INDEPENDENT EVALUATION OF WHO'S RESULTS-BASED MANAGEMENT (RBM) FRAMEWORK

EVALUATION BRIEF – JANUARY 2023

For many years, RBM has been the overarching framework that has shaped organizational management within WHO, as well as being used by many other agencies in the UN system, in governments, and beyond. WHO has used RBM concepts since the early 2000s creating a solid foundation from which to further improve. This **first independent, corporate evaluation of RBM in WHO** assessed the application of RBM principles in the Organization which help steer it toward maximum results in the service of its global health mandate. Enabling the full potential of RBM involves action by both the Secretariat and Member States. Recognizing there are several definitions of RBM, the evaluation used four main purposes as defined by the OECD: *Accountability, Communication, Decision-making, and Learning*.

Conclusions: Building on the findings of the evaluation, conclusions are structured as six key issues which the Secretariat and Member States need to address:

1. An unclear conceptual framework for RBM (or WHO's preferred terminology).
2. RBM systems are duplicative and fragmented.
3. RBM for accountability has predominated over RBM for decision-making.
4. The WHO organizational culture on learning is weak.
5. Resources, structures and governance militate against the effective implementation of an RBM approach.
6. The lack of focus on RBM at country offices.

HIGHLIGHTS

- *There is no consensus as to the meaning of RBM (in the Secretariat nor Member States).*
- *Accountability and communication purposes of RBM predominate over its use for decision-making, prioritization and real-time learning.*
- *Short Programme Budget (PB) planning cycles (two years) hamper use of performance monitoring data to learn and adjust. New "hybrid" models of longer-term strategic plans, and intermediate and biennial PBs favor better prioritization, re-prioritization, planning and budgeting.*
- *Use of theories of change, results frameworks and more effective Output Delivery Teams (ODT) across the Organization, along with clear results definition, would improve top-down and bottom-up planning and implementation.*
- *An over-emphasis on accountability and reporting has bred a culture not to recognize failures, preventing WHO from being an effective learning organization.*
- *WHO's funding and resourcing model (high percentage of earmarked voluntary contributions) makes an organizational approach to RBM difficult and limits WHO's flexibility to direct financial resources towards priority needs, including to country offices.*

Key findings

-- A long history of RBM in WHO. Among the many RBM developments introduced in WHO over the past two decades have been initiatives under the Eleventh and Twelfth General Programmes of Work and those under the Thirteenth General Programme of Work (GPW). A strong focus on achieving results was included in GPW13 and in the PB, including the introduction of the "*Triple Billions*", the new Division of Data, Analytics and Delivery for Impact and various initiatives on monitoring and reporting. The evaluation mainly covered the GPW13 period and considered earlier developments when relevant.

-- Understanding of RBM. One central challenge is that there is no common understanding of what RBM is (both within the Secretariat and amongst Member States), or if this is the term that should be used within WHO as compared to others such as managing for results, delivering results, etc. It is unclear whether results are restricted to outcomes or outputs, or include both. Some limit the term results to organizational priorities while others recognize that it is perhaps in projects and programmes where there has been greatest focus on RBM approaches as a result of donor requirements.

-- Purpose of RBM. Noting the four main OCED-defined purposes of RBM, the evaluation found that, in common with other organizations, in WHO, two of them, accountability and communication, predominated with little, if any, focus on RBM for decision-making and learning.

-- RBM as an end-to-end process. The evaluation considered RBM as an end-to-end process covering planning and budgeting; implementation; monitoring; use of monitoring data and reporting; and evaluation, adaptation, decision-making and learning. It found little evidence that WHO was using RBM to prioritize and deprioritize actions. Problems identified with planning and budgeting include the relatively short (two years) planning period, and the lack of available flexible funding. In addition, the current RBM approach seems to place more emphasis on headquarters and regional offices rather than country offices. Strategic planning has always been relatively well-developed and prioritized in WHO but recently there has been growing emphasis on corporate monitoring and reporting. However, such systems are relatively new and suffer from being fragmented, largely subjective, complicated, time consuming and of limited practical utility. They are undermined by the need for individual project and programme monitoring and reporting which remains much stronger than corporate-level processes. Several competing monitoring systems across all levels of WHO lack harmonization and

coherence. Results monitoring at country level is limited and data is rarely used at that level for programme improvement. The lack of use of theories of change does not allow capturing of WHO, especially country office, contributions to organizational results. Given WHO's funding model, a very strong focus on reporting is to donors of individual projects.

-- **Decision-making and learning.** While the evaluation function in WHO has been strengthened, it remains weak compared to other agencies particularly relating to its focus on country-level evaluations. Organizational learning in WHO is not well-developed, particularly at country level, regarding use of and learning lessons from results achieved to make programme adjustments, and sharing across the Organization.

