Independent Evaluation of WHO's Results-Based Management Framework

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Any enquiries about this evaluation should be addressed to:

Evaluation Office, World Health Organization
Email: evaluation@who.int

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List of Acronyms

AFR	WHO African Region
AFRO	WHO Regional Office for Africa
AMR	WHO Region of the Americas
AMRO	WHO Regional Office for the Americas
AMSTG	Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
BCA	Biennial Collaborative Agreement
BOS	Business Operations
CCS	Country Cooperation Strategy
CIDA	Canadian International Development Agency
COVID	Coronavirus Disease
CPE	Country Programme Evaluation
CRE	Compliance, Risk Management and Ethics Office
CSS	Country Strategy and Support Department
DAC	Development Assistance Committee
DAF	Director, Administration and Finance
DDGO	Deputy Director-General's Office
DDI	Division of Data, Analytics and Delivery for Impact
DG	Director-General
DPM	Director, Programme Management
EB	Executive Board
EMR	WHO Eastern Mediterranean Region
EMRO	WHO Regional Office for the Eastern Mediterranean
EQ	Evaluation Question
ePMDS	Electronic Performance Management and Development System
ERG	Evaluation Reference Group
ERP	Enterprise Resource Planning
EUR	WHO European Region
EURO	WHO Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
GPW	General Programme of Work
GSM	Global Management System
HALE	Healthy Life Expectancy
HQ	Headquarters
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
IEOAC	Independent Expert Oversight Advisory Committee
IFAD	International Fund for Agricultural Development
IOAC	Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
IOS	Office of Internal Oversight Services
ILO	International Labour Organization
ITU	International Telecommunication Union
JIU	Joint Inspection Unit of the United Nations System
KOICA	Korea International Cooperation Agency
KPI	Key Performance Indicator
MOPAN	Multilateral Organisation Performance Assessment Network
MTR	Mid-Term Review
ODT	Output Delivery Team
OECD	Organisation for Economic Cooperation and Development

OMB	Office of the Ombudsman
OSC	Output Scorecard
PAHO	Pan American Health Organization
PB	Programme Budget
PBAC	Programme, Budget and Administration Committee of the Executive Board
PRP	Planning, Resource Coordination and Performance Monitoring
PwC	PricewaterhouseCoopers
PWR	PAHO/WHO Representative
RBM	Results-Based Management
RRBM	Rights- and Results-Based Management
SDC	Swiss Agency for Cooperation and Development
SDG	Sustainable Development Goal
SEAR	WHO South-East Asian Region
SEARO	WHO Regional Office for South-East Asia
SPCG	Strategic Priority Coordination Group
TDR	The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
TEN	Technical Expert Network
TOR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNIDO	United Nations Industrial Development Organization
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSPN	United Nations Strategic Planning Network
USAID	United States Agency for International Development
VC	Voluntary Contribution
VFM	Value For Money
WHA	World Health Assembly
WHE	WHO Health Emergencies Programme
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WPR	WHO Western Pacific Region
WPRO	WHO Regional Office for the Western Pacific
WR	WHO Representative

Executive Summary

Introduction

S1. This evaluation is the first independent, corporate evaluation of results-based management (RBM) in WHO. Its purpose was to assess the application of RBM principles within WHO as a vehicle for helping steer the Organization toward maximum results in the service of the Organization's global health mandate. It had three objectives focused on how RBM was understood in WHO, how it was applied at different stages and what was helping or hindering RBM in WHO. The evaluation focused mainly on the period of the Thirteenth General Programme of Work (GPW) and considered earlier developments when it was considered relevant. Key historical highlights related to RBM in international development, in general, and within WHO, in particular were reviewed.

Approach and Methods

S2. Based on learning from UNFPA's 2019 evaluation of RBM, the evaluation incorporated aspects of a developmental evaluation approach. These focused on working with key stakeholders, particularly in the Secretariat and among Member States, to identify key issues that need to be addressed and areas in which action is needed, based on the evaluation's findings. The evaluation was utilization-focused and formative with emphasis on identifying challenges, gaps and learning to support WHO improve its RBM approach to increase WHO's effectiveness and performance, as well as levels of trust with its Member States. The evaluation used a mixed methods approach, including an extensive document review, key informant interviews, and a staff survey. Data collection, predominantly in June and July 2022 and completed at end-October 2022, involved more than 120 interviews from stakeholders across all levels of WHO and from outside the Organization. An all-staff survey was administered in WHO. The Regional Office for the Americas (AMRO/PAHO) also shared this survey with networks of its staff working on RBM.

Findings

S3. The evaluation documented many of the developments on RBM that have occurred in WHO and in the wider United Nations (UN) over the past two decades. These included initiatives under GPW11 and GPW12 in addition to those under GPW13. The latter include the introduction of the "*Triple Billions*", the new Division of Data, Analytics and Delivery for Impact (DDI) and various initiatives on monitoring and reporting.

S4. One central challenge is that there is no common understanding of what RBM is or if this is the term that should be used within WHO as compared to others such as managing for results, delivering results, etc. (both within the Secretariat and amongst Member States). 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.

S5. While the Organisation for Economic Cooperation and Development (OECD) identified four main 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.

S6. 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. The evaluation found little evidence that WHO was using RBM to prioritize and deprioritize actions. In addition, the evaluation found that the current RBM approach seems to place more emphasis on headquarters (HQ) 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. Problems identified with planning and budgeting in WHO include the relatively short (two years) planning period. The lack of use of theories of change does not allow capturing of WHO, especially country office, contributions to organizational results.

S7. 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 evaluations and reviews, results achieved to make programme adjustments, and sharing across the Organization.

S8. The evaluation found challenges with coherence of RBM across different elements of the management cycle, across different levels of WHO and across different programme strands, e.g., the WHO Emergencies Programme (WHE).

S9. The evaluation identified enabling factors underpinning the introduction of RBM in WHO, including the needs of Member States to show accountability to their respective constituents for funds contributed. In addition to past efforts in WHO (see S3 above), 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.

S10. 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, and a need to further harmonize monitoring and reporting systems

Conclusions - Key Issues

S11. Conclusions are based on the findings of the evaluation including identified enablers and hindrances. They are structured as six key issues which the WHO 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.

Recommendations

S12. Ten recommendations have been identified through consultations on the six key issues above. Four recommendations are addressed to the WHO Secretariat, two to Member States and four to both for joint action. Recommendation action points are shown in yellow text boxes. Those to be carried out in the short-term[1] are denoted with an icon of a sprinter while those that are longer-term are denoted with an icon of a marathon runner. Recommendation numbers denote the order in which they are discussed – they do not indicate relative priority.

 "sprinter" – recommendations for the short-term

 "marathon runner" – recommendations for the longer term

Recommendations for Joint Action by Secretariat and Member States

Recommendation 1: Develop common understanding of results-based management or other agreed term *(for joint action by Secretariat and Member States)*

S13. Currently, there is no consensus as to what WHO means by RBM or even if this is the term the Organization wishes to use. It is crucial that such a consensus be developed. The Organization may choose to use the term RBM or another term. Other possible terms include "*managing for results*" or "*delivering results*". The latter ties well with the emphasis under GPW13 of delivering results at country level.

S14. Once a term has been agreed, it would be helpful to define and describe this in a policy document. The policy needs to emphasize four purposes including the current areas of focus, accountability and communication but also areas that are currently largely overlooked namely learning and decision-making. The policy needs to clearly define what WHO's results are. These are likely to include both the outputs that WHO produces and the outcomes to which it contributes.

S15. As part of policy development, it is important to work out how to translate the agreed policy into action. This may involve the production of a staff handbook and training of both existing and new staff. For existing staff, this could be incorporated into training for the new Enterprise Resource Planning (ERP) system while, for new staff, this could be part of induction processes. Training and orientation should also be offered to Member States and their representatives for example through joint Member States-Secretariat information sessions on the agreed policy and how this is operationalized.

S16. Finally, it is important for WHO to have ways of measuring or assessing the extent to which the policy is being implemented in practice. Options for this might include a measure of the extent to which resources are redirected to identified priorities or a measure of the extent to which learning from previous programme cycles has been used, for example, to inform planning.

 **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.**

[1] While short-term is not defined, a period of around one year has been taken as the cut-off for short-term.

Recommendation 2: Ensure an approach which allows effective prioritization *(for joint action by Secretariat and Member States)*

S17. While there are examples within WHO of being able to prioritize particular countries and programmes, such examples are more the exception than the rule. In practice, because of WHO's funding model, a fairly permissive and aspirational budget envelope is set with elements being funded largely based on availability of earmarked voluntary funds for a particular purpose. This means that, de facto, decisions on prioritization are being made largely by funders. There is need to shift away from this to a situation where priorities are set by the Organization as a whole based on evidence and the results to be achieved. This requires a transparent prioritization process focused on delivering results. In this context, the availability of flexible funding, whether assessed contributions or greater unearmarked voluntary contributions would significantly facilitate prioritization across the Organization.

S18. There is a need for the Secretariat and Member States to decide what prioritization means within WHO. Does it relate to budgeting only or are there other implications? Would it mean having priority countries and/or priority programmes? The Organization needs a system for effective prioritization particularly at the country level. What is the appropriate balance of prioritization and decision-making (top-down (global) and bottom-up (country-led)) and how to develop coherence on priorities among the three levels?

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 *(for joint action by Secretariat and Member States)*

S19. Member States need to acknowledge that primary responsibility for delivering health outcomes in their settings rests with them, with the WHO Secretariat playing a supporting role. The Secretariat needs to recognize that it cannot expect only to be accountable for outputs. It needs to be able to show convincing evidence that those outputs are making a meaningful contribution to expected outcomes. A theory or theories of change is/are likely to be key in identifying expected causal pathways and underlying assumptions in ways which can be tested using available evidence, e.g., through evaluation processes, and which can be used to develop results frameworks and performance monitoring. There may be need for specific theories of change at global, regional and national levels and these will need to be developed with others, including national governments and international partners.

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 *(for joint action by Secretariat and Member States)*

S20. The evaluation identified that there are issues relating to the extent to which Member States and other major funders trust and have confidence in WHO. The Secretariat's main response to this has been to seek to more clearly articulate and quantify WHO's results. However, these efforts have not yet fully satisfied Member States and funders with them often saying that Secretariat reports do not provide them with the information they need. In addition, there are often doubts as to whether the picture reported is overly positive, particularly at country level.

S21. In order to build Member State trust and confidence, it would be important to clearly identify what are the factors which are limiting or undermining these. The process undertaken by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance (AMSTG) identified issues and recommendations to further strengthen budgetary, programmatic, finance, governance processes and accountability of the Organization, including RBM. Actions include both those to be implemented by the Secretariat and those that are joint Member States and the Secretariat. Some issues are a need to improve prioritization processes; the extent to which allocation of resources is evidence- and priority-based; limitations and failings are recognized and used as a basis for learning and improvement; there is transparency over the programme budget, its details and development; and there is transparency over senior level staff appointments. Once recommendations and actions are identified and agreed, the Secretariat needs to develop ways of addressing these along with Member States action on some, and their agreeing how progress on these is to be assessed and potentially incentivized.

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 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 *(for Secretariat action)*

S22. This will require recognition of country offices as the primary unit for delivery within WHO. WHO representatives and other staff in country offices are well-placed to identify what changes are needed to make this happen. This is likely to involve having a single country office workplan to which programmes contribute rather than the other way round. Similarly, these country workplans should be used to build regional and global workplans not vice versa (see also Recommendation action 2.2). The workplan needs to be based on agreed national priorities and to be embedded within the United Nations Sustainable Development Cooperation Framework (UNSDCF). It would be ideal if the workplan could cover a longer time period than two years with the flexibility to adjust this annually based on discussion and agreement with the Member State. As mentioned in the guidance for developing Country Cooperation Strategies (CCSs), the timeframe of these should be aligned with the UNSDCF.

S23. WHO needs to address constraints experienced by country offices, particularly in relation to the mismatch between expectations and demands from HQ and regional offices and the financial and human resources available to the country office to deliver results. In addressing this, it would help if HQ and regional offices were more responsive to country office needs. To do this realistically, WHO may need to prioritize certain countries based on agreed criteria, e.g., low-income, conflict-affected, rather than trying to prioritize all equally.

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 *(for Secretariat action)*

S24. Currently, there is no unified structure and systems to deliver results in WHO. This is partly because there is little shared understanding of what this means and because of the evolution of various systems over the years without an overarching shared understanding of an RBM approach. Other factors include that WHO is highly "*federated*" with HQ and each region having elected leaders. Also, the way WHE has emerged means that it has a high level of operational autonomy within WHO. In addition, new structures intended to support the delivery of results (e.g., DDI, transformation) have been added on top of existing structures (e.g., the Planning, Resource Coordination and Performance Monitoring Department (PRP) and Country Strategy and Support Department (CSS)) with inadequate delineation and harmonization of roles. While these structures are actively seeking ways to collaborate more effectively, there are currently high levels of fragmentation and duplication.

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.

S25. ODTs are existing delivery mechanisms for results and opportunity could be taken to strengthen these in a range of specific areas identified in the recommendation. In addition, there is need to identify and address fragmented and duplicative systems and organizational structures. There are currently proposals being developed for PRP, DDI, the Transformation team and CSS to work in a more integrated manner. Similar discussions could be facilitated across HQ and regions, including WHE, and ultimately across the whole Organization.

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 *(for Secretariat action)*

S26. The Output Score Card (OSC) has been a key element of the corporate monitoring system and has been the subject of several reviews. Key benefits of the OSC include offering a space for teams to discuss progress made and adjustments needed and ensuring a focus on the contribution to organizational results, breaking down programmatic/thematic silos. However, there are concerns that the OSC is too complex, lacks objectivity and is not particularly useful for programme decision-making and resource allocation.

S27. The joint aims of simplification and increasing objectivity are not contradictory. A key focus in seeking to simplify the score card needs to be on the amount of time and effort required to complete the OSC, particularly for smaller organizational units. The main OSC could also be simplified by removing the element on results and using the OSC to cover cross-cutting issues, such as value for money and gender, equity and human rights. It might be possible to have an even simpler score card for smaller organizational units, for example treating the cross-cutting

dimensions for all outputs at once rather than output by output. Results could be assessed more objectively by having an agreed set of indicators at output and outcome level that are reported across WHO. In addition, objectivity could be further strengthened by introducing a degree of verification of scores in the OSC, e.g., by making this part of an expanded programme of country evaluations.

S28. With further clarity as to what results mean (see recommendation 3), in developing a framework of core indicators as the key instrument to track progress against expected results in WHO, there will be a need to review the current framework to ensure completeness, notably in terms of baselines, milestones, targets and data sources. It will be important to recognize that the number of indicators needs to be kept to a manageable number. Once a core set of indicators is in place, data should be aggregated at the three levels of WHO. Taking this approach will require strengthening monitoring capacity in many country offices. Ideally, the set of core indicators should be as stable as possible. Reviews should take into account the need to allow trend analysis, including across GPW periods.

