> • Document review • KIIs • FGDs • questionnaires 	<ul style="list-style-type: none"> • E-Manual relevant sections • WHO Procurement Strategy 2015 • Procurement Handbook • GPW13 • Evaluation/audit reports • CRC reports • IOAC reports • WHA/EB reports

Annex 3: List of documents reviewed

WHO policy and guidance/information documents

WHO eManual, [section III.16.2 Consultants](#).

WHO eManual, [section VI.1.2 Principles of WHO procurement](#).

WHO eManual, [section VI.2.3 Service agreement types and GSM obligating documents](#).

WHO eManual, [section XVII.8 Human Resources](#).

WHO eManual, [section XVII.9.3.4, Procurement for emergencies](#).

[WHO Guidance note: procurement of services](#), Revision 8.0, 1 June 2020.

WHO Information Note 17/2021 (internal document).

WHO Procurement Handbook (internal document).

[WHO Procurement Strategy](#). Geneva: World Health Organization; 2015.

WHA/EB documents

[Audited Financial Statements for the year ended 31 December 2020](#) (A74/29).

[Audited Financial Statements for the year ended 31 December 2019](#) (A73/25).

[Audited Financial Statements for the year ended 31 December 2018](#) (A72/36).

[Engagement with non-State actors – criteria and principles for secondments from nongovernmental organizations, philanthropic foundation and academic institutions](#) (A70/53).

[Human resources: annual report, Report by the Director-General](#) (A74/25).

[Human resources: annual report, Report by the Director-General](#) (A73/21).

[Human resources: annual report, Report by the Director-General](#) (A72/43).

[Human resources: update](#), Workforce data as at 31 December 2020, Annex to A74/25.

[Human resources: update](#), Workforce data as at 31 December 2019, Annex to A73/21.

[Human resources: update](#), Workforce data as at 31 December 2018, Annex to A72/43.

[Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme](#) (A74/16).

[Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Looking back to move forward](#), (A73/10).

[Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Public health emergencies: preparedness and response](#) (EB146/16).

[WHO budgeting and financing – a historical overview](#), (EB/WGSF/1/4).

Other documents

CRC annual reports, 2018 and 2019 (internal documents).

[Emergency response framework, 2nd ed.](#) Geneva: World Health Organization; 2017.

[Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC](#), 2021.

[WHO Contingency Fund for Emergencies, 2019 Annual Report](#). Geneva: World Health Organization; 2020.

[WHO Procurement Report 2020](#). Geneva: World Health Organization; 2021.

[Thirteenth General Programme of Work 2019-2023](#). Geneva: World Health Organization; 2018.

Evaluation/audit reports

Agreements for Performance of Work at Headquarters, Audit Report N° 15/985, January 2016.

[Report of the External Auditor, Report by the Director-General](#) (A74/34).

[Evaluation of the utilization of National Professional Officers](#), Geneva: WHO Evaluation Office; 2019.

[Evaluation of WHO transformation](#). Geneva: WHO Evaluation Office; 2021.

[Summative evaluation of the implementation of the WHO Geographical Mobility Policy during its voluntary phase](#). Geneva: WHO Evaluation Office; 2019.

JIU reports

[Contract management and administration in the United Nations system](#) (JIU/REP/2014/9).

[Review of contemporary practices in the external outsourcing of services to commercial service providers by United Nations system organizations](#) (JIU/REP/2019/9).

[Review of individual consultancies in the United Nations system](#) (JIU/REP/2012/5).

[Use of non-staff personnel and related contractual modalities in the United Nations system organizations](#) (JIU/REP/2014/8).

Policy documents and reports from UN and related agencies

Progress Report of the CEB Task Force on the Future of the United Nations System Workforce, document CEB/2021/HLCM/6, 11 March 2021.

Links to policy documents from other UN and related agencies in Annex 6.

Annex 4: Questionnaires and interview guidelines

Questionnaire – Directors

1. From your perspective, what are the **deciding factors in determining whether or not to outsource work**?
2. When outsourcing work, **which of the following contractual modalities** currently available in WHO do you use for the acquisition of services? *Please tick all that apply.*
 - ☐ Agreement for Performance of Work (*provision of a results-oriented piece of work/service*)
 - ☐ Consultant (*temporary provision of services in a technical advisory or consultative capacity*)
 - ☐ Long-term agreement (*provision of services at a fixed price during a defined period, e.g. 2-3 years*)
 - ☐ Tailor-made agreement (*non-standard agreement for provision of services*)
 - ☐ Technical Services Agreement (*specifically for research or other technical projects/investigations*)
 - ☐ Special Services Agreement (*contract with national/resident of host country for provision of services on a national project or activity*)
 - ☐ Standby personnel (*rapid access to and deployment of highly-skilled personnel to support WHO's emergency work through standby partnership agreements*)
 - ☐ Junior Professional Officer (*young professionals sponsored by their government to enhance the capacity development work of UN agencies and other participating agencies*)
 - ☐ United Nations Volunteer (*provision of advisory/technical operational services under contract with UNDP*)
 - ☐ Other, please specify
3. When outsourcing work, what **factors determine your decision on which type of contractual modality** to use?
4. In your opinion, do the available service agreements **adequately cover your needs** for outsourcing services?
 - ☐ Yes
 - ☐ No
5. Do you have any suggestions as to **other contractual modalities** that could be considered, which would meet your specific outsourcing needs?
6. Please rate your level of agreement or disagreement with each of the following statements regarding **APW contracts**:

	Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a. The policies for issuing APW contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The current guidelines and tools for managing APW contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The use of APW contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The use of APW contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Geographical diversity considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gender balance considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Within the department/area under my responsibility, an effective system is in place for managing conflicts of interest for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Within the department/area under my responsibility, all APW contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement or disagreement with each of the following statements regarding **Consultant contracts**:

	Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a. The policies for issuing Consultant contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The current guidelines and tools for managing Consultant contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The use of Consultant contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The use of Consultant contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Geographical diversity considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gender balance considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Within the department/area under my responsibility, an effective system is in place for managing conflicts of interest for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Within the department/area under my responsibility, all Consultant contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What are the main **reasons** for using Consultant and/or APW contracts?