-- **Coherence.** The evaluation found challenges with coherence of RBM across different elements of the management cycle, levels of WHO and programme strands, e.g., the WHO Emergencies Programme. Increasing coherence across different elements of the RBM cycle at the three levels of the Organization requires better alignment of budget and planning cycles and across different programme strands, along with a single country office workplan reflecting each context whilst aligning to UNSDCF, GPW13 and relevant national plans.

-- **Enabling factors** underpinning the introduction of RBM in WHO included the needs of Member States to show accountability to their respective constituents for funds contributed. In addition to past efforts in WHO, existing monitoring structures, systems and processes can be enhanced to facilitate RBM, adapting lessons of other UN agencies. COVID-19 responses have also enabled the introduction of some RBM elements.

-- **Hindrances.** Several factors have hindered the application of RBM in WHO. Member States may not always act to maximize results but be driven by national interests/considerations. Within the Secretariat, there is not an established culture of RBM; some staff approach RBM with antipathy, complacency and/or silo-thinking; roles and responsibilities for RBM are unclear; and, skills/capacity are limited, both among staff and representatives of Member States. WHO's funding model, system of human resource management, and issues revolving around its regionalized structure and country offices have made applying RBM difficult. The existing results framework does not work optimally and is undermined by availability of and willingness to share data. There is a need to further harmonize monitoring and reporting systems.

Moving Forward

Drawing on experience of UNFPA's "developmental evaluation" approach of RBM and their use of a follow-up phase by management to strengthen its RBM systems and "adaptive management", the Secretariat may wish to do the same. A process can use existing groups or setting up, for example, working groups with explicit responsibility for moving forward on the evaluation's recommendations, noting that the latter are addressed to the Secretariat and to Member States.

An extensive review of other UN agencies' experience with RBM is documented in **Annex 4** of the report.

Contacts

For further information please contact the Evaluation Office at: evaluation@who.int.

Hyperlink: Evaluation Report on WHO site

Recommendations

Ten recommendations, each with actions, have been identified through consultations with stakeholders on the six key issues (conclusions). Four recommendations are addressed to the WHO Secretariat, two to Member States and four to both for joint action. Numbers denote the order in which recommendations are discussed, and do not indicate relative priority. All recommended actions are in the annex to this brief. Please see the **report** for a full discussion of the findings, conclusions and further description of each recommendation and actions.

Secretariat Action	***Joint Secretariat – Member State Action***	***Member State Action***
5. Create conditions to deliver results at country office level	1. Develop common understanding of results-based management or other agreed term	9. Support results-based decision making
6. Make the structural and systems changes that are needed to deliver results	2. Ensure an approach which allows effective prioritization	10. Enable the results delivery cycle to function
7. Strengthen and simplify monitoring systems	3. Clarify understanding of and responsibility for achievement of results	
8. Revolutionize organizational learning	4. Determine means to increase trust and confidence of Member States and other major funders in WHO	

INDEPENDENT EVALUATION OF WHO'S RBM FRAMEWORK: *RECOMMENDATIONS*

Actions to be carried out in the short-term (deemed to be one year or less) are denoted with an icon of a sprinter while those that are longer-term are denoted with an icon of a marathon runner.

Recommendations for Joint Secretariat – Member State Action

Recommendation 1: Develop common understanding of results-based management or other agreed term.

1.1 Senior management to decide on the terminology to use for WHO's approach to achieving results. Given WHO's current context and history, the evaluators suggest that this could be "*delivering results*".

1.2 The Secretariat to capture WHO's approach to delivering results in a policy document.

1.3 The Secretariat to operationalize the policy. For example, this could be by developing a handbook, training/orienting existing and new Secretariat staff and Member States.

1.4 The Secretariat to develop measures and/or approaches for assessing the extent to which the policy is being implemented.

Recommendation 2: Ensure an approach which allows effective prioritization

2.1 Secretariat and Member States to reach a joint understanding of what prioritization means.

2.2 The Secretariat to adopt a system for prioritizing across the Organization particularly at country level. To include re-prioritization processes that integrate "real-time" learning and consider changing contexts.

2.3 The Secretariat and Member States to periodically review priorities in the light of emerging issues and changing context.

2.4 The Secretariat needs to say "no" to things that would divert it from agreed priorities noting that such decisions will only be possible if supported by Member States individually and collectively through governance structures.

2.5 Member States should provide flexible funding as much as possible as assessed contributions or unearmarked voluntary contributions.

Recommendation 3: Clarify understanding of and responsibility for achievement of results.

3.1 Member States to recognize that responsibility for achieving particular health outcomes in their countries rests primarily with them with the WHO Secretariat playing a supporting role. The results framework needs to outline respective responsibilities of Member States and the Secretariat including areas where responsibilities are shared.