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 *(for Secretariat action)*

S29. Currently in WHO, as in many other organizations, learning is not emphasized as much as accountability and communication in relation to delivering results. Yet, learning is the basis of an organization´s ability to take advantage of previous experiences, understand root causes and to adapt to changing circumstances to achieve results. As mentioned above, a key cultural shift will be away from one where there is a widespread fear of failure. Making this cultural shift is likely to mean addressing broader human resources management issues relating to staff contracts, recruitment, performance appraisal and career development.

S30. There will be a need to set up mechanisms to promote learning at all levels of WHO. Elements might include a) promoting "*short loop*" learning, whereby managers and staff are able to quickly learn lessons to adapt programmatic approaches and use of resources based on lessons learned; and b) creating space for reflective analysis of results, particularly in country offices, as well as sharing lessons across country and regional offices and HQ. Learning processes need to be integrated into all stages of the management cycle, for example during planning, monitoring, and evaluation. While WHO's use of evaluations has developed and been strengthened recently, more could be done to use evaluations systematically for organizational learning. This could involve an expanded programme of country-level evaluations and introducing evaluations of GPWs to ensure that lessons are learned when transitioning from one GPW period to the next.

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 them 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 *(for Member States' action)*

S31. Member States can play a key role in supporting results-based decision-making in WHO. This will require a shift in mindset where Member States are not only focused on what WHO has achieved and contributed but also on how WHO has learned and improved.

S32. Where possible, Member States and other funders should favor increasing voluntary unearmarked contributions and ideally to levels of assessed contributions that are able to sustain and flexibly fund the Organization. However funding is provided, Member States should encourage and accept the use of corporate-wide monitoring and reporting systems rather than establishing parallel, project-based systems which currently command most WHO staff time and attention and that undermine efforts to establish and operate more effective organization-wide systems.

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 *(for Member States' action)*

S33. In order for the results delivery cycle to function, sufficient time is needed to integrate the analysis of results and lessons learned in the next period. Two-year programme budget cycles make this very difficult as planning for the next cycle needs to be completed before lessons from current implementation are available. However, initiatives to have a longer multi-year budget and planning cycle have not been supported by Member States because of difficulties in committing assessed contributions for more than two years. Innovative practices exist in other UN agencies that could be adapted for WHO. These combine both a one- to two-year programme budget and a longer strategic planning framework, four to eight years, allowing for greater use of learning and mid-course corrections.

10.1 Member States to consider adopting a "hybrid" model incorporating a longer-term 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.

Moving forward with the recommendations

S34. In commenting on this report, the Evaluation Reference Group (ERG) noted that while the recommendations contained many good points on what needs to be done, they contained little on how change would happen. However, conventionally it is considered to be management's prerogative, and not within the independent evaluators' competence, to decide concretely on how the Organization should proceed in response to the recommendations, for example identifying and explaining the actions that would be taken in a management response. During the evaluation, many respondents expressed the view that the issues being identified were well-known within WHO and there was a risk that nothing would change as a result of the evaluation.

S35. These views led the evaluators to adopt elements of developmental evaluation including a consultative process for identifying key issues and developing recommendations based on the evaluation's findings and conclusions. The application of the approach drew, in particular on UNFPA's experience of conducting a developmental evaluation of RBM in their organization. That evaluation included a follow-up phase of further development by management, something that WHO could also consider. This might involve utilizing existing groups or setting up, for example, working groups with explicit responsibility for moving forward on the evaluation's recommendations. Given that these recommendations are for both Member States and the Secretariat, consideration might be given to the need for two separate groups with a mechanism for them to work together. Under this scenario, the first would need representation from Member States, be informal and report to an existing governing body. The second would need to be within the Secretariat and could be based on existing mechanisms and would include key divisions/departments (Office of the Director-General/Deputy Director-General, Evaluation Office, Office of Internal Oversight Services (IOS), Office of the Assistant Director-General for Business Operations (BOS), PRP, DDI, CSS, other key BOS departments, WHE, Transformation team, etc.), regional offices and some country offices. There could also be a role for an oversight and coordination group (see Recommendation 6.1) were this to be revived/established or a sub-group of the Global Policy Group (GPG).

1. Introduction

1.1 Background to RBM

1. 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. The use of RBM and its concepts in WHO have been ongoing since the early 2000s and has paralleled the broader use of RBM across the UN. Figure 1 (overleaf) presents key highlights of the historical development of RBM diagrammatically both within international development as a whole[2] and specifically within WHO.[3]

2. Building on previous WHO reforms, particularly during the GPW11 and GPW12 periods, the lead-up to and the development of the GPW13[4] ushered in a new era of focus on results articulation, measurement and monitoring, emphasizing country level impact. In the past several years, reform and transformation initiatives, along with new and strengthened RBM-related approaches have brought different approaches, methods and instruments to bear that seek to contribute to a more results-oriented Organization. Examples have included strategic objectives, results frameworks, theories of change, a GPW13 impact framework, the OSC, value for money, "*deliverology*", delivery science, delivery for impact approach, etc. These multiple new approaches, often concurrent, have also introduced new terminologies and applications, potentially leading to confusion, duplication and/or fragmentation.

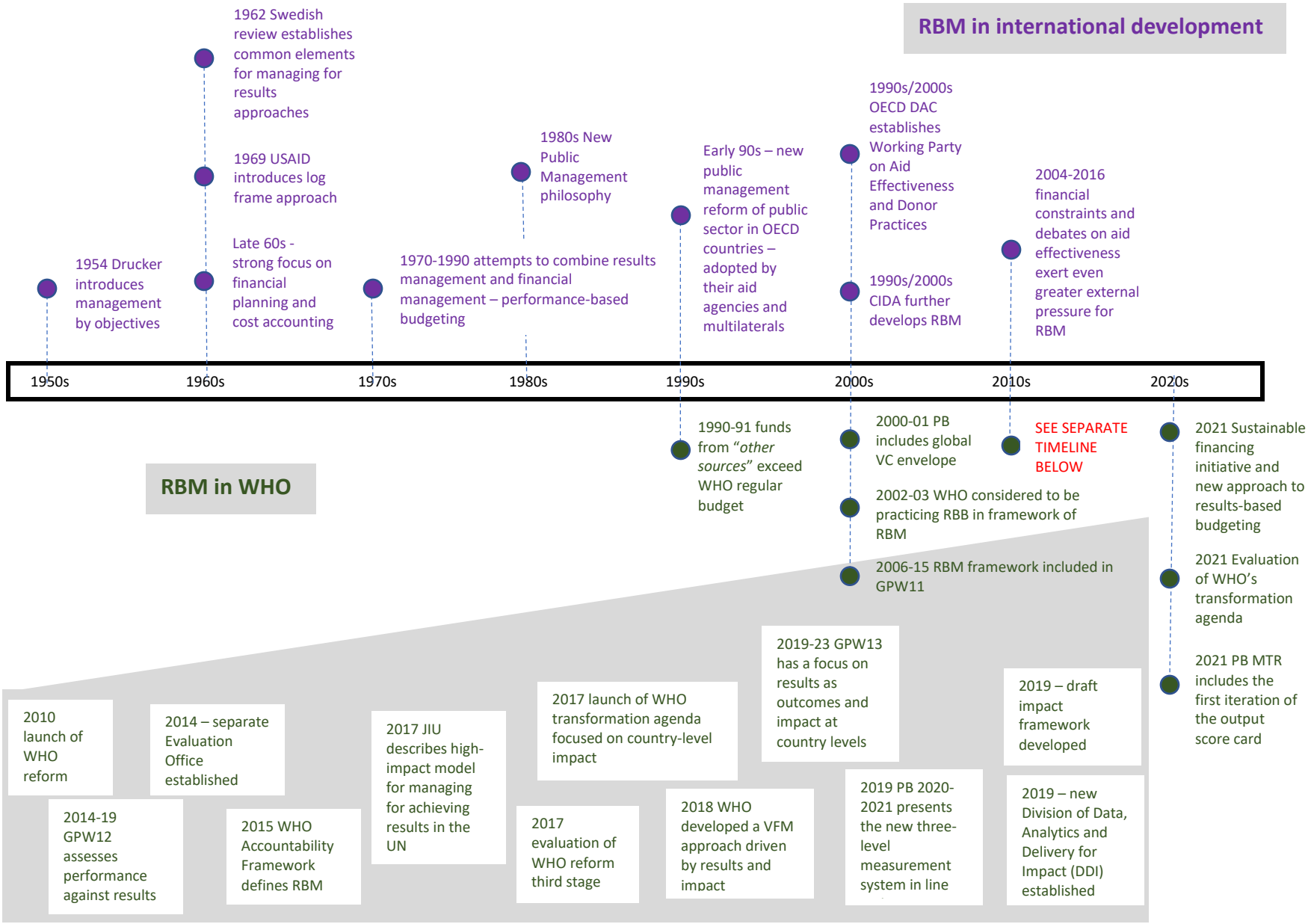
3. Concurrently, Member States have increasingly requested greater clarity of, and additional processes related to strengthening, governance, accountability, budgetary development and allocation, prioritization, internal controls, risk management, performance and results reporting, and, importantly, communication with and reporting back to them. A significant breakthrough came at the 75th World Health Assembly (WHA) in May 2022 where Member States, for the first time in decades, agreed to progressively increase assessed contributions which are intrinsically flexible. However, they were also very clear that they expect to see, and to understand, enhanced accountability and what we can consider as reinforced RBM processes and systems. Moreover, the concepts of continuous learning and improvement have been strongly articulated by the Director-General (DG) and Member States at recent governing body meetings.

1.2 The Evaluation

4. This is the first independent evaluation of the use of an RBM framework within WHO, although there have been Multilateral Organisation Performance Assessment Network (MOPAN) assessments, several evaluations of past WHO reforms (WHO, 2017) and transformation (WHO, 2021), an evaluation of WHO's country presence (WHO, 2016) and various integrated and performance audits of WHO programmes and Country Offices over the years that have touched on aspects of RBM.

[2] Information on this comes from a number of reviews of RBM including Bhattarai, 2020 and McKernan et al, 2016.
[3] Information on this comes from WHO, 2006, 2014, 2015, 2018, 2019 [a&b] and 2021, JIU, 2017 [a&b] and PricewaterhouseCoopers, 2017.
[4] GPW13 originally ran from 2019 to 2023 but has now been extended to 2025 (see Box 2).

Figure 1: Timeline for the development of RBM in international development and within WHO: key highlights



1.3 Purpose of the Evaluation

5. As noted in the terms of reference (TOR) (see Annex 1, p58), the purpose of the evaluation was to assess, as objectively and systematically as possible, the application of RBM principles within WHO as a vehicle for helping steer the Organization toward maximum results in the service of the Organization's global health mandate.

1.4 Objectives of the Evaluation

6. The evaluation had three specific objectives namely:

    - To identify how RBM is understood within WHO including what its purpose(s) is/(are) and the extent to which RBM is fulfilling those purposes within WHO.

    - To understand how RBM is being applied at all stages including strategic planning and budgeting, management of the Organization to results, monitoring, evaluation, adaptation/decision-making and learning.

    - To understand factors that have helped or hindered WHO's delivery of results and identify ways of maximising helpful factors and addressing any hindering factors.

1.5 Evaluation Approach

7. The evaluation took an approach which aimed to be utilization-focused and formative with emphasis on identifying challenges, gaps and learning to support WHO improve its RBM approach[5] to increase WHO's effectiveness and performance, as well as levels of trust with its Member States.

8. Guided by the WHO Evaluation Practice Handbook (WHO, 2013) and the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation and Ethical Guidelines for Evaluation (UNEG, 2016), 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. The methodology (described further in Section 2 below and in Annex 1) ensured impartiality and lack of bias by relying on a cross-section of information sources (from extensive document review, key informant interviews, received written comments, the staff survey) and using a mixed methodological approach (e.g., quantitative and qualitative data) with triangulation of information from different sources and stakeholder groups gathered through a variety of means.

9. In preparing the inception report, UNFPA's 2019 developmental evaluation[6] of RBM provided many insights and useful approaches in conducting a similar RBM evaluation at a UN agency. Its approach was very novel focusing on identifying root causes of persistent issues in RBM and a more interactive, multi-phase process with management to use evaluative findings to drive further organizational design and development for RBM. The UNFPA evaluation identified five "*creative tensions*" and six "*leverage points*" that translated what would be recommendations from the evaluation into specific shifts/actions for their organization to yield change and improvements related to the five tensions. In WHO's case, in order to provide a firm foundation

[5] Areas covered under RBM approach included understanding, use, cohesion and the use of RBM for prioritization and effecting change across the organization.
[6] For an explanation of what developmental evaluation is see Better Evaluation, 2022.

for the evaluation, there was a need to initially identify and understand the use, understanding of, and challenges related to RBM. However, aspects of the developmental evaluation approach were incorporated into this evaluation. These included focused discussions with Member States and selected UN agencies, UNFPA and UNESCO. These efforts sought to increase the opportunity for mutual learning, to maximize management buy-in to evaluation findings, conclusions and recommendations and to identify some specific follow-on learning/development work to be carried out after the conclusion of this evaluation, including as part of the management response.

2. Methods

2.1 Initial Design Phase

10. At the end of 2021, an initial design phase for the evaluation took place consisting largely of a desk review of internal WHO documents and external evaluations and reviews of RBM practices and models in other comparable organizations. A separate report of this design work was produced and much of the content was incorporated into the later inception report. Documents reviewed for that phase are included in the list of documents reviewed for the evaluation in Annex 2 (p66). In addition to being included in Annex 2, documents cited in this report are noted with Harvard-style references or in more detailed footnotes and are also listed as a separate list of references at the end of this document.

2.2 Inception Phase

11. To complete the evaluation's inception phase, a small number of interviews were conducted with identified WHO staff from HQ and regional offices between 27 April and 6 May 2022, along with an interview with UNFPA on 20 May 2022. Written comments were received on the draft terms of reference from PRP, IOS and individual members of the Independent Expert Oversight Advisory Committee (IEOAC). The inception report was finalized in early June 2022.

2.3 Data Collection Phase

12. Most activities for primary data collection for this evaluation took place in June and July 2022 with an end date of end-October 2022. Details of stakeholders interviewed are presented in Table 1. In total, 121 individual stakeholders were interviewed. Of these, 73 (60%) were male.

Table 1: Details of stakeholders interviewed

Stakeholder Group	Number Male	Number Female	Total Number
WHO Headquarters staff	18	14	32
External auditor	1	0	1
Regional office staff	14	10	24
Country office staff	12	6	18
External stakeholders	20	12	32
Country missions/Member States	2	4	6
Evaluation Reference Group (ERG) members	6	2	8
Total	**73**	**48**	**121**

13. In terms of stakeholders to interview, these were identified largely by WHO's Evaluation Office in consultation with respondents interviewed during the inception phase. In general, the Evaluation Office sent an initial email invitation to participate in the evaluation which was then followed up by one of the members of the evaluation team. Interviews were all carried out remotely using conferencing platforms, such as Zoom or Microsoft Teams. Interviews were conducted in English and notes were taken by the interviewer and stored in a secure DropBox folder to which only the evaluation team had access. With regard to regional offices, invitations

went to both Directors of Programme Management (DPMs) and Directors of Administration and Finance (DAFs) as there is variety across regions as to who leads on RBM. All regional offices were consulted for the evaluation. Regional offices were invited to suggest two to four country offices to be interviewed for the evaluation. In total interviews were carried out with 15 WHO Representatives (WRs)/PAHO and WHO Representatives (PWRs)[7] across all regions. External stakeholders identified included other UN agencies, other development partners, IEOAC members and a small number of experts, for example those involved in drafting the second WHO investment case and in designing WHO's approach to delivery.