9. In your opinion, what are the **advantages and disadvantages** of using the following types of service contract? *Please use the text boxes below.*

Questionnaire – Heads of WHO country offices

1. From your perspective, what are the **deciding factors in determining whether or not to outsource work**?

2. When outsourcing work, **which of the following contractual modalities** currently available in WHO do you use for the acquisition of services? *Please tick all that apply.*

- ☐ Agreement for Performance of Work (*provision of a results-oriented piece of work/service*)
- ☐ Consultant (*temporary provision of services in a technical advisory or consultative capacity*)
- ☐ Long-term agreement (*provision of services at a fixed price during a defined period, e.g. 2-3 years*)
- ☐ Tailor-made agreement (*non-standard agreement for provision of services*)
- ☐ Technical Services Agreement (*specifically for research or other technical projects/investigations*)
- ☐ Special Services Agreement (*contract with national/resident of host country for provision of services on a national project or activity*)
- ☐ Standby personnel (*rapid access to and deployment of highly-skilled personnel to support WHO's emergency work through standby partnership agreements*)
- ☐ Junior Professional Officer (*young professionals sponsored by their government to enhance the capacity development work of UN agencies and other participating agencies*)
- ☐ United Nations Volunteer (*provision of advisory/technical operational services under contract with UNDP*)
- ☐ Other, please specify

3. When outsourcing work, what **factors determine your decision on which type of contractual modality** to use?

4. In your opinion, do the available service agreements **adequately cover your needs** for outsourcing services?

☐ Yes

☐ No

5. Do you have any suggestions as to **other contractual modalities** that could be considered, which would meet your specific outsourcing needs?

6. Please rate your level of agreement or disagreement with each of the following statements regarding **APW contracts**:

	Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a. The policies for issuing APW contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The current guidelines and tools for managing APW contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The use of APW contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The use of APW contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e.	Geographical diversity considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Gender balance considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Our country office has an effective system in place for managing conflicts of interest for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Our country office ensures that APW contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement or disagreement with each of the following statements regarding **Consultant contracts**:

		Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a.	The policies for issuing Consultant contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The current guidelines and tools for managing Consultant contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The use of Consultant contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The use of Consultant contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Geographical diversity considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Gender balance considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Our country office has an effective system in place for managing conflicts of interest for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Our country office ensures that Consultant contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What are the main **reasons** for using Consultant and/or APW contracts?

9. In your opinion, what are the **advantages and disadvantages** of using the following types of service contract? *Please use the text boxes below.*

Questionnaire – management officers/senior executive officers

1. From your perspective, what are the **deciding factors in determining whether or not to outsource work**?

2. When outsourcing work, **which of the following contractual modalities** currently available in WHO are used by your Division for the acquisition of services? *Please tick all that apply.*

- ☐ Agreement for Performance of Work (*provision of a results-oriented piece of work/service*)
- ☐ Consultant (*temporary provision of services in a technical advisory or consultative capacity*)
- ☐ Long-term agreement (*provision of services at a fixed price during a defined period, e.g. 2-3 years*)
- ☐ Tailor-made agreement (*non-standard agreement for provision of services*)
- ☐ Technical Services Agreement (*specifically for research or other technical projects/investigations*)
- ☐ Special Services Agreement (*contract with national/resident of host country for provision of services on a national project or activity*)
- ☐ Standby personnel (*rapid access to and deployment of highly-skilled personnel to support WHO's emergency work through standby partnership agreements*)
- ☐ Junior Professional Officer (*young professionals sponsored by their government to enhance the capacity development work of UN agencies and other participating agencies*)
- ☐ United Nations Volunteer (*provision of advisory/technical operational services under contract with UNDP*)
- ☐ Other, please specify

3. From your perspective, when outsourcing work, what **factors determine the decision on which type of contractual modality** to use?

4. In your opinion, do the available service agreements **adequately cover the needs** for outsourcing services in in your Division?

5. Do you have any suggestions as to **other contractual modalities** that could be considered, which would meet the specific outsourcing needs of your Division?

6. Please rate your level of agreement or disagreement with each of the following statements regarding **APW contracts**:

	Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a. The policies for issuing APW contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The current guidelines and tools for managing APW contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The use of APW contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The use of APW contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Geographical diversity considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f.	Gender balance considerations are taken into account in the selection process for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The departments within my Division have an effective system in place for managing conflicts of interest for APW contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	In the departments within my Division, all APW contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate your level of agreement or disagreement with each of the following statements regarding **Consultant contracts**:

		Disagree strongly	Disagree	Agree	Agree strongly	No Basis for Judgment
a.	The policies for issuing Consultant contracts, as contained in the relevant sections of the eManual, are clear and rational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The current guidelines and tools for managing Consultant contracts are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The use of Consultant contracts within the Organization is completely aligned with WHO's strategic priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The use of Consultant contracts within the Organization is completely aligned with the policy in this regard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Geographical diversity considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Gender balance considerations are taken into account in the selection process for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The departments within my Division have an effective system is in place for managing conflicts of interest for Consultant contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	In the departments within my Division, all Consultant contractors are made aware of their obligation to comply with WHO ethical codes and policies (e.g. PSEAH) when under contract with the Organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What are the main **reasons** for using Consultant and/or APW contracts within your Division?

9. How do you assess the **significance of the use of Consultant and/or APW contracts** over the past two biennia? If it is increasing in comparison to the total number of staff, do you see any problem or risk for the Organization?
10. In your opinion, how **effective** have Consultant and/or APW contracts been in contributing to the achievement of WHO's results? (consider value added, quality, innovation and cost-effectiveness)
11. To what extent has the use of Consultant and/or APW contracts produced **unintended outcomes** (positive or negative) for the Organization?
12. In your opinion, how **efficient** have Consultant and/or APW contracts been in contributing to WHO's results? (consider timeliness, cost-efficiency factors, management and internal control systems, performance monitoring)
13. What are the main factors that have **affected the use of Consultant and/or APW contracts** in the most relevant manner possible? These can be positive factors that have enabled their use, negative factors that have hindered their use or both and they can be internal to the Organization or external and outside its control.

Overall Appraisal

14. Looking ahead, what suggestions would you make for the optimal use by WHO of Consultant and/or APW contractual modalities to outsource work?
15. Would you like to further elaborate your opinion on the outsourcing of work in general by WHO and would you like to suggest any changes for the future?