3.2 The Secretariat to recognize that it cannot expect to only be accountable for outputs over which it has direct control. It also needs to show that those outputs are contributing to desired outcomes.

3.3 The Secretariat to develop clear and compelling evidence-based theories of change, based on international development best practice, which articulate how Secretariat outputs would be expected to contribute to desired outcomes. These need to be developed with others, e.g., national governments and international partners.

Recommendation 4: Determine means to increase trust and confidence of Member States and other major funders in WHO

4.1 Member States and the Secretariat to identify and agree on the factors that are limiting Member State trust and confidence in WHO.

4.2 The Secretariat to identify and implement steps and measures to build trust and confidence in identified areas. This may include a using evidence and an approach focused on delivering results to prioritize the allocation of resources.

4.3 Member States and funders to agree with the Secretariat how progress on trust- and confidence-building measures could be assessed and potentially incentivized.

Recommendations for Secretariat Action

Recommendation 5: Create conditions to deliver results at country office level

5.1 Secretariat (country offices) to develop a single country office workplan which reflects, in particular, the unique context of a particular country and, to the extent possible, also reflects GPW13. These country workplans should be used to derive programme, regional and global plans and not vice versa.

5.2 The Secretariat to rapidly address constraints, amenable to short-term action, faced by WHO country offices in delivering country-level results. These might include identifying priority countries and streamlining HQ and regional office support.

5.3 The Secretariat to address constraints, that require long-term action, faced by WHO country offices in delivering country-level results. These might include requirements to build financial and human capacity, for example by deploying monitoring and evaluation officers in country offices.

Recommendation 6: Make the structural and systems changes that are needed to deliver results

6.1 The Secretariat to strengthen Output Delivery Teams (ODTs), including to consider

- Reviving an oversight and coordination group, such as the strategic priority coordination group that was envisaged but not established, with a focus on developing theories of change showing causal pathways from outputs to outcome
- Reviewing the scope of the ODTs based on a clear definition of outputs derived from the theories of change
- Clarifying role definitions and accountabilities for implementing the ODT process across the three levels of WHO
- Ensuring the steering mechanism for ODTs focuses on cross-ODT collaborations and learns lessons from collaborations established during the COVID-19 pandemic
- Nurturing ownership and buy-in to these mechanisms, perhaps by providing incentives to ODTs that have made the most progress. One option that might be considered, both for ODTs and country offices, could be something like the UNFPA RBM seal which can be awarded at bronze, silver and gold level.

6.2 The Secretariat to address fragmented and duplicative systems and organizational set-ups including:

- Conducting a mapping of overlapping, disconnected, and/or duplicative RBM subsystems. Some aspects are covered in this report as well as in the IOS audit on results reporting.
- Leading a process for WHO to work together with more cohesion across the three levels.
- Linking up the different systems that are currently not connected to delivering results processes, such as staff performance management and risk management.

Recommendation 7: Strengthen and simplify monitoring systems

7.1 The Secretariat to improve and consolidate existing monitoring tools.

7.2 The Secretariat to develop a single set of indicators which are used to monitor progress across WHO at output and outcome level.

Recommendation 8: Revolutionize organizational learning

8.1 The Secretariat to improve the organizational culture of learning. This will involve addressing the current "*fear of failure*" culture and promoting concepts of "*try, learn, improve*".

8.2 The Secretariat to set up mechanisms to promote learning at all levels of WHO and to integrate it into the RBM implementation cycle.

8.3 The Secretariat to foster the use of evaluations to improve programming including through increasing the number of country programme evaluations and introducing periodic evaluations of GPWs.

Recommendations for Member States Action

Recommendation 9: Support results-based decision-making

9.1 Member States to promote an understanding of results delivery which emphasizes the importance of learning and decision-making.

9.2 Member States and other funders to shift away from earmarked, voluntary funding to more flexible/unearmarked voluntary funding and to greater levels of assessed contributions.

9.3 Member States and other funders to use existing organization-wide monitoring and reporting systems and to move away from parallel, project-based systems.

9.4 Member States to maintain the focus on results-based budgeting rather than moving to input-based budgeting.

Recommendation 10: Enable the results delivery cycle to function

10.1 Member States to consider adopting a "hybrid" model incorporating a longer-term strategy, and budget and planning cycle and frameworks, along with a short-loop programme budget cycle (one or two years) enabling adjustments to be made based on monitoring progress against outcomes and outputs and lessons from implementation.

10.2 Member States to agree that country office plans should span a four- or five-year period aligned with the UNSDCF, and Country Cooperation Strategies/Biennial Collaborative Agreements and key national plans as relevant.