14. A small number of interviews were conducted with country missions and Member State representatives. All Member States were invited to participate in consultative meetings organized regionally through Geneva-based Missions. Three such meetings were held covering four regions (the Americas (AMR), Europe (EUR), South-East Asia (SEAR) and the Western Pacific (WPR)). Member States were also encouraged to submit written responses to questions if they wished. Five responses were received. ERG members were consulted in a number of ways including through ERG meetings and one-to-one interviews and follow-up discussions.

15. A timeline of consultations for the evaluation is presented in Annex 3 (p82).

16. All WHO staff were invited to respond to a survey on RBM and a total of 357 responses were received.[8] In addition, AMRO/PAHO sent the survey to targeted RBM-related networks in their region and a further 38 responses were received. The survey was provided in English, French and Spanish. Most responses (326 of 395, 83%) were in English with 45 in French and 24 in Spanish. Almost all respondents (316 of 395, 80%) considered the topic of management for results in WHO relevant to them. Just over a quarter of respondents (104 of 395, 26%) were based in HQ with the remainder drawn from across six regions. Slightly more women than men (195:179) responded to the survey.

17. The evaluation also coordinated closely with other related processes which were ongoing during the time of the evaluation. These included a performance audit of results reporting in the Programme Budget 2020-2021 and a management review of WHO's staff performance management system

2.4 Analysis and Reporting Phase

18. Based on the data collected, the evaluation team drafted a feedback report structured around the evaluation's objectives and which in turn has been used to populate the findings section of this report. They also produced a three-page summary of the key issues identified through the evaluation and on which WHO might be able to take action. This was used as a basis for discussions in a range of meetings and workshops with the ERG, a technical group from within WHO, a management group within WHO, representatives of Member States and with representatives of UNESCO and UNFPA[9]. These key issues form the conclusions section of this report and the proposed areas for action which emerged from those consultations form the report's recommendations.

[7] WRs were asked if there were other stakeholders in country that should be interviewed for the evaluation. A small number of such follow-up interviews were held including with development partners and the UN Resident Coordinator's office.
[8] The response rate was low, less than 5% of all staff. One possible reason for this was that other similar surveys were taking place at the same time.
[9] The meetings/workshops (other than with the ERG) were part of the application of elements of a developmental evaluation approach.

2.5 Limitations

19. As with all evaluations of this nature, there are some limitations. These are briefly discussed here as are the mitigation approaches that the evaluation followed.

20. First, WHO had not previously had an evaluation of RBM despite reportedly having followed the practice for many years. This meant that an evaluation which focused rigidly on the GPW13 period would be unable to draw comparisons with previous periods. To mitigate this limitation, while the evaluation did focus mainly on the GPW13 period, it also considered a longer timeframe (i.e., an earlier time period) when that was considered relevant. Key historical highlights related to RBM in international development, in general, and within WHO, in particular, are presented in Figure 1.

21. Second, the lack of a clear definition and shared understanding of what RBM means within WHO is a significant limitation for the evaluation that carried, and still carries, a number of risks. The first of these risks is of talking at cross-purposes. The evaluation sought to avoid this by trying to make explicit how different stakeholders define and understand RBM. However, this was only partially successful. This issue is unlikely to be fully resolved until WHO clearly defines what it means by RBM and explains this to staff and stakeholders across the Organization. The second of these risks was termed "*scope creep*" in the inception report and was the risk that the scope of the evaluation might have expanded to cover all aspects of WHO management rather than just how they performed to deliver results. In general, the evaluation team consider that this aspect of scope creep was well-addressed by limiting the evaluation's consideration to management elements that affect WHO's delivery of results.

22. Third, the ongoing COVID-19 pandemic imposed some limitations on the evaluation. However, concerns about possible limited availability of stakeholders turned out not to be majorly problematic. The ongoing pandemic did mean that the evaluation was conducted remotely. However, the Evaluation Office now has considerable experience of doing evaluations in this way to the extent that this is not considered a major limitation.

23. Fourth, while the evaluation team tried to include elements of developmental evaluation in the evaluation this was not fully possible for various reasons. There was no prior experience of using developmental evaluation in WHO and there was some reluctance to fully embrace all elements of the approach, e.g., extensive and repeated stakeholder consultation. However, several consultations were held, and this contrasts quite markedly with more traditional WHO evaluations. Time pressures were also an important factor in limiting such consultations, particularly after this report was drafted. However, the elements of a developmental evaluation approach could be of use and continued in future, e.g., in terms of generating and operationalizing a management response. Finally, while a key purpose of developmental evaluation is to stimulate innovation in situations of complexity, there was some reluctance within WHO to consider innovative approaches, e.g., repositioning RBM as "adaptive management" as UNFPA have done, preferring more incremental adjustments to the status quo.

24. Finally, the evaluation had a number of potential biases. The selection of key informants to interview was purposive and may have been subject to bias. This was addressed by selecting as wide a range of informants as possible. The low response rate to the survey among WHO survey means that the responses may not be representative of all staff. For AMRO/PAHO staff, the link was only sent to those active in an RBM network. This was done to ensure a higher response rate and the relevance of responses. But, it could have introduced a degree of selection bias. There were risks of desirability bias among interviewees and respondents to the survey but, given the views expressed, this is not considered by the evaluators to have been a major issue.

3. Findings

3.1 Overview of RBM in WHO

Summary Finding 1: There is a long history of using the term results-based management in international development, in general, and within WHO, in particular. These included initiatives under GPW11 and GPW12, as well as under GPW13. The latter included the introduction of the "*Triple Billions*", the new Division of Data, Analytics and Delivery for Impact (DDI) and various initiatives on monitoring and reporting.

25. RBM has a long history both in international development, in general, and within WHO, in particular (see Figure 1). For example, GPW11 included an RBM framework as did GPW12. Many respondents considered that GPW11 (WHO, 2006) and GPW12 (WHO, 2014) laid the foundation for RBM in WHO. However, they considered some of these foundations had failed to take hold and suggested that there might be underlying "*root causes*" for this (see Box 1).

Box 1: What did GPW11 and GPW12 achieve on RBM? If these achievements were not sustained what were/are the root causes of this?

An RBM framework was introduced as part of GPW11. As part of GPW12, Member States requested WHO to focus on categories and programme areas in order for WHO to justify its budget. GPW12 also introduced the concept of a results chain. The third stage reform evaluation (PricewaterhouseCoopers, 2017) led to a review of WHO's entire approach to planning. One of the key shifts occurred when WHO shifted from talking about a regular budget (funded from assessed contributions) and extrabudgetary resources (funded from voluntary contributions) to an integrated budget. Currently, there are concerns that gains made related to using an integrated budget could be lost.

Respondents considered that some of the "*root causes*" for why WHO has either not adopted more results-focused approaches or may have moved back from them included:

- The tendency for new Directors-General and Regional Directors to want to make their mark introducing new approaches and systems and reversing or rebranding some of those of their predecessors.
- WHO's governance structure which means that individual Member States may champion particular causes. Other Member States may be unwilling to oppose them for fear of *quid pro quo* when they try to promote their priorities.
- WHO's short (two-year) strategic planning/programme budget cycle. Previous attempts to make this longer, for example through discussion at the WHA, have been resisted by Member States because of concerns about the inability of their governments to commit to assessed contributions for longer than two years.
- WHO's heavy reliance on voluntary funding for much (approx. 80%) of its budget. This prevents the Organization from allocating funds solely based on agreed priorities given that voluntary funding is mostly highly earmarked.

26. WHO increased its focus on the achievement and delivery of high-level results in its latest programme of work (GPW13) (WHO, 2019a) as articulated in the "*Triple Billion*" targets. This framework is well-known and understood across the three levels of WHO. It has brought a level of coherence to WHO's approach particularly in terms of how WHO communicates its results externally. It was also the basis for developing the Organization's results framework as contained in GPW13. More than three quarters (79%) of WHO and AMRO/PAHO staff, who expressed an opinion in a survey, considered that processes associated with GPW13 had supported the Organization to effectively manage itself to deliver results. WHO has taken concrete steps to drive forward delivery of the "*Triple Billion*" targets by creating a Division of Data, Analytics and Delivery for Impact (DDI) which is modelled on delivery units introduced by some governments, e.g., the UK, to ensure delivery of a Prime Minister's political priorities. There are examples of programmes and departments which have taken this approach on board, e.g., the Global Malaria Programme. But, there are concerns that the "*Triple Billions*", like the Sustainable Development Goals (SDGs), on which they are based, are inherently broadly defined. Consequently, they may not be able to drive WHO's prioritization. For example, in country offices, existing health

programmes and activities can, in general, simply be situated under one or more of the pillars without any need to divert from a "*business as usual*" approach. In addition, the decentralized nature of WHO means that it is very difficult to drive priorities from the centre, e.g., to regions, as regional offices enjoy high levels of autonomy.

27. In 2022, at the Seventy-fifth WHA, the GPW13 was extended to 2025 (see Box 2).

Box 2: GPW13 has been extended to 2025

The paper (WHO, 2022a) for the WHA which proposed extending GPW13 noted that an extension was contemplated in the original document and time was needed to re-examine and implement the lessons learned from the COVID-19 pandemic. Proposed areas of focus are outlined in five white papers, not all of which had yet been published at the time of writing this report. The focus on delivery of results at country level is reiterated. The five priorities outlined at the 75th WHA for the GPW13 extension were:

(1) Support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes

(2) Support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage

(3) Urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO

(4) Harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities

3.2 Understanding of RBM

Summary Finding 2: However, there is no shared understanding as to what the term results-based management means within WHO (Secretariat and Member States), or if this is the term that should be used as compared to others such as managing for results, delivering results, etc. It is unclear what level of results RBM should focus on, for example whether restricted to outcomes or outputs, or include both.

28. One problem is that although "*results-based management*" is a longstanding term within WHO, there is no shared understanding of its meaning, neither in the Secretariat nor among Member States. There is not even consensus that this term should be used instead of others, such as managing for results or delivering results. There is some confusion between RBM and management processes in general. For example, some within WHO appear to consider planning, budgeting and resource allocation as constituting RBM without recognizing that these processes can also form part of other approaches to management, for example resource-based management. However, of staff responding to a survey for the evaluation, almost two thirds (61%) considered that WHO's management for results approach had been clearly and consistently communicated, achieving a common understanding across the Organization.

29. Some interviewees consider that the term "*results*" should be reserved for those high-level outcomes that ultimately matter. They express frustration at those who consider results to be outputs that WHO produces and/or activities that it does. However, others baulk at WHO being accountable for, or claiming results which are, high-level outcomes, the achievement of which depends largely on others. Some talk of a "*missing middle"* which refers to the step or steps between WHO activities and high-level outcomes which need to be shown to understand the WHO Secretariat's contribution to a particular outcome. The 2018 MOPAN report commented

that "*much more remains to be done in order to link contribution to the achievement of national and global health goals*".

30. Also, some interviewees wish to limit the term "*results*" to agreed organizational priorities. They see project activities financed through earmarked funds as outside of RBM, particularly where the funder of such projects requires separate reporting. However, it is those very projects which often have had the strongest emphasis on managing for (project) results largely at the insistence of donors who may be seen within WHO as "*demanding*". Indeed, WHO does not have a single RBM framework. Rather, there are a multiplicity of management and reporting frameworks at corporate, regional, country and project/programme level. All may be considered to demonstrate RBM to some extent.

31. There are also concerns that the "*management*" part of the term results-based management can make it seem simply a bureaucratic or administrative task. This means that many managers within WHO would rather not do it, would rather delegate it to others, e.g., PRP, or would try to do it as quickly as possible in a "*tick-box*" fashion.

3.3 Purpose(s) of RBM

Summary Finding 3: While the OECD identified four main purposes of RBM (accountability, communication, decision-making, learning), in common with other agencies, the understanding and application of RBM in WHO has emphasized accountability and communication much more than decision-making and learning.

32. In 2016, the OECD identified four main purposes of RBM – accountability, communication, decision-making and learning (Bhattarai, 2020). This evaluation's design paper noted that many evaluations/reviews had observed that, in practice, RBM focused more on accountability and communication than on decision-making and learning. While, within WHO, the main purpose of RBM is unclear, the working definition (see Box 3), practice and understanding all emphasize more external accountability and communication than decision-making and learning. A survey of WHO and AMRO/PAHO staff confirmed this but the differences were small. For example, 92% of respondents who expressed an opinion agreed or strongly agreed with a statement linking the purpose of managing for results to communication while 83% agreed or strongly agreed with a similar statement on learning. Similar findings, of emphasizing accountability and communication more than decision-making and learning, have occurred in evaluations of other organizations. For example, the UNFPA developmental evaluation (UNFPA, 2019) of RBM in 2019 had similar findings and led to UNFPA adopting a new strategy focused more on learning and course correction termed "*adaptive*

Box 3: How does WHO define RBM?

According to the Joint Inspection Unit of the United Nations System (JIU) (2017b), the WHO accountability framework in 2015 defined RBM as "*robust management functions to deliver on agreed-upon results and operational accountability through clearly articulated roles and responsibilities, accountabilities, performance assessment and continuous monitoring, to ensure that available resources are used as effectively and efficiently as possible. As part of its RBM approach, the way in which WHO assesses its performance and demonstrates how its work is contributing to, or influencing, outcomes and impacts is through the results chain.*"

A recent WHO internal review cited the United Nations Development Group definition namely *"a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the achievement of desired results (outputs, outcomes and higher level goals or impact). The actors in turn use information and evidence on actual results to inform decision making on the design, resourcing and delivery of programmes and activities as well as for accountability and reporting"*. (UNDG, 2011) This review summarized RBM as "*a focus on outputs, outcomes and impact as a result of planning*".

management". While this terminology may be new to WHO, the concept is not, with some respondents referring to an approach of "*try, learn, improve*".

3.4 RBM as an End-to-End Process

Summary Finding 4: RBM is considered to be an end-to-end process, covering planning and budgeting; implementation; monitoring; use of monitoring data and reporting; and evaluation, adaptation, decision-making and learning.

33. A range of respondents reported that there had been increasing recognition, particularly in the GPW13 period, that RBM in WHO needs to be an end-to-end process covering planning, budgeting, implementation, monitoring, use of monitoring data and reporting, evaluation, adaptation, decision-making and learning. There have been attempts to organize all these processes around the "*Triple Billion*" targets, for example some regional and country plans are organized around these. The sections that follow consider how well-developed each of these various elements are in terms of WHO's approach to RBM. This overall section concludes with a final sub-section which considers aspects of coherence including coherence across (i) these elements, (ii) the three levels of WHO and (iii) WHO programme strands.