Questionnaire – Staff Associations

1. Do you consider that the **policies on the use of Consultants and APWs**, as contained in the relevant sections of the eManual, are clear and rational?
2. In your opinion, are the current **guidelines and tools** for managing APW and Consultant contracts clear?
3. From your perspective, how are the Consultants and APW policies **implemented** in the Organization?
4. What do you consider to be the **added value** of the **Consultant** contract mechanism? And its **current challenges**?
5. Similarly, what do you consider to be the **added value** of the **APW** contract mechanism? And its **current challenges**?
6. Do you have any **suggestions for the future** with regard to the role of Consultant and APW contracts towards the effective delivery of WHO's mandate?
7. Do you have any suggestions as to **other contractual modalities** that could be considered, which would meet the outsourcing needs of the Organization?

Questionnaire – Consultants

1. Were you made aware of the **terms of the Consultant contract modality** at the beginning of your Consultant contract?
2. Do you consider that the Consultants policy is **clear and rational**?
3. From your perspective, how is the Consultants Policy **implemented** in the Organization? Do you think the Organization's rules and regulations in terms of recruitment of consultants are consistently applied?
4. What do you consider to be the **added value** of the Consultant contract mechanism?
5. What do you consider to be the **current main challenges** that need to be addressed in the use of the Consultant contract mechanism?
6. Do you have any **suggestions for the future** with regard to the role that Consultants play towards the effective delivery of WHO's mandate?
7. Do you have any suggestions as to **other contractual modalities** that could be considered, which would meet the outsourcing needs of the Organization?

Interview guide – HQ & regions

Relevance

1. To what extent are the WHO **policies that guide the resourcing of external expertise** in general, and consultant and APW contracts in particular, clear and rational?
2. To what extent are the **practices** of using consultant and APW contracts to deliver services aligned with WHO policies in this regard? And with WHO strategic priorities?
3. Do you consider the current **guidelines and tools** for managing consultant and APW contracts to be sufficiently clear?
4. To what extent is the process for selection of service contractors informed by **geographical diversity** and **gender balance** considerations?

Effectiveness

5. What are the **main reasons** for using consultant and/or APW contracts?
6. How do you assess the **significance of the use of consultant and/or APW contracts** over the past two biennia? If it is increasing in comparison to the total number of staff, do you see any problem or risk for the Organization?
7. In your opinion, how **effective** have consultant and/or APW contracts been in contributing to the achievement of WHO's results? (*consider value added, quality, innovation and cost-effectiveness*)
8. To what extent has the use of consultant and/or APW contracts produced **unintended outcomes** (positive or negative) for the Organization?

Efficiency

9. In your opinion, how **efficient** have consultant and/or APW contracts been in contributing to WHO's results? *(consider timeliness, cost-efficiency factors, management and internal control systems, performance monitoring)*

Cross-cutting

10. What are the main factors that have **affected the use of APW and/or consultant contracts** in the most relevant manner possible? *These can be positive factors that have enabled their use, negative factors that have hindered their use or both and they can be internal to the Organization or external and outside its control.*
11. To what extent does WHO **monitor the performance** of consultant and/or APW contract holders?

Overall appraisal

12. Looking ahead, what suggestions would you make for the **optimal use by WHO of these contractual modalities** to outsource work?
13. Is there a case for the development of a **different** type of contractual modality to adequately address the outsourcing needs of the Organization?
14. Do you have any additional feedback?

Interview guide - UN and related agencies

1. What are the **policies** of the organization with regard to the outsourcing of services? Do these policies include (i) **gender balance**; and (ii) **geographical diversity** considerations?
2. Do relevant and clear **guidelines** exist within the organization for the management of the various types of non-staff service contracts?
3. What type of **contractual modalities** are provided for in the organization's policies for the acquisition of services? Including characteristics of each type of contractual modality, related entitlements, maximum duration, etc.?
4. When outsourcing work in the organization, what **factors determine the decision on which type of contractual modality** to use?
5. Are there specific categories of non-staff service contracts in the organization that are **location-specific**, i.e. used only at headquarters or in field locations? Do the related entitlements, if any, differ according to location?
6. What contractual options are available in the organization for (i) **individual service contractors**; and (ii) **company service contractors**?
7. Within the organization, what are the **areas of activity** in which non-staff service contractors are typically used?
8. Does the organization have an effective system in place for **monitoring and reporting on the performance** of non-staff service contractors?
9. Does the Organization's staff **code of conduct** also apply to non-staff service contractors? If so, how are they informed of the code of conduct?

10. Does the organization have an established **target of staff vs non-staff personnel**?
11. *Also good to get any available information on the **number of staff and non-staff personnel** working in the organization for example as documented in the most recent report to their governing bodies.*
12. Do the non-staff service contract modalities in the organization **adequately cover the needs** for outsourcing services? What are the related **benefits and challenges**?
13. Is the organization considering using **other contractual modalities** that would better meet the specific outsourcing needs?

Annex 5: List of people interviewed

WHO headquarters	
Abalos , Constantino	Procurement Officer, Procurement and Supply Services
Al Atlassi , Loubna	Coordinator, Due Diligence & Non-State Actors, Compliance, Risk Management and Ethics
Andersson , Carin	Human Resources Specialist, Centre Support Office, Global Service Centre
Auert , Joris	Legal Officer, Corporate and Contractual Matters, Office of the Legal Counsel
El Khodary , Hatem	Director, Operational Support and Services
Fock , Philippe	Management Officer, Communicable and Noncommunicable Diseases
Grenier , Francis	Chief Operations Officer, Health Emergencies Preparedness and Response
Kastner , Angela	Director, Procurement and Supply Services
Kranawetter , Sigrid	Principal Legal Officer, International Administrative Law, Office of the Legal Counsel
Linkins , Jennifer	Director, Human Resources and Talent Management
Lissner , Craig	Unit Head, Human Reproduction Programme Secretariat
Mehta , Charu	Finance Officer, Business Operations
Mihut , Mihai	Portfolio Manager, Special Programme for Research and Training in Tropical Diseases
Nilsson , Esbjorn	Technical Officer, Programme Resource Management, Polio Eradication Programme
Nocquet , Françoise	Director, Business Operations
Palen , Frances	Management Officer, Healthier Populations
Pocock , Brendan	Human Resources Officer, Programme Resource Management, Polio Eradication Programme
Pringle , Angus	Management Officer, Business Operations, Global Service Centre
Riedweg , Catherine	Human Resources Manager, Human Resources Business Partners
Sharma , Simmi	Programme Manager, Polio Programme Resource Management
Sobre Flotats , Elena	Coordinator, Internal Oversight Services
Tawile , Rita	Management Officer, Office of Chief Scientist
Veyrat , Laurent	Human Resources Technical Assistant, Business Operations
Webb , David	Director, Internal Oversight Services
WHO regional offices	
Abhyankar , Anita	Regional Human Resources Manager, Regional Office for South-East Asia