3.4.1 Planning and Budgeting

Summary Finding 5: There has been a lot of emphasis on high-level strategic planning as a way of applying RBM in WHO. However, this has not resulted in more effective prioritization, reprioritization and deprioritization, and there is no defined sunset process. Problems identified with planning and budgeting in WHO include the relatively short planning period (two years) and limited ability to use a bottom-up (i.e., country office) approach to planning and budgeting. The budgeting process is designed to include both top-down and bottom-up elements, where country-level priorities inform the global budget framework as well as the budgetary envelopes distributed centrally to the priority areas. In practice however, this bottom-up chain of budget prioritization does not function well.

34. Interview respondents consider that high-level strategic planning at the corporate or regional level is where WHO has been the strongest in terms of RBM. A particular feature of the GPW13 approach has been a deliberate effort to move away from disease-specific programmes or "*silos*".[10] Some respondents consider that WHO has become a pioneer of intersectoral work among UN agencies while there are those who consider that this has mistakenly weakened WHO's work in crucial areas (The Lancet, 2022).

35. A key feature of RBM is the prioritization of activities and associated resources to better deliver results. Given the nature of WHO's work its expenditure is largely based on staff costs. As a result, budgeting is influenced by historical trends and the need to pursue ongoing work with little room for manoeuvre in terms of prioritization. However, there are reported to be some examples where prioritization has taken place. For example, the revision of the Programme Budget 2022–2023 in May 2022 (WHO, 2022b) offers an example of prioritization, based on an analysis of 286 recommendations from previous reviews (see Box 4). This was an unusual event, given the COVID-19 pandemic, and was used to generate a budget increase rather than to prioritize within an existing budget envelope.

[10] Attempts were made under GPW11 to create a non-siloed approach to RBM in WHO without focussing on specific programmatic areas. However, it is reported that this was not very successful and led to confusion and difficulties in implementation and resourcing. GPW12 was then developed, by Member States and the Secretariat, with six categories and related programme areas, as a better way to show results delivery and budgeting.

Box 4: Programme Budget 2022-2023: An example of prioritization

The Programme Budget 2022-2023 was revised to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic. A meta-analysis of 286 recommendations produced by different high-level reviews published following the 74th WHA identified a consensus to immediately prioritize and fund the following areas:

- Global health architecture and governance
- A stronger WHO supported by sustainable finance
- International Health Regulations (2005) implementation and compliance
- Global financing for public common goods
- Research and development, regulations and manufacturing of medical countermeasures
- Equitable access to health care services, including vaccines and non-pharmaceutical measures
- The "*One Health*" approach, including major efforts in tackling health threats such as antimicrobial resistance, food safety and zoonoses

However, the evaluation was unable to establish what changed specifically as a result of this prioritization, e.g., increased budget in these areas and reduced budget elsewhere.

36. In addition, there is no defined process to "*sunset*" priorities in WHO. Indeed, explicitly mentioning that something is no longer a priority may lead to uproar in the relevant constituency and among some Member States. There are many examples of this serving to disincentivize explicit deprioritization. However, it may still be realistic to identify a number of main priorities while recognizing that other things will still be done to a lesser extent. There are examples in regions where this has been done, e.g., identifying priority countries in AMR and identifying priority or flagship programmes in EUR, SEAR. One reason for not stopping things completely is that what is not a priority now can become one in the future. Part of preparedness may require having access to specialists in all areas of health. An example of this is Mpox, which was not considered a priority issue globally until recently. However, such expertise does not necessarily have to be "*in house*".

37. The planning process can also be affected by changes in the middle of planning cycles. As mentioned above, the programme budget is for two years. But, changes may occur during those two years that need revisions. In addition, annual WHA meetings may also mean that WHO needs to accommodate Member States' resolutions in the middle of a two-year planning cycle. This may be appropriate where an emergency happens, for example on COVID-19 (WHO, 2020) or on the humanitarian crisis in Ukraine (WHO, 2022c), or where new evidence emerges that justifies a change. However, in-biennium corrections for other matters are less appropriate.

38. The two-year (biennium) WHO planning/budget cycles are shorter than the UN system as a whole (see Annex 4).[11] In addition, since programme budgets and plans are reported on and may need to be revised annually, a light-touch annual budget/planning cycle within a longer-term strategic plan could be more relevant (see paragraph 69). Currently, when the budget is defined, budget centres have little time to plan within the budgeted resources which contain high levels of uncertainty. New budgets have to be prepared before there is any realistic possibility of synthesizing learning from current implementation. This can result in discussions with national partners and implementation being rushed. The current system means large amounts of time spent on planning processes for budget centres, particularly country offices, and limited opportunity to use country plans to be aggregated upwards. However, respondents report that attempts to change the budget cycle time frame, when proposed previously, were opposed by Member States who were concerned about committing to assessed contributions for longer than two years.

[11] The UNSDCF timeframe is five years. Some agencies, e.g., UNFPA and UNICEF currently have a four-year strategic plan to 2025. UNESCO has developed a medium-term eight-year strategy, which is translated into two consecutive four-year programme and budget documents, each covering a four-year programme accompanied by two biennial budgets.

39. A practical approach to RBM needs to operate within an assessment of available resources, even if an aspirational budget can be used to raise funding. This means that a key feature of RBM needs to be prioritizing areas that might be expected to maximize results while deprioritizing other areas. WHO's budgeting processes do not do this well. A key reason for this is the way that WHO is funded which produces a high level of uncertainty at the start of each biennium over what funding may be received. WHO deals with this by setting a broad, largely aspirational budget. Rather than not budgeting for deprioritized areas, these are included and, as a result, the proposed budget envelope tends to rise. Funders who provide earmarked voluntary funding then select areas they wish to fund from within the total programme budget meaning that prioritization is effectively done by these funders rather than by WHO collectively.

40. The budgeting process is designed to include both top-down and bottom-up elements, where country-level priorities inform the global budget framework as well as the budgetary envelopes distributed centrally to the priority areas. In practice however, this bottom-up chain of budget prioritization does not function well. At country office level, priorities are defined jointly between the country office and government counterparts. However, there are many other considerations that country offices need to take into account when planning including global and regional WHO priorities. Country offices also need to consider how their plan contributes to the overall UNSDCF in the country. Country offices experience pushback from HQ programmes if they consider that their area of work has not been prioritized. Some other UN agencies have reportedly been more successful in incorporating country plans into global plans using bottom-up approaches. For example, ILO has introduced a results indicator dashboard that links up country data to the global framework[12]. WIPO has aligned all of its budget to results whereby country results aggregate to global results, offering their donors a results-based view of the entire budget.

3.4.2 Implementation

Summary Finding 6: Although ODTs are seen as a key mechanism for the implementation of GPW13 through three-level coordination, experience with them is mixed. Despite the rhetoric of country-level delivery, there has been little shift in the way human and financial resources are allocated to country offices to allow this to happen. Nearly all WHO country plans do not include theories of change nor results frameworks, are activity based and thus do not allow capturing of country office contributions to organizational results.

41. Before GPW13, plans were largely operationalized through thematic priorities/disease programmes. The new set-up aims to reorganize WHO across these themes and programmes in order to break down silos between disease areas. Several networks and teams have been institutionalized to facilitate the delivery of WHO's work as part of the Transformation agenda (WHO, 2021b). These include the technical expert networks (TENs) and the "*Triple Billion*" Network ODTs. ODTs are considered an "*operational cornerstone*" to ensure that GPW13 can be implemented. They act as a three-level mechanism for horizontal and vertical collaboration and coordination. It appears that some ODTs work better than others. Factors include the strength of leadership, whether they were based on pre-existing networks and their scope of work, as some outputs cover more work areas than others. A key issue in relation to the performance of ODTs is their oversight function, which seems to be currently lacking. In particular, the ODT on major offices (regional offices and HQ) may need reviving. Other oversight mechanisms that were envisaged were not fully set up. These include outcome delivery teams and the strategic priority coordination group (SPCG). The TENs are meant to feed into the work of ODTs. However, there may be some confusion between the roles of the two types of networks as the TENs may overlap with previously functioning networks based on thematic areas of work or programmes. There

[12] ILO results dashboard, available on https://www.ilo.org/IRDashboard/ (accessed 02/12/2022).

may be need to streamline these new mechanisms to ensure that they can fully support the implementation of GPW13, especially at country office level.

42. Implementation is done through budget centres, which are divisions in HQ, regional offices and country offices that are responsible for budget management and allocation of resources. These are described in the updated results framework of 2021 (WHO, 2021c). The budget centres have essentially remained the same under GPW13 as under earlier GPWs, but what is different is that the disease programme areas have been merged and reorganized into output areas. This makes it more difficult to identify what is happening in the different technical areas in the programme budget. An example of this relates to difficulties in tracking funding going to work on antimicrobial resistance in WPR which has been identified as a regional thematic priority.

43. GPW13 emphasizes strengthening the work of WHO at country level to achieve country-level impact. It is supported by the Transformation agenda, which aims to ensure that WHO works *"seamlessly to make a measurable difference in people's health at country level"*. In support of this heightened focus on country level delivery, the Programme Budget 2020-2021 (WHO, 2019c) presented an increase in budget allocated to the country office level from 39.3% to 44% of the base segment of the budget from the previous Programme Budget 2018-2019. The Programme Budget document states that *"this growth demonstrates a serious intent to increase country capacity, with a substantial budget shift towards the country office level."* Although the budget allocated to country office level also increased in Programme Budget 2022-2023 (WHO, 2021d) (by 17%), the proportion of the base segment of the budget allocated to country level remained pretty stable, rising only to 45%. Each of the emergency and appeals and polio eradication segments of the budget have a much higher share dedicated to country level, 75% and 65% respectively.

44. Despite budgetary efforts to increase funding for country offices, respondents consider that there has not been a clear strategy to strengthen country office practice and capacity to deliver results. There are ongoing issues of human resources capacity in country offices, with management requirements from HQ and regional office level funnelled onto the same small number of staff in a country office. As a result, country office staff often end up being responsible for multiple areas of work. In some cases, one person in a country office may be the focal point for multiple HQ staff across several departments and they may have to prioritize, at country level, from what seem to be hundreds of technical products developed in HQ. In addition, the lack of long-term funding for country offices undermines the capacity to recruit and retain staff. It also has undermined capacity, training and support related to RBM in countries. There are regional initiatives to redress this. For example, the WHO Regional Office for Africa (AFRO) conducted a three-year pilot with support from the WHO Regional Office for the Western Pacific (WPRO)[13] and based on the experience of that Region, to include dedicated staff at country level to support planning and management aspects. AFRO plans to scale up the presence of Programme Management Officers in 47 country offices by 2023 and has recruited External Relations Officers in some country offices dealing with partnerships and donor relations. Another important initiative is the implementation of functional reviews in several regional offices. These analyse the human resource capacity of country offices in terms of distribution and skills to deliver the expected results of GPW13. At corporate level, there are plans to conduct three-level human resource planning as part of the next Programme Budget (2024-2025) in order to ensure that outputs are well supported to deliver expected results.

45. Key country level planning and management tools consist of CCSs, Country Operational Plans, Biennial Collaborative Agreements (BCA) in EUR, along with Country Support Plans which outline

[13] A visit from WPRO was organised by AFRO to help design a 3 year pilot based on their experience, and at the end of this period the pilot was evaluated by a three person team including a director from WPRO.

the technical support to be provided from the three levels of the Organization.[14] Country plans however are activity-based and are not organized around outcomes. Hence, they do not allow capturing of country office contributions to organizational results. A synthesis of country programme evaluations (WHO, 2021e) concluded that CCSs do not have theories of change nor results frameworks to give a clear picture of what WHO will do (outputs), what it will contribute to (outcomes) and how it will be assessed, although this may be improved in the new generation of CCS (see Box 5, overleaf). The Country Cooperation Strategy Guide 2020 specifies that CCSs should "*include a clear results chain designed as a country-level impact framework which includes targets (milestones) related to expected outcomes and the triple billion index of GPW13 and the SDGs*". CCSs are cast in a broad way to allow country offices to adjust flexibly within this framework depending on available funding and emerging country priorities.

46. There are ongoing efforts to align the CCS or BCA with UN country frameworks to support partnerships and alignment on common results with other UN agencies at country level, since the UNSDCF should drive the development of agency plans within the agreed contribution of the UN system to the country.

47. Individual staff workplans are linked to organization-wide results and outputs in the electronic Performance Management and Development System (ePMDS). However, the extent to which this information is used by managers at an aggregated level to take decisions about staff distribution and staff development seems limited. A study commissioned by the Human Resources and Talent Department through PricewaterhouseCoopers (PwC) on the ePMDS was conducted at the same time as the RBM evaluation and some initial coordination was possible. For this evaluation, only half (50%) of respondents to a staff survey considered that staff performance management systems had supported the Organization to effectively manage itself to deliver results. More than one in ten (13%) considered that these systems had hindered the Organization to effectively manage itself to deliver results.

[14] While BCAs de facto cover a two-year period, there is no fixed time period for a CCS. The CCS guidance document (WHO,2020) advises aligning the time frame with the UNSDCF. Of ten CCSs reviewed for this evaluation six covered five years with one each covering four, six, seven and eight years,

Box 5: Country-level results frameworks and theories of change in WHO

Between 2017 and 2020, the WHO Evaluation Office conducted seven country programme evaluations (CPEs) in Thailand, Romania, Rwanda, India, Senegal, Kyrgyzstan and Myanmar. A synthesis of these evaluations was published in 2021. One of the synthesis' lessons was that "*Developing a clear theory of change detailing the results chain between output and outcome-level results – based on an analysis of the comparative advantage of the WCO and that of other partners – is key to ensuring a focused programme that can contribute to health outcomes.*" However, the synthesis also noted that, in all seven CPEs, the lack of a theory of change or "*results roadmap*" accompanied by a results framework was a universal gap. In addition, CPEs reported a disconnect between the results defined in respective CCSs and the workplans used to implement the country office programme of work, which are linked to GPW outputs and outcomes through the WHO Global Management System. The report noted that almost all CPEs recommended the development of a country-level theory of change and that this has been done in one country office (Thailand) and was in progress in two countries (Rwanda and Senegal).

For this evaluation, the team reviewed 13 CCSs or BCAs. None referred explicitly to a theory of change although the Cooperation Strategy for Pacific Island Countries and Areas did refer in general terms to a WHO results chain. However, this did not appear to be specific to the sub-region or individual countries.

In some cases, for example in Tajikistan, a theory of change has been developed as part of the development of new UNSDCF (see Figure 2).