Agblewonu, Koffi	Procurement Officer, Contracting and Procurement Services, Regional Office for Africa
Allen, David	Director, Administration & Finance, Regional Office for Europe
Barry-Jørgensen, Felicia	Human Resources Business Partner, Human Resource Services, Regional Office for Europe
Bassiri, Sussan	Director, Business Operations, Regional Office for the Eastern Mediterranean
Cabore, Joseph	Director, Programme Management, Regional Office for Africa
Canger, Eva	Human Resources Officer, Human Resource Services, Regional Office for Europe
Chelminski, Robert	Director, Administration & Finance, Regional Office for South-East Asia
Elbilbassy, Sady	Procurement Officer, Procurement and Supply Services, Regional Office for the Eastern Mediterranean
Hajjeh, Rana	Director, Programme Management, Regional Office for the Eastern Mediterranean
Kobza, Jeffery	Director, Administration & Finance, Regional Office for the Western Pacific
McDonnell, Gerard	Regional Human Resources Manager, Human Resources and Talent Management, Regional Office for the Eastern Mediterranean
Namgyal, Pem	Director, Programme Management, Regional Office for South-East Asia
Rwamatwara, Egide	Senior Human Resources Officer, Human Resources and Talent Manager, Regional Office for Africa
Sandrasagren, Oomarmagaisen	Director, General Management and Coordination Unit, Regional Office for Africa
Singh, Manjit	Budget & Finance Officer, Regional Office for South-East Asia

United Nations and related organizations

Anabtawi, Lorraine	Business Technical Specialist, Human Resources, United Nations Office for Project Services (UNOPS)
Bearfield, David	Director, Human Resources, United Nations Development Programme (UNDP)
Bessière, Bérénice	Head, Procurement and Travel Division, World Intellectual Property Organization (WIPO)
Bormioli, Luca	Chief, Policy and Social Benefits Branch, International Labour Office (ILO)
Chan, Oliver	Head, Individual and Agency Services, World Intellectual Property Organization (WIPO)
Cheung, Kenny Kan-Yee	Chief of Procurement, The World Bank
Deng, Yaxi	Human Resources Officer, United Nations Secretariat

Dupont, Eric	Chief, Procurement Services Branch, United Nations Population Fund (UNFPA)
Eiriz, Alejo	Senior Human Resources Manager, Policy and Compliance, United Nations Office for Project Services (UNOPS)
Grieb, Stephan	Deputy Director, Human Resources, United Nations High Commissioner for Refugees (UNHCR)
Herrera, Ximena	Consultant, Human Resources, United Nations Children's Fund (UNICEF)
Kavanagh, David	Human Resources Officer, International Agency for Research on Cancer (IARC)
Landesz, Tamas	Director, Administration and Finance, International Agency for Research on Cancer (IARC)
Magnaye, Ronald	Team Chief, Analytics & Operations, United Nations Children's Fund (UNICEF)
Mesa, Sylvia	Human Resources Partner, International Labour Organization (ILO)
Millan, Santiago	Acting Director, Procurement, United Nations Office for Project Services (UNOPS)
Mitchell, Claire	Senior Legal Officer, Procurement and Travel Division, World Intellectual Property Organization (WIPO)
Panadero, Pablo	Chief of Transport, Supply Division, United Nations Children's Fund (UNICEF)
Rosenbom, Katinka	Chief, Contracting Centre Supply Division, United Nations Children's Fund (UNICEF)
Taddei, Enrica	Legal Officer, United Nations Secretariat
Yu, Wei	United Nations Secretariat

Headquarters consultant group

Audera-Lopez, Maria Carmen	Development Assistance, WHO Framework Convention on Tobacco Control
Black, Andrew	Office of Health Emergencies Preparedness and Response
Deland, Katherine	Research for Health
Garcia Acevedo, Raul	Monitoring Nutritional Status & Food Safety Events, Nutrition and Food Safety
Goel, Kratu	Economic Evaluation and Analysis
Kealy, Jennifer	In Vitro Diagnostics Assessment, Prequalification, Regulation and Prequalification
Kort, Rodney	Gender, Equity and Human Rights
Momen, Natalie	Climate Change and Health, Environment, Climate Change and Health
Moore, Roxanne	Data Exchange, Data and Analytics

Maes, Alexandrine	Laboratory Network and Services, Regulation and Safety, Regulation and Prequalification
Oggero, Giulia	Assistive Technology, Health Product Policy and Standards
Oyaro, Vernon	Addressing Needs of Vulnerable Populations, Sexual and Reproductive Health and Research
Pedrazzoli, Debora	Research for Implementation, Special Programme for Research and Training in Tropical Diseases
Peretz, Olympe	Methods, Product Design & Impact, Quality Assurance of Norms and Standards
Portal, Sophie	Learning and Capacity Development, Office of Health Emergencies Preparedness and Response
Raguenaud, Marie-Eve	Research for Implementation, Special Programme for Research and Training in Tropical Diseases
Safar, Paul	Air Quality and Health, Environment, Climate Change and Health
Tokar, Anna	Learning and Capacity Development, Office of Health Emergencies Preparedness and Response
Trochez, Claire	Access to Medicines and Health Products, Regulation and Prequalification
Valli, Eloise	TB Vulnerable Populations, Communities & Comorbidities, Global Tuberculosis Programme

Annex 6: Benchmarking against selected UN and related agencies

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
ILO								
External collaboration contract	IGDS Number 224	-A contract concluded with persons acting in their individual capacity to perform a specific task or set of tasks within a limited and specified period of time. -Such a contract may be used only where there is a specific well-defined task to be performed and the output can be considered as a specific end-product (e.g. a study, research assignment or translation) or where the task assigned is one that is advisory in nature (e.g. engaging an academic or other specialist to present a paper and be a discussant at a workshop).	Specified in the TOR.	Unspecified.	Selection from highly qualified candidates through a reasoned and documented process.	A breakdown of the estimates for the work to be performed, based on the terms of reference prepared by the Office, [...] must indicate the basis for calculation of the fee (e.g. the number of hours or days required to complete the output, or the number of words to be translated, and the applicable rate), as well as any travel costs or other expenses that are to be incurred in the delivery of the outputs. Programme managers must exercise judgement and discretion in determining the level of fees and	Upon completion of the tasks commissioned to the external collaborator, the programme manager must issue for future reference a brief commentary with respect to the quality of performance and the results achieved, to be kept in the contract's file.	External collaborators are responsible for their own medical and accident insurance

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
						expenses to be paid to an external collaborator, taking into account the nature, level of complexity and difficulty of the tasks.		
Service contract	Terms and Conditions Applicable to ILO Contracts For Services	Contract for works or services (referred together to as Services).	As specified in contract	Unspecified	Solicitations via procurement notices on UNGM website and the ILO procurement website. For some projects, the ILO may publish invitations to prequalify for bidding on particular contracts.	The price and currency specified in the Contractor's offer are firm and not subject to revision.	The ILO may record performance issues by the Contractor.	
United Nations Secretariat								
Consultants and individual contractors Office of Human Resources Management	Administrative instruction ST/AI/2013/4: Consultants and individual contractors	Consultant: - Temporary contract in an advisory or consultative capacity to the Secretariat. -Must have special skills or knowledge not normally possessed by the regular staff of the Organization and for which there is no continuing need in the Secretariat.	Consultant: no more than 24 months in a 36-month period, whether continuous or not, and irrespective of the cumulative months of actual work.	Yes, upon verification of performance records. Extension may only be made while ensuring the new contract does not exceed the maximum duration of respective contract type.	-Rosters of consultants and individual contractors should be utilized where available. Candidates maintained on any roster should be screened for qualifications, references and prior work experience.	[...] the fees payable to a consultant or individual contractor shall be the minimum amount necessary to obtain the services required by the Organization. If deemed necessary, the department, office or mission may indicate the	- Formal output evaluation shall be conducted at the time of completion of assignment on a designated form and recorded in the rosters maintained by respective departments, office or mission.	Consultants and individual contractors are fully responsible for arranging, at their own expense, life, health and other forms of insurance covering the period of their

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		Individual contractor: - An individual contractor is an individual engaged by the Organization from time to time under a temporary contract to provide expertise, skills or knowledge for the performance of a specific task or piece of work, which would be short-term by nature, against the payment of an all-inclusive fee.	Individual contractor: limited to 6 or, in special circumstances, 9 work-months in any period of 12 consecutive months.		-For a contract over six months, an opening shall be posted in the electronic platform for a minimum of seven days. -Heads of departments, offices and missions are responsible for instituting competitive selection procedures.	approximate expected fee levels in their request or advertisement, which shall be guided by applicable market rates for the type, quality and volume of services required. To the extent possible, such fee levels should be discussed with other United Nations entities at the duty station.	-For contract over six months, interim evaluations should be undertaken by the direct supervisor.	services as they consider appropriate.
Vendors	United Nations Procurement Manual: DOS/2020.9	Acquisition of goods, services, works, or real property.	Specified in the contract. LTAs typically valid for 3 years and may be extended for an additional period of up to 24 months	-Yes, upon negotiation with Procurement officials. -Some contract amendments may require prior review by a Review Committee: a) if the amendment will change the scope of the contract, b) extend its duration for more than 8 months or c)	-Competitive bidding process. -Pre-qualification exercises apply in specific instances (formal method of assessing vendors against pre-determined criteria, and only vendors that meet established criteria are invited to a tender (shortlist). -Possibility of direct contracting under sole source.	- Rate as per offer	-The responsible contract management staff (RCMS) should conduct an evaluation of the vendor's performance. -The RCMS is expected to monitor performance on an ongoing basis through reports, meetings, and, if applicable, inspections.	

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
				increase the NTE for more than 20% or \$500,000.			-A copy of any VPR form/report is included in the procurement case file.	
UNDP								
International Personnel Services Agreement (IPSA) [replaces previous individual contractor modality, except those which are lump-sum/deliverable based]	International Personnel Services Agreement (IPSA) - UNDP	The IPSA is to be used when engaging individuals in any of the following circumstances: a. When undertaking the performance of specific task(s) or delivery of work for the implementation of project(s) or other activities of a business unit which is funded by a project (or projects) or a non-continuous source of funding, and required for a defined period of time (for example, for the duration of the active project(s) carried out by UNDP or its partner); b. When undertaking the performance of specific task(s) that is/are needed because of the variable business volume due to the nature of UNDP's business model;	Up to 12 months at a time.	Yes, up to 4 years initially, which are reset upon review and confirmation of no-change in the nature of the work and its funding, and not to exceed the maximum duration of the project/funding.	Selection of IPSAs may be conducted through one of the following options: -A new competitive process: A newly initiated process. -A previously assessed candidate: A candidate who has been assessed through the same process as required in the case of the new recruitment, and for the same job function and level, and who has passed the threshold in a previous recruitment not longer than 36 months before. -A roster that has been formally recognized by OHR: UNDP;	The remuneration scale for IPSAs is set globally by the Director of BMS. IPSA Holders' remuneration is set following pay ranges (pay bands), and the pay is determined by the hiring manager based on contingencies of service including budget, availability of technical expertise in the market, and based on the special skills the individual brings with him/her to the job and to the organization. The remuneration may be anywhere between the minimum and	Service monitoring and performance evaluation are mandatory for regular IPSAs in a form that is lighter than that of staff. An even lighter evaluation is conducted for short-term PSAs. Performance evaluation cycles follow the same as those for staff. Each Service Evaluation form must be filed for record keeping by the human resources focal point of the Business Unit, or online when available.	For regular IPSAs (6 months or more): - AL: 2.5 days/month - SL: maximum 24 days certified and 7 uncertified per year. -Parental leave : 16 weeks for birth parent and 4 weeks for non-birth parent (full eligibility is after 12 months of service; 50% the first 12 months). - Others: MAIP, D&D. UNDP provides