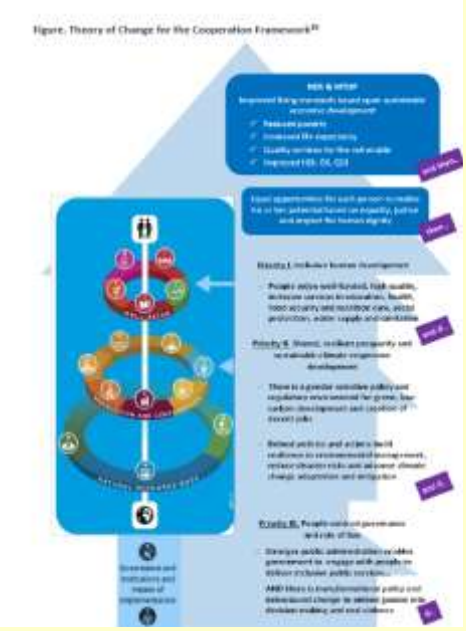


Figure 2: Theory of change diagram in Tajikistan UNSDCF

3.4.3 Monitoring

Summary Finding 7: There are a number of competing monitoring systems across all levels of WHO which lack harmonization and coherence. Results monitoring at country level is limited. Country offices generally do not present indicator tables showing key health outcomes and outputs, and WHO contributions to them. While the outcomes depend in large part on national actions, WHO could still explain them by identifying dependencies, as some other UN agencies do.

48. The GPW13 results framework is composed of:
    - The Impact framework (WHO, 2019b), presented to the WHA in 2020, with a three-layer measurement system: programmatic indicators and milestones to track the outcome level of the results framework, the "*Triple Billion*" targets which are tracked through indices and the Healthy Life Expectancy (HALE) indicator.
    - The OSC (WHO, 2021c), introduced the subsequent year in 2021. Detailed descriptions of the score card explain how five of the six dimensions (leadership; value for money; gender, equity and human rights; technical support; and public health goods) are assessed. There is also a dimension on results which is said to relate to "*indicator achievement*" but it is less clear what is being or will be assessed here.[15] Graphic displays of the OSC in the 2020 mid-term review excluded this dimension because indicators had not yet been finalized.
    - Qualitative country case studies (WHO, 2021f). 79 country case studies from 70 countries were published in 2021.

49. Identified advantages of the OSC approach include promoting dialogue across programme areas in ODTs and encouraging teams to reflect on cross-cutting issues. However, internal and external

[15] Although it is said to be based on leading indicators identified in the programme budget.

respondents reported that the OSC lacks rigour and objectivity, is extremely burdensome to complete and produces information of limited utility particularly at regional and country level. Just over half (56%) of respondents to a staff survey for this evaluation agreed or strongly agreed that existing institutional measurement systems and tools in WHO, for example the OSC, provide the right incentives to foster a culture of achieving results. An internal performance audit of the results reporting system for Programme Budget 2020-2021[16] was taking place at the same time as the evaluation and the two teams coordinated closely.

50. The link between the different monitoring mechanisms and the levels of the results framework is outlined in the Programme Budget 2020-2021 (see Figure 3).

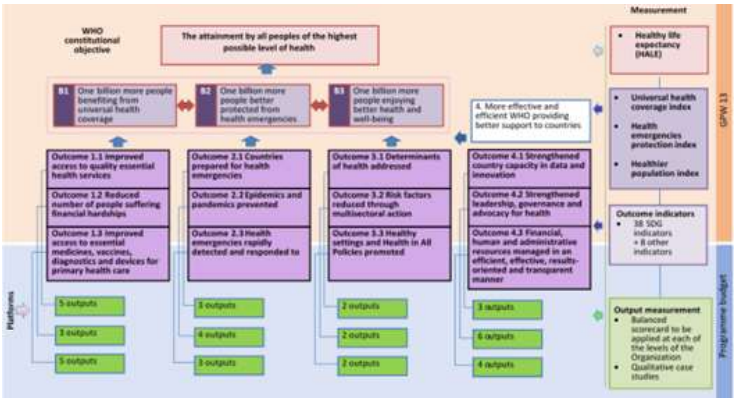


Figure 3: Programme budget graphic showing links between different indicators and metrics and parts of the results framework

51. There are also a large number of monitoring processes that are outside the results framework. At the corporate or HQ level, there are output-level indicators in the programme budget web portal, delivery stocktakes, the delivery dashboard and newly-introduced high impact strategic deliverables. In addition, (WHE has its own separate monitoring framework (WHE, 2021).

52. In addition, many regional offices have their own results-based management and monitoring systems. Some of these predated and influenced the global developments outlined above.

- AFRO has regional key performance indicators (KPIs) at administration and technical level and also has a regional results tool.
- AMRO/PAHO uses an adapted Hanlon method (Choi et al., 2019) and national consultations to prioritize health issues into three levels, high, medium and low. In addition, AMRO/PAHO has also identified key/priority countries. AMRO/PAHO's strategic plan has around 93 outcome indicators across 28 outcomes. Of these, almost three-quarters (68 of 93; 73%) are framed as the "*number of countries/territories that…*"
- The WHO Regional Office for the Eastern Mediterranean (EMRO) measures progress through 75 core indicators covering three components, health determinants and risks; health status; and health system response. In addition, there are 56 KPIs, of which 20 are prioritized. KPIs are grouped according to the "*Triple Billions*". Almost all the indicators are formulated as "*number of countries that…*".
- The programme of work of the WHO Regional Office for Europe (EURO) has three core priorities which map to the "*Triple Billions*". Within the core priorities, there are four flagship initiatives on mental health, digital health, immunization and behavioural and cultural insights. EURO has a measurement framework, the indicators of which are largely the outcome indicators in the GPW13 impact framework. EURO conducts a six-monthly review of progress against the programme budget using a form developed for that purpose. This covers the top five achievements, major challenges, lessons learned and a budgetary review.
- The WHO Regional Office for South-East Asia (SEARO) also has 43 KPIs which have baseline data for 2018, targets for 2023 and progress data for 2020, presented by

[16] Conducted by IOS.

country. Of the indicators, almost all (36 of 43; 84%) are framed as "*number of countries that…*" SEARO also has eight Regional Flagship Priority Areas.

- WPRO has a vision for WHO work with Member States and partners in the region entitled "*For the Future*". It has four strategic priorities and seven operational shifts.

53. At country level, activity monitoring focuses on budget utilization rate. Respondents consider that this does not sufficiently take into account quality aspects of work. This approach was outlined as a weakness in the 2018 MOPAN assessment. Some of the regional KPIs outlined above do address this issue.

54. Projects or initiatives tend to have specific monitoring frameworks depending on the requirements of donors. Respondents point out that where budget centres are heavily dependent on funds raised through projects, project monitoring is, in practice, considered more important than corporate reporting because this is where resources come from.

55. While it is encouraging that WHO has a number of monitoring elements for its work and has developed a results framework, it is unclear how coherent the various elements are or how feasible it is to monitor and use all these elements. It is of concern that there does not appear to be an overarching indicator framework which captures the WHO Secretariat's contribution based on (a) theory(ies) of change explicitly describing causal pathways. WHO has made progress on monitoring public health outcomes, with a framework linking to SDGs. DDI has worked to support data quality improvement from countries. Some WHO outputs are also described. However, it is difficult to get a clear picture of what WHO is doing, e.g., in particular countries, and how that is contributing to outputs and outcomes in those countries. There are also concerns about consistency of indicators over time with the observation that these seem to change with every new GPW. Changes may also occur within a GPW period in some cases. Such changes are considered to hinder long-term tracking of WHO's contribution to health outcomes and they also have implications for retraining of staff in new systems and indicator frameworks. Where such changes are made, it is essential to give thought to how trend analysis may be maintained wherever possible.

56. Results monitoring at country level is limited. Country offices generally do not present indicator tables[17] showing key health outcomes and outputs, and WHO contributions to them.[18] While the outcomes depend in large part on national actions, other UN agencies have found ways of making such indicator reports available while explicitly explaining the dependencies involved. Many within the WHO Secretariat consider that such indicator tables should not be included in WHO reports at country level as delivery of these is not only the responsibility of the WHO Secretariat but in fact largely depends on actions by the Member States. While this is true, there is a need to show not only that WHO has conducted planned activities and produced expected deliverables but also to show the extent to which this has contributed to desired outcomes. It is fine to explain that progress towards deliverables has been slower than expected, e.g., in the case of a severe external shock, such as COVID-19 but it is also important to be able to show how deliverables have contributed to expected outcomes.

[17] Although it is reported that such indicator data tables are available in some countries and regions.

[18] While WHO's results report does contain country-level pages, these are limited to presentations of the OSC and some narrative.

3.4.4 Use of Monitoring Data and Reporting

Summary Finding 8: Monitoring data is rarely used at local or country level for programme improvement. Rather, it is largely seen as a requirement for upward reporting. There is still a very strong focus on reporting to donors of individual projects as this is where funding mainly comes from. A shift to greater reliance on corporate-level reporting is undermined by a lack of trust by donors, driven in part by overly positive reporting.

57. There is little evidence that monitoring data is used locally, e.g., to inform and revise activities at country level. Instead, monitoring and reporting are seen largely as accountability functions that feed into an upward chain of reporting.

58. It is unclear how much the results reporting process informs decision-making regionally and corporately. It appears that any such role is relatively minimal currently and there are concerns that current monitoring and reporting does not provide adequate information for this purpose. Consequently, a new system of reporting for corporate decision-making has been introduced based on high impact strategic deliverables. These are identified by each department and are reported each quarter using a red/amber/green system. These are intended to serve as a basis for discussion to identify corrective measures to accelerate progress against the "*Triple Billion*" targets. However, it is unclear how this is integrated with other elements of monitoring and reporting and/or what additional reporting burden this is placing on staff.

59. Respondents report that WHO staff prioritize and spend a lot of their time on project reporting tailored to specific donors. While this may be seen as outside the mainstream of corporate monitoring and reporting, it is perhaps still the dominant form of monitoring and reporting within WHO.

60. One of WHO's main tools for corporate-level external reporting is its overall results report. WHO produced a results report for the 2020-2021 biennium which included feature stories; projections for the "*Triple Billion*" targets; descriptions of outcomes and country reports. The 2020-2021 results report, unlike the mid-term report for 2020, does not present aggregated results from the OSC. Findings for the OSC[19] are presented for countries of most regions, excluding AMRO/PAHO. These country reports exclude assessment of public health goods. Broadly, DDI has responsibility for data at outcome and impact level while PRP has responsibility at the output level, including for the OSC.[20]

61. WHO would like to shift more funders from tailored project reporting to corporate reporting. Other UN agencies work with their donors and Member States to encourage them to use corporate reporting rather than asking for their own reports. However, they do highlight the challenge of fulfilling the needs of all stakeholders through a single report. There may still be a need to communicate specific information to key WHO donors who find it hard to find the information they need from WHO. Most donors do not see the issue as needing more data. Rather they would like to see the right kind of data.

62. This raises an important point highlighted by many funders. Primarily, the issues and concerns they raise do not relate to technical matters of data. Rather their concern is whether they have confidence that the data they are given can be trusted or not. In particular, there are concerns that WHO may excessively highlight the positives which can have the perverse effect of undermining credibility and hence trust. Organizations that tend to be trusted in this regard

[19] These do not include the dimension for public health goods nor, for EURO, the dimension on results.
[20] As explained in a 2020 guidance note introducing the new OSC.

recognize and acknowledge when things have not gone well, and they identify steps they will take to improve. Exclusively positive reporting on WHO's contribution may undermine confidence and trust and point to a lack of an organizational learning culture. Funders want to know that organizations are prioritizing scarce resources and are not afraid to deprioritize areas that are less effective or efficient in contributing to results. The special programmes for Research and Training in Tropical Diseases (TDR) and of Research, Development and Research Training in Human Reproduction (HRP) are cited as good examples of building communication channels with their donors and for being trusted in terms of their reporting.

3.4.5 Evaluation, Adaptation, Decision-making and Learning

Summary Finding 9: While WHO has made progress in the area of evaluation, this is still weaker than other agencies in terms of evaluating country-level programmes and impact, and corporate-level strategies, such as GPWs. Organizational learning in WHO is not well-developed, particularly at country level, in terms of use of and learning lessons from results achieved to make programme adjustments, and sharing across the Organization. Beyond strengthening institutional learning processes, also needed is for the organizational learning function to have a structure and capabilities/training in the Organization. An over-emphasis on accountability and reporting has bred a culture not to recognize failures, preventing WHO from being an effective learning Organization. This is also due to a situation where accountability is geared to demonstrating the value of WHO to donors rather than allowing understanding of areas of good and poor performance.

63. Since 2014, WHO has had a separate Evaluation Office that also has responsibility for organizational learning. The 2018 MOPAN report considered that WHO had made progress on evaluation, but that there was some lack of clarity over where organizational learning sits in WHO and that there was insufficient information on country level impact. CPEs could be critical in better understanding country level impact but WHO has conducted very few CPEs compared to other UN agencies (see Table 2).[21]

Table 2: Number of country programme evaluations from 2019-2022 in WHO and selected UN agencies (Note: the selected evaluations do not include all country-level evaluations, such as project or programme specific evaluations)

Agency	UNDP	UNFPA	UNICEF	UN Women	IFAD	FAO	WHO
Type of evaluation	Independent country programme evaluation	Country programme evaluation	Country programme evaluation	Country portfolio evaluation	Country strategy and programme evaluation	Country programme evaluation	Country programme evaluation
Number of reports	62	51	23	15	14	18	4

64. One element of the results framework is country case studies, which are considered to give "*texture*" to the result reporting. Although these are mapped against the GPW13 outcomes, respondents consider that they lack a robust methodology and are overly focused on describing WHO's activities. WHO might consider investigating approaches used by other agencies. For example, IFAD has developed a sophisticated system for evaluating country impact of their interventions. This includes systematically gathering information on the satisfaction of external stakeholders through mandating standardized stakeholder surveys in a random, representative sample of countries every planning cycle.

65. The "*decentralized evaluation*" function at regional office level is also not well-developed, with only four decentralized evaluations published on the Evaluation Office's website since 2019. Approaches to evaluation vary between regions and capacity is quite mixed. For example, SEARO

[21] It has been suggested that this may reflect lower staffing capacity and available resources in WHO than in other agencies.

maintains its own repository[22] of decentralized evaluations and reports on completed evaluations to their Regional Committee. AMRO/PAHO has also recently established a dedicated evaluation function, as part of its planning and budget office.[23] At the time of this evaluation report, the corporate WHO Evaluation Office noted that they were finalizing their new, decentralized evaluation framework, and reinforcing the Global Evaluation Network within WHO (all levels) and staff capacity.

66. A key feature of organizational learning is to develop short feedback loops to allow practice to be adapted based on learning from results, particularly at country/local level. These feedback loops are largely dependent on time dedicated to learning, the organizational culture and the value given to learning and adapting based on learning by the Organization. According to internal and external respondents, these aspects are not yet fully recognized in WHO. Indeed, there are major bottlenecks that limit the ability of WHO to be a learning Organization. In particular, an excessive focus on the accountability aspects of RBM will hinder the ability of WHO to learn if accountability is geared to demonstrating the value of WHO to donors rather than allowing understanding areas of good and poor performance, including root causes, in order to improve programming. This may contribute to a culture where failure is not acceptable and this constitutes a major barrier to learning. One of the most striking findings of the staff survey conducted for this evaluation was that less than a third (30%) of respondents agreed or strongly agreed that WHO encourages taking risks and allowing mistakes for the purpose of achieving better results. This culture is also linked to the incentive structure and performance monitoring system for individuals and teams. In this respect, WHO could consider drawing inspiration from UNFPA's adaptive management model which includes mechanisms to account for learning and from UNDP's approach of country-level annual reviews with key stakeholders using results data for course correction where needed. It is noteworthy that an increased focus on using learning reflectively to improve results corresponds to the ultimate stage of development of RBM according to the JIU's high-impact model for RBM (JIU, 2017b).

67. Other oversight and accountability systems are in place in WHO beyond the Evaluation Office that conduct reviews and analyses and produce recommendations. For example, WHO has a system of both internal[24] and external audit[25]. Other accountability functions providing oversight include, within the Secretariat, the Compliance, Risk Management and Ethics Office (CRE), the Office of the Ombudsman (OMB), and from Governing Bodies, including the Executive Board (EB) and the WHA, the Programme Budget and Administration Committee of the Executive Board (PBAC), the IEAOC and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC). External assessments/reviews that provide useful lessons include those from the JIU and MOPAN. The IEOAC reports to the PBAC twice per year on matters related to financial reporting, internal control and risk management systems, internal and external audit functions and evaluation. The Evaluation Office, IOS, CRE, the External Auditor, OMB all provide annual reports to the PBAC, EB and/or WHA, and the Secretariat provides an annual report on the JIU to the PBAC. WHO has a strong system for identifying and monitoring risks; however according to the latest CRE report it is not well interconnected with the RBM system. Based on a staff survey, less than half of respondents (49%) considered that the enterprise risk management system contributes to, and is used in, planning and budgeting.

[22] At the time of this evaluation, 13 evaluations are listed on this site. In addition, SEARO recently published a regional framework for strengthening evaluation for learning and development (WHO, 2022e).
[23] In addition, AFRO have published two 2020-2021 decentralized evaluation reports on the WHO intranet. EMRO have an evaluation folder there that contains details of one completed evaluation and several ongoing evaluations. It is reported that neither EURO nor WPRO have any recent evaluation activity
[24] IOS conducts integrated and performance audits
[25] External Auditor

68. Whereas these different oversight and accountability systems provide a number of recommendations, how they are compiled and integrated to inform decision-making and support organizational learning is unclear although audits do have a specific structured process for this.[26] There are few initiatives on organizational learning in WHO. A key one is the development of a repository compiling 4,000+ recommendations made to the management in recent years from a variety of sources[27], incorporating a taxonomy of categories and themes to identify patterns, and overlapping and recurring themes. These have been integrated into a searchable consolidated digital platform that enables synthesis of recommendations, input and tracking of follow-up actions and implementation, and facilitating root cause analysis to identify main common and recurring issues affecting organizational performance. Beyond strengthening institutional learning processes, the organizational learning function also needs to have a structure and capabilities/training in the Organization. There are some ad-hoc structures in WHO that are dedicated to learning such as learning hubs on emergencies or health systems and COVID-19.

3.4.6 Coherence

Summary Finding 10: There has been limited coherence across different elements of the RBM cycle with much more focus on planning than on implementation, monitoring and using data for learning, adaptation and decision-making. There are also challenges relating to coherence across the three levels of the Organization, poor alignment of budget and planning cycles, as well as concerns about coherence across different programme strands particularly between WHE and WHO as a whole. In general, a key issue preventing greater coherence is that there is no common results and indicators framework that aggregates outputs and outcome information at the three levels of the Organization into a corporate framework.

69. In terms of coherence across the different elements of the RBM cycle, there seems to be a degree of imbalance. Historically, WHO has focused almost exclusively on planning with much less emphasis on implementation and monitoring. The relative abundance of indicators with no data is one product of this. In recent years, more emphasis has been placed on external reporting, particularly for accountability purposes. There has been much less emphasis on using data for learning for adaptation and decision-making. A very weak point in the chain is the link between the reported results and the next planning cycle in order to base the new priorities on an assessment of what the better performing areas are and why (see section 3.4.4). In part, this reflects the lack of an institutional organizational learning system to guide this decision-making process.

70. There is also a lack of coherence between the three levels of the Organization. GPW13 stresses that the operating model of WHO needs to be reshaped to drive country, regional and global impact. Regional plans have aligned to varying degrees to the GPW13 (see paragraph 52), but all have sought to at least clarify the cross-over from the thematic priorities outlined in regional strategies with the "*Triple Billion*" targets and the GPW13 results framework. However, the integrated approach of GPW13 may have made it more complex to track from the programme budget to regional thematic priorities. For example, in WPR a thematic priority is antimicrobial resistance. However, it is difficult to identify what the Region is funding in that area through the programme budget.

71. At country level, given that the CCS timeframe is not aligned to the GPW, implementation in some countries still happens around disease areas rather than expected outputs and outcomes.

[26] This involves IOS and the External Auditor presenting partial learning summaries to the WHA annually in their reports.
[27] Sources include Governing Bodies (EB, WHA, PBAC, IEOAC, IOAC); accountability functions/offices (Evaluation, IOS, External Auditor, OMB); external reviews (JIU); and independent commissions (Independent Commission on Sexual Exploitation and Abuse, the Global Preparedness Monitoring Board, etc.)

Although new CCSs seem to be better aligned to the current GPW results framework, even those monitoring frameworks are not fully aligned to the output level indicators at corporate level.

72. In general, a key issue in terms of coherence is that there is no common results and indicators framework that aggregates outputs and outcome information at the three levels of the Organization into a corporate framework.

73. Finally, there is a question about the coherence between the different programme strands in WHO. An important proportion of WHO's budget is dedicated to WHE through both the base segment of the budget dedicated to the pillar two (second billion on health emergencies) and the emergencies and appeals segment of the budget. The latter constituted more than the whole base segment of the budget in the Programme Budget 2020-2021 (linked to the COVID-19 pandemic), and still represents around 2.5 billion out of 8.5 billion USD of the Programme Budget 2022-2023. This is more than any of the three pillars according to the data presented In the WHO programme budget web portal. WHE's work is overseen by different expert groups including by the IOAC which monitors and reports on its performance and guides its activities. The growing weight of the emergencies programme in WHO has raised the question as to whether WHE was becoming its own organization within WHO. This concern is also raised in the latest IOAC report to the WHA, which states that "*we identified internal power dynamics as an obstacle to clarifying accountabilities, and lines of authority, between the WHE Programme and wider Organization, as well as, between the three levels of the Organization*." It recommends that roles and responsibilities for accountabilities are clarified and that dual reporting lines are formalized to WHE and to regional offices. Another question is the link between the organizational results set under the second billion on health emergencies and the emergency and appeals strand.

3.5 Enabling Factors

Summary Finding 11: Several factors have driven the introduction of RBM in WHO particularly the need for Member States who provide funds to be accountable to their own constituents. A number of RBM foundational elements were introduced in GPW11, GPW12, and a strong focus on achieving results was included in GPW13 and the Programme Budget. Other factors include many monitoring structures, systems and processes that could facilitate RBM, and adapting lessons of other UN initiatives. Responses to COVID-19 have also enabled the introduction of some elements of RBM.

74. A key factor driving RBM in WHO is *the need for Member States who provide funds to be accountable to their own constituents for results achieved* by the WHO Secretariat. Some funders have tried to ensure this by providing earmarked voluntary contributions to particular projects or programmes which often require clear accountability mechanisms. This need for accountability is also emphasized in the records of the meetings of the Working Group on Sustainable Financing which reported to the WHA in 2022. Concerns were raised that, although WHO plays a critical role among global health actors, visibility with respect to results and impact was sometimes lacking. Experience from other organizations such as Gavi, the Vaccine Alliance illustrate that ensuring a solid business case and effectively communicating results to donors had contributed to their receipt of non-earmarked funds. Greater ability to achieve results was one of the key points in the rationale for increasing assessed contribution funding to WHO because:

    - Funding from assessed contributions is more predictable, flexible and the level of availability of such funding should be known at the start of a biennium.

    - Greater levels of unearmarked funding should allow rebalancing of financing across different results when needed.

- Having more funding from assessed contributions should allow technical staff to focus on delivering results rather than on mobilizing resources.

75. *GPW13 and the programme budget* have a strong focus on achieving results. Although GPW13 does not explicitly mention RBM[28], one of five organizational shifts in GPW13 was to measure impact and to be accountable and to manage for results. Overall, there is a strong emphasis in GPW13 on results, particularly for countries. The Programme Budget 2022-2023 refers to WHO as having a results-driven and agile platform. One specific outcome (4.3) within GPW13 and the Programme Budget is that financial, human and administrative resources should be managed in an efficient, effective, results-oriented and transparent manner. GPW13's focus on results is articulated in the "*Triple Billion*" targets and in the establishment of DDI. Moreover, several foundational aspects of RBM were introduced as part of GPW11 and GPW12, including an integrated budget, a results chain and framework (see Box 1).

76. WHO has many *structures, systems and processes* in place for monitoring which do, or could, facilitate RBM at the organizational level (see paragraph 2 and Figure 1), as well as two decades of experience of introducing RBM framework elements and reforms from which to draw lessons.

77. Initiatives across *the UN, in particular, and multilateral organizations, in general, may have been helpful in promoting RBM within WHO*. At country level, the shift from the United Nations Development Assistance Framework (UNDAF) to the UNSDCF has meant that agencies are supposed to identify what they can contribute to a framework agreed by the UN and country government. This differs from the UNDAF which was previously more an aggregation of agency plans. The UN has also produced guidance on how to include cross-cutting issues, such as disability and gender equality and empowerment of women, in RBM approaches. A number of UN and multilateral processes have reviewed WHO's progress on RBM, for example, MOPAN and the JIU. There is also an informal UN strategic planning network (UNSPN) focused on strategic planning and RBM in UN organizations, in which WHO participates. The development of common UN tools and guidance on RBM is also helpful, for example, the development of an updated RBM handbook for the UN by the UNSPN. However, only just over half (57%) of respondents to a staff survey for this evaluation considered that UN reform and UN accountability frameworks had supported the Organization's ability to effectively manage itself to deliver results.

78. Finally, experiences of *COVID-19 and responses to it* have influenced thinking about RBM within WHO and elsewhere. Clearly, where a context is uncertain and subject to external shocks, e.g., disease outbreaks and pandemics, "*static*" approaches to RBM, where targets are set and remain relatively fixed, are unlikely to be helpful or useful. Rather, there is likely to be need for more dynamic, flexible and adaptive approaches to RBM. These approaches need to recognize that objectives, targets and indicators may need to alter as the context changes. This may need to happen quickly in the case of large-scale emergencies. Survey respondents were asked if major public health and health emergency events had supported or hindered the Organization's ability to effectively manage itself to deliver results. More than two thirds (67%) of respondents considered that such emergency events had supported RBM in WHO. However, almost a quarter (24%) considered that such emergency events had hindered RBM in WHO.

[28] RBM was mentioned more explicitly in earlier GPWs, e.g., GPW11 and GPW12 and earlier programme budgets, e.g., for 2016-2017 and 2018-2019. It might be argued that the principles and approaches remain but the terminology has moved on.

3.6 Hindrances

Summary Finding 12: There are many factors which have hindered the application of RBM in WHO. Member States may not always act to maximize results but may be driven by national interests and considerations. WHO does not have an established culture of RBM and some within WHO approach RBM with antipathy, complacency and/or silo-thinking. Roles and responsibilities for RBM in WHO are unclear and skills/capacity are limited, both among staff and representatives of Member States. WHO's funding model and system of human resource management hinder the application of RBM. WHO's normative function, and that it mainly works through capacity building and technical cooperation with Member States to achieve results, may make it more difficult to report results at outcome level. However, this delivery model is common to other multilateral agencies that are also reflecting on how to capture their contribution to results. There are specific issues about WHO's regionalized structure and its country offices that have made applying RBM difficult. The results framework that has been developed 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.

79. While there is a drive from many Member States for WHO to deliver results (see paragraph 74), there are situations where some Member States may in fact hinder such a focus. For example, rather than seeking to support WHO to prioritize results based on public health considerations, they may seek to influence WHO based on *national interests and considerations.* Such influence may be exerted globally, regionally or in a particular country. While almost two thirds (66%) of respondents to a staff survey for this evaluation considered that Member State oversight of WHO had supported the Organization's ability to effectively manage itself to deliver results, almost one sixth (13%) considered that Member State oversight of WHO had hindered the Organization's ability to effectively manage itself to deliver results.

80. While there are pockets of experience of RBM in WHO, particularly in relation to donor-funded projects and programmes, and there have been some moves in that direction in recent years, WHO's *culture* is not results-driven to the same extent as some other UN agencies or mission-focused civil society organizations. While there may be some effort to define the results a particular team or programme may seek to achieve, it is less common for these to be translated into clear indicators and milestones and even rarer for these to be systematically tracked and used to adjust and course-correct activities. The main exception is where reporting against indicators is required for accountability to donors.

81. There is a degree of *antipathy* towards a results-driven approach with some arguing that while this may be appropriate for implementing agencies, it is less relevant for WHO as a norm-setting, technical agency, especially as ultimate results are not produced directly by WHO but by others, in particular national governments. However, this situation is not unique to WHO. Many research and advocacy organizations face similar issues but the latter, in particular, are often passionate about ensuring that they deliver their ultimate results or advocacy aims.

82. Another hindrance is a degree of *complacency* in relation to RBM with some staff considering that this is nothing new and is already something that WHO is doing. While it is true that RBM is not new, it is not yet well-understood across WHO and this means it is not yet being applied consistently and passionately across the Organization.

83. Part of the problem is *silo thinking* where RBM is seen as an administrative function that is someone else's responsibility. In seeking to conduct this evaluation, the team were frequently told something along the lines of "*RBM? That is the responsibility of planning/PRP*". However, many other respondents commented that delivery of results should be the responsibility of all staff. All staff and teams should be able to understand how their work and efforts contribute to

the results that WHO is seeking to deliver. An element of this problem is that many see RBM as an administrative burden rather than a key and dynamic approach to making sure that WHO maximizes its results, for example, by using analysis of results for learning and for decision-making including making in-course corrections.

84. Currently *roles and responsibilities for RBM in WHO are unclear*. As a result of various restructuring processes, there are a number of departments and divisions with responsibility for particular parts of RBM. This is particularly an issue in HQ. Overall leadership has been provided by respective Directors-General and their office, as a whole, or units within it, such as the Transformation team. Others who have some involvement in different elements of RBM include the Deputy Director-General's Office, the Assistant Director-General for Business Operations (previously General Management), PRP, CSS, the WHO Office at the United Nations in New York, DDI, the Strategic Planning Department of WHE, the Evaluation Office, IOS, the External Auditor and CRE. Arrangements for RBM vary by regional office. In some cases, this function is led by the DAF and, in others, by DPM. Respondents commented that there is confusion over different roles and responsibilities for RBM and its different elements and fragmentation of RBM elements across the Organization.