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		c. When the services require specialized technical, peculiar or unique skills, that are not part of UNDP's staff capability or may not be needed long-term by UNDP.			External partner roster -Direct selection: Identifying and selecting a candidate directly in emergency situations. For short-term (retainer) PSA, a desk review is also an option.	maximum for each band range. The total remuneration is made up of a) basic salary, b) cost of living, c) danger and/or hardship component, d) lump sum US\$ 250 to cover their own insurance.		subsidy in form of lump sum in the amount of US\$ 250 per month to subsidize the cost of medical insurance, with options made available by UNDP through providers directly to ensure minimum coverage.
National Personnel Services Agreement (NPSA) [replaces previous service contract modality; and also national individual contractor modality,	National Personnel Services Agreement (NPSA) - UNDP	An NPSA Holder is an individual engaged by UNDP for a defined period of time, in the framework of the project to provide: -Support services such as administrative and related support. These types of services normally require technical knowledge acquired from a general academic education (secondary education) or	An NPSA may be issued for any period from one day and up to a maximum of twelve months at a time.	Yes, up to 4 years initially, which are reset upon review and confirmation of no-change in the nature of the work and its funding, and not to exceed the maximum duration of the project/funding.	Selection of NPSAs may be conducted through one of the following options: -Selection by a new competitive process -Direct recruitment of a previously assessed candidate -Direct recruitment from a roster that has been formally recognized by UNDP	The remuneration scale for national NPSAs is established for each country individually and promulgated by the Resident Representative of the country office. It is based on a reference point of 76% to the equivalent levels of the UN salary scales in each country	Service monitoring and performance evaluation are mandatory for regular NPSAs, in a form that is lighter than that of staff. An even lighter evaluation is conducted for short-term PSAs. Performance evaluation cycles	For regular NPSAs (6 months or more): -AL: 2.5 days/month -SL: maximum 24 days certified and 7 uncertified per year -Parental leave: 16 weeks for birth parent

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
except those which are lump-sum/deliverable based]		<p>from an apprenticeship or from training which may be specialized (e.g. finance, IT, procurement, etc.)</p> <p>-Specialist services such as expert advisory services, technical skills and/or knowledge services. Specialist services are typically performed by a recognized specialist or authority in a specific field and the services performed are mainly of an intellectual and varied character. Performance of specialist services involves the regular and consistent exercise of discretion and judgment and the output produced or the result accomplished cannot be standardized in relation to a given period of time.</p>			<p>-Direct selection of a candidate in emergency needs.</p> <p>- For short-term (retainer) PSA, a desk review is also an option.</p>	<p>(step one, net pay). The reference point has been established as a uniform standard across all offices, and has been set based on using only those comparators from those used for UN scales which are relevant to the public standards. The NPSA Holders' remuneration is set following pay ranges (pay bands), and the pay is determined by the hiring manager, based on contingencies of service including budget, availability of technical expertise in the market, and based on the special skills the individual brings with him/her to the job and to the organization. The remuneration may be anywhere</p>	<p>follow the same as those for staff. Each Service Evaluation form must be filed for record keeping by the human resources focal point of the Business Unit, or online when available.</p>	<p>and 4 weeks for non-birth parent (full eligibility is after 12 months of service; 50% the first 12 months)</p> <p>- Others: MAIP, D&D. UNDP provides coverage for medical health insurance to all its regular NPSAs through a contract with a service provider. In lieu of that, UNDP may also pay the NPSA the equivalent of the premium in case of own national coverage. UNDP pays NPSA holders a lump sum</p>

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
						between the minimum and maximum for each band range.		amount equivalent to 8.33% of their pay in lieu of pension fund and all other social security obligations.
<p>Partner Personnel Services Agreement (PPSA)</p> <p>[This shall eventually replace the Service Contract services provided to partners globally for nationals, and introduces a new modality for internationals]</p>	Partner Personnel Services Agreement - UNDP	<p>PPSA is a contractual modality through which UNDP may engage and administer non-staff personnel contacts for and on behalf of client UN entities. UNDP provides the flexibility for partners to build the PSA contract to their own operational needs. These come in forms of International and national PSAs as well as in their retainer and regular formats, home- or office-based. The flexibilities include the duration of contracts, pre-selection of candidates, remuneration levels, benefits and entitlements, including additional ones to the</p>	<p>Determined by partner. Partners may also apply UNDP regular standards.</p>	<p>Determined by partner. Partners may also apply UNDP regular standards.</p>	<p>UNDP may issue a PPSA to an individual at the request of a partner following either of the following selection processes:</p> <ul style="list-style-type: none"> - Pre-selection by the Partner; - UNDP-supported Selections. 	<p>Determined by partner. Partners may also apply UNDP regular standards.</p>	<p>The standard is that partners are responsible for performance management</p>	<p>Determined by partner, and UNDP would support the provision of existing or additional services. Partners may also apply UNDP regular standards.</p>

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		standards applied to UNDP personnel.						
Contract for goods and services (companies)	UNDP Procurement Methods	Procurement of goods or delivery of services.	As per contract		Solicitation process through micro-purchasing, request for quotation, invitation to bid or request for proposal. Direct contracting possible in certain circumstances.	Rate as per offer		
UNFPA								
Individual consultant	Human Resources: Policy and Procedures for Contracting Individual Consultants	An individual consultant may be hired for an assignment which is temporary in nature and cannot be performed by regular staff due to a lack of specialised expertise, or because of peaks in workload, or to cover staff functions due to absences or vacancies.	Cumulatively, an individual consultant can be engaged on a series of contracts for up to the equivalent of 11 months within any 12 month period. Consecutively, an individual consultant can be hired for up to 11 months after which a minimum break in service of one	Yes	-UNFPA Consultant Roster; -Selection with or without a competitive process. A competitive process for the selection of an individual consultant is not required for: (a) International individual consultants below an aggregate value of US\$40,000; (b) Local individual consultants below an aggregate value of US\$20,000.	After a suitable prospective individual consultant has been selected, the Hiring Office undertakes a preliminary enquiry with the intended candidate to confirm availability and discuss fee expectations. The amount of the fee should be agreed with the individual consultant. The level of the fee will be based on a determination of the level and	At the end of the assignment, the Hiring Office evaluates the overall performance of the individual consultant in the Post Evaluation section of the Consultant Roster. The final performance evaluation is not required in the case of a low value consultancy in which the consultant has not been registered in the	An individual consultant is not eligible for benefits such as sick leave or annual leave, pension or dependency allowances. An individual consultant is only eligible to take fixed (not floating) United Nations official holidays at the relevant location if