85. In addition, many staff, in general, and managers, in particular, *lack the skills and capacity* needed to manage for results. Such managers may then be put off by tasks related to RBM often abdicating them to more junior staff. One key issue identified by many respondents is that, within WHO, staff are often promoted to management positions based on technical skills rather than management capacity. In addition, WHO's systems for building key managerial competencies among staff are not well-developed. Staff, in particular, comment that training related to RBM is almost non-existent and perhaps limited to a short session during induction. As a result, one respondent commented that when they needed to provide training to staff on RBM they used a UN Women online training course. Where training is provided, it tends to focus on the mechanics of RBM, for example, completing the OSC, rather than explaining the rationale and need for an approach that is focused on delivery of results.

86. Interview respondents raised concerns about the *knowledge, skills and capacity relating to RBM of Member State representatives* that interact with WHO. Some UN organizations, such as the International Telecommunication Union (ITU) have prioritized sensitizing Member States to RBM and its implications. The World Intellectual Property Organization (WIPO) have identified some Member States as champions on RBM. These champions are then able to promote the value and concepts of RBM to other Member States. UNESCO has a small RBM unit that conducts routine information, training and coaching sessions both for its staff and for Member States on RBM and its application.

87. Many respondents point out that *WHO's funding and resourcing model* makes an organizational approach to RBM difficult. Currently, most of WHO's financial resources are received as voluntary contributions earmarked to particular purposes, programmes or projects. This limits WHO's flexibility to direct financial resources towards priority results, particularly those that are off-track, as well as to allocate funding to country office levels in line with priorities. While just over half (53%) of respondents to a staff survey considered that WHO's funding structure had supported the Organization's ability to effectively manage itself to deliver results, more than a third of respondents (36%) considered that WHO's funding structure had hindered the Organization's ability to effectively manage itself to deliver results.

88. Given the technical nature of WHO's work, most of its costs relate to its human resources. To manage effectively for results, WHO needs flexible *systems of human resource management* which allow human resources to be deployed when and where they are needed. In addition, there

needs to be a staff performance management system that incentivizes and rewards delivery of results. Although WHO has an ePMDS, there are concerns that returns using this system are almost always "*fully satisfactory*" or "*outstanding*". In addition, this system only applies to those on continuous or fixed-term/temporary appointments. At the time of the evaluation, PwC were conducting a management review of WHO's performance management systems.

89. Many respondents comment that *the technical nature of WHO's work makes it more difficult for the Organization to report results at the outcome level* than it would be if WHO were either implementing or funding the implementation of direct programmes, for example, on immunization. While WHO may have control over the technical outputs it produces and provides, the extent to which these are used to deliver outcomes depends largely on others, in particular national governments. While this is true, this situation is far from unique. Other organizations approach this by having a clear theory of change (or theories of change) which shows the causal pathways, and underlying assumptions, related to how the outputs they produce contribute to expected outcomes. They then collect evidence related to the level of outputs produced, the extent of change in outcomes and crucially the extent to which their outputs and other factors contributed to the delivery of these outcomes. While some work of this nature has been done to develop an investment case for WHO (WHO, 2022d), the technical report underpinning this is based on a relatively small number of WHO programmes where causal pathways were relatively well-mapped and relevant evidence was available. Similar economic, and other forms of quantitative and qualitative analysis will be possible where theories of change have been developed and evidence of level of outputs and outcomes is available.

90. Another potential challenge for WHO relates to its *regionalized structure*. Many respondents observed that WHO is not a single unitary Organization but, in many ways, consists of seven different organizations (HQ and the six regional offices) with the regional offices enjoying high levels of autonomy. This may mean that it is difficult or impossible for WHO HQ to manage for results in regions and, by extension, in country offices. However, this situation is not unique. Many governments have federal, devolved or local structures which may need to be involved and mobilized for delivery of results. This is likely to mean that, in most settings, an approach to delivery of results based on a "*command and control*" approach to management is less likely to succeed than one which is more participatory and consultative and that seeks to build consensus and commitment.

91. There are particular issues for *WHO country offices* when it comes to identifying and delivering results. Not only do they need to juggle the demands of WHO HQ and regional offices but they also need to ensure that their plans and activities fit within national government priorities and the UNSDCF. Respondents identified a number of "*disconnects*" related to RBM in WHO and perhaps the most striking of these is a disconnect between HQ and country offices. One particular challenge relates to identifying and reporting against particular indicators. While it may be possible to harmonize and align approaches in general, e.g., by having common objectives and expected outcomes, there may be issues if there are differences in indicators, reporting tools, timeframes for reporting, etc. One potential challenge is that WHO operates on a two-year or biennial cycle while the UN system, as a whole, and UNSDCFs, in particular, follow a longer time frame.

92. While *WHO's results framework* has the potential to facilitate RBM in the Organization (see paragraphs 75, 76), it currently is not fulfilling that potential. At the level of outcome and impact, the "*Triple Billions*" targets are seen as useful in providing three broad priorities and as a way of communicating key headlines. But, the calculations are complex and not completely transparent. While the WHO Secretariat reports that all the data is publicly available and the method is published, it is not easy to identify from the Triple Billion dashboard precisely how these

calculations have been made. Similarly, it is not clear if the programmatic indicators and milestones which form part of the impact framework are being systematically tracked and reported. While the OSC has many potentially useful features, there are concerns that it is unduly complex and time-consuming, particularly subjective and produces data which is not especially useful to inform programming. There are concerns that the cost and value of data collected are not always being taken into account within WHO. While the score card was intended to have a dimension on results based on achievement of specific indicators, it is not entirely clear how this dimension is being assessed. It is unclear, for example, if WHO country offices have output and outcome indicators and targets which they use to track progress. It is currently not possible to get a clear picture of progress towards expected outcomes and WHO's contribution to these from the reporting against the results framework. This is particularly an issue at country level although there are different pieces of the picture reported in some regions and by HQ. Currently, IOS is conducting a performance audit of the WHO results reports for Programme Budget 2020-2021.

93. There are issues about the *availability and sharing of data*. In some cases, data may not be available but, more commonly, data is available but it is not readily accessible, analysed or used. This may be because the default position of governments and technical programmes may be to hold onto data and only share when asked rather than having a default of sharing data and only restricting access when requested or required. Many respondents expressed concerns that they could not access data and that, when WHO reported data, it was often not the data required or in the format needed. One option would be to move to a situation where, rather than relying on periodic reporting of selected data by WHO, data was made more widely available, e.g., through databases and data portals, so that potential data users could analyse data themselves directly in whatever way they wish. There are moves in this direction, in WHO and the wider UN. However, there are concerns particularly in some technical programmes that only they can correctly interpret and understand their data and/or that wide sharing of data would make clearer the data deficiencies that exist. In addition, some key senior stakeholders may lack the time or capacity to find information for themselves and this may require WHO and others to present the right information in the right format for such stakeholders. Most of the funders interviewed are not asking for more information but for better and more credible information.

4. Conclusions

4.1 Six Key Issues

94. Conclusions are based on the findings of the evaluation including the enablers and hindrances identified above. They are structured as six key issues which the WHO Secretariat and Member States need to address in relation to RBM.

4.2 Key Issue 1: RBM Conceptual Framework

95. The evaluation found that there is not a shared understanding of RBM and, where conceptual frameworks exist, they overlap, both in the Secretariat and amongst Member States. Many people in WHO believe they understand what RBM means but the explanations they then give vary markedly. Elements of this key issue are that:

- The conceptual framework of RBM is unclear. In particular, the terminology to describe WHO's approach is not well-defined.
- There has been insufficiently clear leadership on RBM in WHO.
- The "*Triple Billions*" framework is too broad to drive prioritization.
- There is confusion over what level of results should the RBM of WHO focus on. Results are likely to be both the ultimate outcomes to which WHO contributes and the outputs that WHO produces directly.
- Definition/review of outputs - WHO staff at all levels need to be open-minded to consider whether specific outputs are the most effective and efficient means of contributing to outcomes. The current output framework is too complex.
- Despite the expressed focus on delivering impact at country level, WHO's approach to delivering results remains insufficiently centered on country offices. A focus on achieving and measuring country results should be the starting point for the RBM cycle.

4.3 Key Issue 2: Diverse RBM Systems

96. The evaluation found that parallel and incoherent RBM systems exist within WHO. Elements of this key issue are that:

- There is a lack of coherence and clarity over the roles, responsibilities and contributions of different departments and offices in relation to RBM.
- There are different RBM systems in use in WHO. In addition to the impact framework reporting system, a new system of reporting for corporate decision-making has been introduced based on high-impact strategic deliverables. It is unclear how this is integrated with other elements of monitoring and reporting.
- There are different indicator frameworks at global, regional and country level. A key issue remains that there is no common results and indicators framework that aggregates output and outcome information at the three levels of WHO.
- WHO leadership has been unclear on what needs to be unified in WHO and where flexibilities exist.
- There is a lack of synergy between the different programme strands contributing to the organizational RBM, in particular between WHE and WHO at large.
- WHO staff prioritize and spend a lot of their time on project reporting tailored to specific donors.

- Organizational KPIs change over time. This hampers continuity so that the contribution of WHO can be tracked over time, including between GPW periods.

4.4 Key Issue 3: Tension Between RBM for Accountability and for Decision-making

97. The evaluation found that RBM in WHO, as in many other organizations, is largely focused on external accountability rather than on using results data to inform decision-making. Elements of this key issue are that:

- There is wide acceptance of the four identified purposes of RBM – accountability, communication, decision-making and learning
- RBM in WHO, as with most organizations, is more geared towards external accountability than learning and decision-making. An excessive focus on the accountability aspects of RBM hinders the ability of WHO to learn if accountability is geared to demonstrating the value of WHO to donors rather than allowing understanding areas of good and poor performance in order to improve programming.
- Political communication pressures may be in tension with a more results-oriented approach across the RBM cycle. Emphasis on communicating positive messages may have resulted in undermining trust among key funders.
- There is little evidence that monitoring data is used locally to inform activities at country level. Monitoring and reporting are seen largely as accountability functions that feed into an upward chain of reporting.
- Using RBM to inform local decision-making assumes a level of delegation of authority, e.g., on resources that may not reflect the reality in WHO.
- The results reporting process seems to inform decision-making regionally and corporately to a limited extent. A weak point in the chain is the link between the reported results and the next planning cycle (given the short planning and budgeting cycles).
- Information derived from results reporting, including for the GPW13, accountability functions and risk management system are not systematically synthesized nor used for planning.
- The OSC and other reporting systems are seen as complex, subjective, time consuming and of limited utility. There are calls for this to be simplified in order to improve the OSC process and to leverage this mechanism to promote better decision-making.

4.5 Key Issue 4: Organizational Culture on Learning

98. The evaluation found that WHO has a very limited culture of organizational learning and the importance of trying, learning and improving is not widely understood. This means that, in WHO, it is generally seen as better not to do something than to "*fail*". Elements of this key issue are that:

- The organizational learning function requires strengthening at the three levels of WHO. Particularly, there is little scope/incentives to promote local level learning in country offices and programmes.
- Despite the focus on delivering impact at country level, WHO's evaluation and reporting of country impact is weak compared to other UN organizations.
- Performance management does not promote a culture across WHO of "*try, learn and improve*".
- RBM is sometimes considered a bureaucratic or administrative task. This means that many managers would rather not do it or would rather delegate it to others.
- No all staff fully understand their role and responsibilities in delivering WHO's results.

4.6 Key Issue 5: Resources, Structures and Governance

99. The evaluation found that resource allocation processes at all levels hamper the effective implementation of an RBM approach. Elements of this key issue are that:

- The prioritization/reprioritization process is unclear. Experiences of deprioritization and sunsetting have been difficult as most areas of health are championed by one or more Member States in WHO governance structures. Broad, aspirational budgets mean that de facto priorities are driven by funders through voluntary contributions.
- Given the focus on improving delivery at country level and bottom-up planning, country priorities need to be aggregated in a way that shapes corporate planning.
- Biennial planning cycles are shorter than in other UN agencies but attempts to lengthen these have been hindered by Member State reluctance to commit to longer cycles for assessed contributions given that they may only know funds allocated to them over a short period, e.g., annually. Issues are alignment with UN and time-consuming planning process, especially for country offices. The short cycle also hinders use of results and learning in planning, budgeting and prioritization.
- WHO's financial and human resources are not yet being planned for and used to deliver maximum results, for example leveraging voluntary, earmarked funding to deliver corporate results.
- The AMSTG[29] is discussing and will develop recommendations for various reform needs including reviewing the role of RBM in the Organization and its contribution to reinforcing the key system elements (including performance monitoring and prioritization). This may include defining what success looks like and establishing mechanisms to monitor and assess this in future.

4.7 Key Issue 6: Country Office Focus

100. The evaluation found that there is a lack of focus and resources dedicated to the capacity to implement an RBM approach at country level. Elements of this key issue are that:

- ODTs are meant to play a key role in operationalizing the GPW at the three levels of WHO. However, their performance is hampered by the lack of a functioning oversight mechanism and other factors. In general, involvement of country offices in ODTs is weak.
- There is lack of support for implementation and guidance on how the global, regional and country plans can be translated into implementation in countries.
- There is lack of clarity over what is required from the centre and what is flexible based on country context.
- There is a lack of use of theories of change and results frameworks in country offices that hampers planning and clear articulation of results to be achieved and their expected causal pathways.
- Country offices' delivery capacity needs to be strengthened to act as a health delivery unit/catalyst in their country.
- Management skills and competencies of WHO managers, in general, and in relation to RBM specifically require strengthening. Some regional experiences on this can be leveraged.