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
			month is required.			qualifications required to perform the assignment as outlined in the TOR, and will be approximated with the grade level of regular staff performing duties at a comparable level.	roster (below aggregate value of US\$ 2 000 within 12 month period).	they work on a full-time schedule from UNFPA premises and are not remunerated on a daily basis.
Contract for professional services	Policy and Procedures for Regular Procurement	<ul style="list-style-type: none"> - The contract for professional services is a procurement contract by which an institution, a corporation, or other legally constituted entity is engaged to perform services for UNFPA (e.g., providing corporate consulting services). The functions to be performed and a time schedule for execution are specified in the contract. - The contract for professional services may also be used in order to engage a corporate supplier for the provision of temporary services by individuals required 	As per contract. LTAs can be established for periods up to 5 years.	Extension of LTA possible up to maximum of 5 years.	Solicitation process through, request for quotation, invitation to bid or request for proposal in accordance with the provisions of the procurement procedures.	Rate as per offer.	The procurement focal points must perform vendor performance evaluation using the online vendor performance evaluation tool.	

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		from time to time by UNFPA.						
UNHCR								
Individual consultant	UNHCR/AI/2020/7 Administrative Instruction on Managing Affiliate Workforce and its Annex II	A consultant is an individual who is a recognized authority or specialist in a specific field, engaged by UNHCR under an individual contract in an advisory or consultative capacity. A consultant must have special skills or knowledge not normally possessed by the regular staff of the organization and for which there is no continuing need.	Individual contracts for consultants shall be limited to a maximum duration of 335 days in any 12-month period, irrespective of whether the arrangement is full time or part-time.	Within the period of less than 335 days, a consultant contract may be extended any number of times, for any duration, with or without breaks in service, provided that the total period of engagement does not exceed the period of 335 days in a 12-month period, regardless if it is full time or part-time	For each engagement, to ensure a competitive process, every effort shall be made to shortlist for consideration a minimum of three candidates.	On the basis of the factors listed below, the hiring entity estimates the UN Common System salary scales equivalent of the level of the engagement (e.g. G5, G6, P3, P4) to ensure equity and consistency of fees for individual contract holders. When establishing the consultant's pay rate, the following factors should be considered: a) responsibilities and complexity of the engagement; b) degree of specialization required by the engagement; c) knowledge, qualifications,	The performance of the individual contract holder and/or the quality of the product must be evaluated and recorded by the hiring manager, using the final evaluation form.	Consultants are not entitled to any leave and are fully responsible for arranging, at their own expense, health insurance covering the period of their services in the countries of work with UNHCR.

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
						experience and skills required; d) fees paid to the selected individual for previous engagements in the same area/level of work.		
Individual contractor	UNHCR/AI/2020/7 Administrative Instruction on Managing Affiliate Workforce and its Annexes I and II	An individual contractor is a person engaged by UNHCR under a short term contract to provide skills or knowledge for the performance of a specific task or piece of work, which would be short-term or temporary by nature, against the payment of an hourly, daily, monthly or all-inclusive lump sum fee. The work engagement may involve full-time or part-time functions similar to those of staff members, such as solutions, registration, refugee status determination, translation, interpretation, editing, secretarial/clerical services etc. when staff	Individual contracts are designed to meet short term and temporary needs. Following this principle, an individual should not be engaged on such contracts for a long period of time.	Any extension of a contract is subject to operational needs, satisfactory service, and availability of funds.	For each engagement, to ensure a competitive process, every effort shall be made to shortlist for consideration a minimum of three candidates.	As for individual consultants. In addition, as individual contractors usually perform functions similar to those of staff members, the remuneration level should also be similar, taking into account the liability of contractors to pay taxes and social security, from which staff members are exempt.	The performance of individual contract holders must be evaluated by the respective supervisors.	AL: 2,5 days per month with a full-time contract of at least one month. SL: 2 days per month with a full-time contract of at least one month. Parental leave: 16 weeks maternity with a full-time contract of at least six continuous months; 4 weeks paternity leave with a full-time contract of at least six

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		members are not readily available. An individual contractor can be hired either directly by UNHCR, or through UNOPS under an Individual Contractor Agreement (ICA).						continuous months. Individual contractors are fully responsible for arranging, at their own expense, health insurance covering the period of their services in the countries of work with UNHCR.
Contract for the provision of services (companies)	General Conditions of Contract: Contracts for the Provision of Services Procurement in UNHCR	Provision of services.	As per contract.		Solicitation process through bid, quotation or proposal	Rate as per offer. .	Unspecified	
UNICEF								
Consultant	General Conditions of Contracts	Consultants are recognized as an authority or specialist in a specific field, engaged by UNICEF in an advisory or consultative capacity.	Contracts are limited to a maximum cumulative duration of 11.5 months in	Yes, up to a maximum cumulative duration of 46 months in a 48-month period	Unspecified	Moving from a set pay range towards a negotiated fee	Mandatory evaluation of the work performed. Evaluations are recorded and uploaded in the ERP system,	Leave: unspecified. Contractor is fully responsible for arranging, at his or her

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
			a 12-month period. Once 46 months has been reached, a mandatory 12-month break must be observed.				which can be accessed by any staff member.	own expense, life, health and other forms of insurance covering the term of the contract.
Individual contractor	General Conditions of Contracts	Individual contractors provide expertise, skills or knowledge for the performance of a specific task.	Contracts are limited to a maximum cumulative duration of 11.5 months in a 12-month period. Once 46 months has been reached, a mandatory 12-month break must be observed.	Yes, up to a maximum cumulative duration of 46 months in a 48-month period	Unspecified	Unspecified	Mandatory evaluation of the work performed. Evaluations are recorded and uploaded in the ERP system, which can be accessed by any staff member.	Leave: unspecified. Contractor is fully responsible for arranging, at his or her own expense, life, health and other forms of insurance covering the term of the contract.
Service contract	General terms and conditions of contract - UNICEF	The Contractor will provide the Services and deliver the Deliverables in accordance with the scope of work set out in the Contract, including, but not limited to, the time for delivery of the Services and	As per contract.		Competitive bidding process “Blended approach” used in instances where market research cannot determine whether work should be performed by a	Rate as per offer	Mandatory evaluation of the work performed. Evaluations are recorded and uploaded in the ERP system, which can be	

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
		Deliverables, and to UNICEF's satisfaction.			company or an individual consultant. RFP is then aimed at both categories.		accessed by any staff member.	
UNOPS								
Individual Contractor Agreement (ICA)	Terms and Conditions of UNOPS Individual Contractor Agreement	<p>ICAs can be international ICA specialists (specialist personnel performing expert or advisory functions outside of their home country or place of residence); local ICA specialist (specialist personnel performing expert or advisory functions in their home country or place of residence); or local ICA support (support or administrative functions in their home country or place of residence).</p> <p>UNOPS also contracts individuals under ICA agreements on behalf of partner entities for project-based work with remuneration levels, benefits and entitlements customized to the partner's policies.</p>	Duration can be for a short period (from 1 hour to 3 months) or longer-term through a full-time agreement without a pre-determined end date.	Most UNOPS ICAs are ongoing ICAs with no end date.	While a significant number of candidates are hired through benches, rosters and pools of endorsed candidates from previous selection processes, most hiring is through regular selection. Talent benches are the primary selection method for leadership positions, especially in the field.	-International ICAs receive a monthly lump sum fee. The base fee takes into account the level of the contract and the current market rates for similar roles, as well as the cost of living of living and hardship at the respective duty station. Additionally, elements such as the degree of specialization, complexity of the tasks, education or experience in excess of the required minimum can be considered. Fees are negotiated directly with individual contractors, taking into account these factors within the	Formal evaluation upon completion of assignment or on a yearly basis if tenure is over six months. Satisfactory performance and meeting of corporate & unit objectives gives rise to a merit rewards payment around July.	<p>- International ICAs are entitled to paid annual leave, paid parental and sick leave and have the option to enrol in a provident fund.</p> <p>- Local ICAs with contracts of three months or more are entitled to a medical insurance plan, provident fund, paid annual leave and paid parental and sick leave.</p>

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
						applicable fees range for each level. -Local ICAs fees reflect the market rates and best conditions found locally for work of similar quality and complexity. The fees vary from country to country, taking into account the availability of local labour with the required levels of skills and competencies.		- Both local and international ICA are entitled to long-term sick leave in the case of service-incurred illness or injury as well as longer-term sick leave based on tenure
Service contract (companies)	General Conditions of Contract: The Provision of Services UNOPS Procurement Manual	Provision of services	- As per contract. - LTAs are typically valid for a period of one to three years	LTAs may be extended for an additional period of up to 24 months	Solicitation process through request for bid, quotation or proposal Pre-qualification of vendors conducted for specific procurement activities. In cases where the company is retained to release individuals to work performing UNOPS project activities (typically in security restricted areas), if	Rate as per offer	When contracting services, project managers/requisitioners monitor the performance of the contractor by ensuring timely receipt and acceptance of the deliverables specified in the contract. Performance indicators, milestones and checkpoints on the supplier's	

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					the company provides a pool of profiles for UNOPS to pick a number of them, the UNOPS hiring manager must conduct a selection process mirroring that to be followed for UNOPS personnel (with certain exceptions for simplification).		sustainability performance are included in tender documents, and are regularly monitored during the contract management phase.	
WIPO								
Individual contractor	General Conditions of Contract for the Provision of Individual Contractor Services Individual contractors	Two types of Individual Contractor Services (ICS) engagement: -Ad hoc mission: consists of a project or a determined subject matter in a predefined timeframe, paid on the basis of a lump sum or time/rate remuneration. -Accredited services: consists of a contract that defines the unit cost and types of services that can be rendered, delivered on a recurring or intermittent basis by the individual service provider, according to WIPO's needs.	Maximum of 24 months within a 36 months window. Beyond 36 months, re-engagement is subject to a new process appropriate to the annual value.		Main sources for identification of potential candidates are through advertisement on appropriate platforms, outreach or rosters of regularly required profiles.	Unspecified	-For contracts above \$20,000, performance evaluations are conducted by the business units and stored in a repository, which is available to auditor. -Performance is monitored through reporting tools, which use data extracted from ERP. -After completion, performance evaluations can be accessed by	The Contractor has no entitlement to vacation or sick leave, except for official WIPO holidays, WIPO medical insurance or staff pension.

Types of contracts	Policy document	Functions	Duration	Possibility for extension	Selection process	Rates of payment	Performance management	Benefits and entitlements
							staff who may be interested in reengaging the individual.	
Contract for the provision of goods and services (companies) – both outsourced services and agency workers	General Conditions of Contract for the Provision of Goods and Services Financial Regulations and Rules of WIPO	Provision of goods and services	As per contract		Competitive process, including invitations to bid, requests for quotations and requests for proposals Direct solicitation in certain circumstances	Rate as per offer	Vendor performance review of the company will include review of performance of individuals provided by the company, and company's responsiveness to WIPO's feedback on individual's performance.	WIPO does not pay for vacation, sick leave, etc. any entitlements are as between the company and its employees.
World Bank								
Short-term Consultant/ Extended-term Consultant	World Bank Group Directive – Staff Rule 4.01 Appointment World Bank Group Directive – Staff Rule 6.06 Leave	Short-term Consultants (STC) and Extended-term Consultants (ETC) act in advisory or consultative capacity. Staff rules apply to both STC and ETC	STC appointment is a periodic appointment for a maximum of 150 days in a fiscal year. ETC appointment is a full-time appointment	ETC is renewable for a second year, subject to a lifetime maximum of two years.	Competitive selection process based on criteria determined by the needs of the WBG and requirements of the position	Pay scale depends on skill set and expertise STC can be with or without pay.	Contract manager requires deliverables for all services and documents contractor performance.	STC: no benefits or entitlements. ETC: annual leave 2 days/month. Female ETC eligible for 20 days maternity leave and 40 days unpaid leave for

			for a minimum of one year					maternity purposes.
Goods and/or Services Contract (companies)	Corporate Procurement Policy summary for vendors doing business with the World Bank Group General Terms and Conditions: Consulting Services	Majority of contracted services fall under one of the following categories: IT, HR-related, professional, financial or corporate/real estate services	Determined in the Terms of Reference.		Competitive process through requests for quotations/bids/proposals. single-source selection in exceptional cases.	Rate as per offer.	Vendor management programme in place. Performance is monitored through meetings, reports and inspection in order to ensure contract compliance. The contract manager requires deliverables for all services and documents contractor performance.	