[29] All documentation and proceedings of AMSTG meetings available at https://apps.who.int/gb/amstg/

5. Recommendations

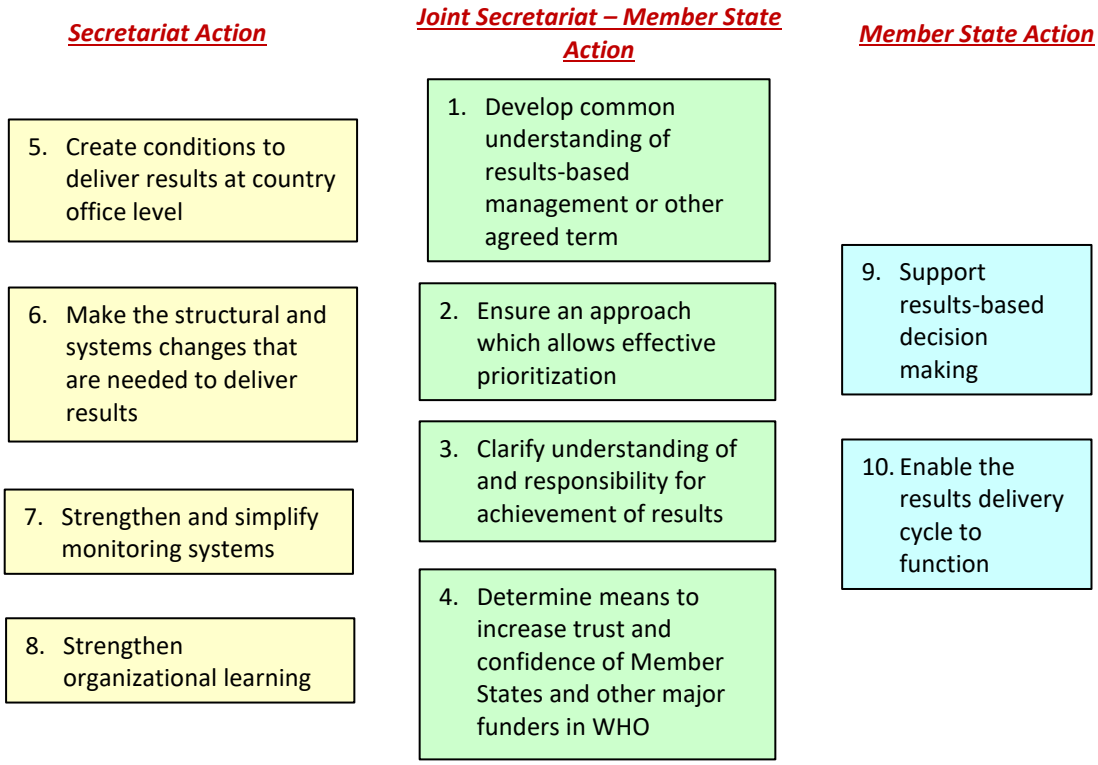
101. This section presents ten recommendations identified through consultations on the six key issues above (section 4). Four recommendations are addressed specifically to the WHO Secretariat, two to Member States and four to both for joint action. These are shown in Figure 4 with recommendations for the Secretariat in the yellow boxes on the left, those for Member States in the blue boxes on the right and joint recommendations for the Secretariat and Member States in the green boxes in the centre. Numbers denote the order in which recommendations are discussed. They do not indicate relative priority.

102. Action points for each recommendation are shown in yellow text boxes. Those to be carried out in the short-term[30] are denoted with an icon of a sprinter while those that are longer-term are denoted with an icon of a marathon runner[31].

"sprinter" – recommendations for the short-term

"marathon runner" – recommendations for the longer term

Figure 4: Ten recommendations identified by the evaluation



Recommendations for Joint Action by Secretariat and Member States

Recommendation 1: Develop common understanding of results-based management or other agreed term *(for joint action by Secretariat and Member States)*

103. Currently, there is no consensus as to what WHO means by RBM or even if this is the term the Organization wishes to use. It is crucial that such a consensus be developed. The Organization may choose to use the term RBM or another term. Other possible terms include "managing for

[30] While short-term is not defined, a period of around one year has been taken as the cut-off for short-term.
[31] Public domain icon available from https://publicdomainvectors.org/en/free-clipart/Woman-running-image/68056.html

results" or "delivering results". The latter ties well with the emphasis under GPW13 of delivering results at country level.

104. Once a term has been agreed, it would be helpful to define and describe this in a policy document. The policy needs to emphasize four purposes including the current areas of focus, accountability and communication but also areas that are currently largely overlooked namely learning and decision-making. The policy needs to clearly define what WHO's results are. These are likely to include both the outputs that WHO produces and the outcomes to which it contributes.

105. As part of policy development, it is important to work out how to translate the agreed policy into action. This may involve the production of a staff handbook and training of both existing and new staff. For existing staff, this could be incorporated into training for the new ERP system while, for new staff, this could be part of induction processes. Training and orientation should also be offered to Member States and their representatives for example through joint Member States-Secretariat information sessions on the agreed policy and how this is operationalized.

106. Finally, it is important for WHO to have ways of measuring or assessing the extent to which the policy is being implemented in practice. Options for this might include a measure of the extent to which resources are redirected to identified priorities or a measure of the extent to which learning from previous programme cycles has been used, for example, to inform planning.

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 *(for joint action by Secretariat and Member States)*

107. While there are examples within WHO of being able to prioritize particular countries and programmes, such examples are more the exception than the rule. In practice, because of WHO's funding model, a fairly permissive and aspirational budget envelope is set with elements being funded largely based on availability of earmarked voluntary funds for a particular purpose. This means that, de facto, decisions on prioritization are being made largely by funders. There is need to shift away from this to a situation where priorities are set by the Organization as a whole based on evidence and the results to be achieved. This requires a transparent prioritization process focused on delivering results. In this context, the availability of flexible funding, whether assessed contributions or greater unearmarked voluntary contributions would significantly facilitate prioritization across the Organization.

108. There is a need for the Secretariat and Member States to decide what prioritization means within WHO. Does it relate to budgeting only or are there other implications? Would it mean having priority countries and/or priority programmes? The Organization needs a system for effective prioritization particularly at the country level. What is the appropriate balance of prioritization and decision-making (top-down (global) and bottom -up (country-led)) and how to develop coherence on priorities among the three-levels?

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 *(for joint action by Secretariat and Member States)*

109. Member States need to acknowledge that primary responsibility for delivering health outcomes in their settings rests with them, with the WHO Secretariat playing a supporting role. The Secretariat needs to recognize that it cannot expect only to be accountable for outputs. It needs to be able to show convincing evidence that those outputs are making a meaningful contribution to expected outcomes. A theory or theories of change is/are likely to be key in identifying expected causal pathways and underlying assumptions in ways which can be tested using available evidence, e.g., through evaluation processes, and which can be used to develop results frameworks and performance monitoring. There may be need for specific theories of change at global, regional and national levels and these will need to be developed with others, including national governments and international partners.

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 *(for joint action by Secretariat and Member States)*

110. The evaluation identified that there are issues relating to the extent to which Member States and other major funders trust and have confidence in WHO. The Secretariat's main response to this has been to seek to more clearly articulate and quantify WHO's results. However, these efforts have not yet fully satisfied Member States and funders with them often saying that Secretariat

reports do not provide them with the information they need. In addition, there are often doubts as to whether the picture reported is overly positive, particularly at country level.

111. In order to build Member State trust and confidence, it would be important to clearly identify what are the factors which are limiting or undermining these. The process undertaken by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance (AMSTG) identified issues and recommendations to further strengthen budgetary, programmatic, finance, governance processes and accountability of the Organization, including RBM. Actions include both those to be implemented by the Secretariat and those that are joint Member States and the Secretariat. Some issues are a need to improve prioritization processes; the extent to which allocation of resources is evidence- and priority-based; limitations and failings are recognized and used as a basis for learning and improvement; there is transparency over the programme budget, its details and development; and there is transparency over senior level staff appointments. Once recommendations and actions are identified and agreed, the Secretariat needs to develop ways of addressing these along with Member States action on some, and their agreeing how progress on these is to be assessed and potentially incentivized.

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 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 *(for Secretariat action)*

112. This will require recognition of country offices as the primary unit for delivery within WHO. WHO representatives and other staff in country offices are well-placed to identify what changes are needed to make this happen. This is likely to involve having a single country office workplan to which programmes contribute rather than the other way round. Similarly, these country workplans should be used to build regional and global workplans not vice versa (see also Recommendation action 2.2). The workplan needs to be based on agreed national priorities and to be embedded within the UNSDCF. It would be ideal if the workplan could cover a longer time period than two years with the flexibility to adjust this annually based on discussion and agreement with the Member State. As mentioned in the guidance for developing CCSs, the timeframe of these should be aligned with the UNSDCF.

113. WHO needs to address constraints experienced by country offices, particularly in relation to the mismatch between expectations and demands from HQ and regional offices and the financial and human resources available to the country office to deliver results. In addressing this, it would help if HQ and regional offices were more responsive to country office needs. To do this realistically, WHO may need to prioritize certain countries based on agreed criteria, e.g., low-income, conflict-affected, rather than trying to prioritize all equally.

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 *(for Secretariat action)*

114. Currently, there is no unified structure and systems to deliver results in WHO. This is partly because there is little shared understanding of what this means and because of the evolution of various systems over the years without an overarching shared understanding of an RBM approach. Other factors include that WHO is highly "federated" with HQ and each region having elected leaders. Also, the way WHE has emerged means that it has a high level of operational autonomy within WHO. In addition, new structures intended to support the delivery of results (e.g., DDI, transformation) have been added on top of existing structures (e.g., PRP and CSS) with inadequate delineation and harmonization of roles. While these structures are actively seeking ways to collaborate more effectively, there are currently high levels of fragmentation and duplication.

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.

115. ODTs are existing delivery mechanisms for results and opportunity could be taken to strengthen these in a range of specific areas identified in the recommendation. In addition, there is need to identify and address fragmented and duplicative systems and organizational structures. There are currently proposals being developed for PRP, DDI, the Transformation team and CSS to work in a more integrated manner. Similar discussions could be facilitated across HQ and regions, including WHE, and ultimately across the whole Organization.

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 *(for Secretariat action)*

116. The OSC has been a key element of the corporate monitoring system and has been the subject of several reviews. Key benefits of the OSC include offering a space for teams to discuss progress made and adjustments needed and ensuring a focus on the contribution to organizational results, breaking down programmatic/thematic silos. However, there are concerns that the OSC is too complex, lacks objectivity and is not particularly useful for programme decision-making and resource allocation.

117. The joint aims of simplification and increasing objectivity are not contradictory. A key focus in seeking to simplify the score card needs to be on the amount of time and effort required to complete the OSC, particularly for smaller organizational units. The main OSC could also be simplified by removing the element on results and using the OSC to cover cross-cutting issues, such as value for money and gender, equity and human rights. It might be possible to have an even simpler score card for smaller organizational units, for example treating the cross-cutting dimensions for all outputs at once rather than output by output. Results could be assessed more objectively by having an agreed set of indicators at output and outcome level that are reported across WHO. In addition, objectivity could be further strengthened by introducing a degree of verification of scores in the OSC, e.g., by making this part of an expanded programme of country evaluations.

118. With further clarity as to what results mean (see recommendation 3), in developing a framework of core indicators as the key instrument to track progress against expected results in WHO, there will be a need to review the current framework to ensure completeness, notably in terms of baselines, milestones, targets and data sources. It will be important to recognize that the number of indicators needs to be kept to a manageable number. Once a core set of indicators is in place, data should be aggregated at the three levels of WHO. Taking this approach will require strengthening monitoring capacity in many country offices. Ideally, the set of core indicators should be as stable as possible. Reviews should take into account the need to allow trend analysis, including across GPW periods.

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 *(for Secretariat action)*

119. Currently in WHO, as in many other organizations, learning is not emphasized as much as accountability and communication in relation to delivering results. Yet, learning is the basis of an organization´s ability to take advantage of previous experiences, understand root causes and to adapt to changing circumstances to achieve results. As mentioned above, a key cultural shift will be away from one where there is a widespread fear of failure. Making this cultural shift is likely to mean addressing broader human resources management issues relating to staff contracts, recruitment, performance appraisal and career development.

120. There will be a need to set up mechanisms to promote learning at all levels of WHO. Elements might include a) promoting "short loop" learning, whereby managers and staff are able to quickly learn lessons to adapt programmatic approaches and use of resources based on lessons learned; and b) creating space for reflective analysis of results, particularly in country offices, as well as sharing lessons across country and regional offices and HQ. Learning processes need to be integrated into all stages of the management cycle, for example during planning, monitoring, and evaluation. While WHO's use of evaluations has developed and been strengthened recently, more could be done to use evaluations systematically for organizational learning. This could involve an expanded programme of country-level evaluations and introducing evaluations of GPWs to ensure that lessons are learned when transitioning from one GPW period to the next.

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 them 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 *(for Member States' action)*

121. Member States can play a key role in supporting results-based decision-making in WHO. This will require a shift in mindset where Member States are not only focused on what WHO has achieved and contributed but also on how WHO has learned and improved.

122. Where possible, Member States and other funders should favor increasing voluntary unearmarked contributions and ideally to levels of assessed contributions that are able to sustain and flexibly fund the Organization. However funding is provided, Member States should encourage and accept the use of corporate-wide monitoring and reporting systems rather than establishing parallel, project-based systems which currently command most WHO staff time and attention and that undermine efforts to establish and operate more effective organization-wide systems.

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 *(for Member States' action)*

123. In order for the results delivery cycle to function, sufficient time is needed to integrate the analysis of results and lessons learned in the next period. Two-year programme budget cycles make this very difficult as planning for the next cycle needs to be completed before lessons from current implementation are available. However, initiatives to have a longer multi-year budget and planning cycle have not been supported by Member States because of difficulties in committing assessed contributions for more than two years. Innovative practices exist in other UN agencies that could be adapted for WHO. These combine both a one- to two-year programme budget and a longer strategic planning framework, four to eight years, allowing for greater use of learning and mid-course corrections.

10.1 Member States to consider adopting a "hybrid" model incorporating a longer-term 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.

Moving forward with the recommendations

124. In commenting on this report, the ERG noted that while the recommendations contained many good points on what needs to be done, they contained little on how change would happen. However, conventionally it is considered to be management's prerogative, and not within the independent evaluators' competence, to decide concretely on how the Organization should proceed in response to the recommendations, for example identifying and explaining the actions that would be taken in a management response. During the evaluation, many respondents

expressed the view that the issues being identified were well-known within WHO and there was a risk that nothing would change as a result of the evaluation.

125. These views led the evaluators to adopt elements of developmental evaluation including a consultative process for identifying key issues and developing recommendations based on the evaluation's findings and conclusions. The application of the approach drew, in particular on UNFPA's experience of conducting a developmental evaluation of RBM in their organization. That evaluation included a follow-up phase of further development by management, something that WHO could also consider. This might involve utilizing existing groups or setting up, for example, working groups with explicit responsibility for moving forward on the evaluation's recommendations. Given that these recommendations are for both Member States and the Secretariat, consideration might be given to the need for two separate groups with a mechanism for them to work together. Under this scenario, the first would need representation from Member States, be informal and report to an existing governing body. The second would need to be within the Secretariat and could be based on existing mechanisms and would include key divisions/departments (Office of the Director-General/Deputy Director-General, Evaluation Office, IOS, Office of the Assistant Director-General for Business Operations (BOS), PRP, DDI, CSS, other key BOS departments, WHE, Transformation team, etc.), regional offices and some country offices. There could also be a role for an oversight and coordination group (see Recommendation 6.1) were this to be revived/established or a sub-group of the Global Policy Group (GPG).

6. References

Better Evaluation (2022) *Developmental Evaluation* available on https://www.betterevaluation.org/en/plan/approach/developmental_evaluation (accessed 29 November 2022)

Bhattarai, R.N. (2020) *Basic Concepts and Approaches of Results Based Management* Journal of Population and Development, 1(1), 156–171 available on https://doi.org/10.3126/jpd.v1i1.33113 (accessed 9 November 2021)

Choi, B.C.K., Maza, R.A., Mujica, O.J., the PAHO Strategic Plan Advisory Group and the PAHO Technical Team (2019) *The Pan American Health Organization-adapted Hanlon Method for Prioritization of Health Programs* available on https://iris.paho.org/bitstream/handle/10665.2/51105/v43e612019.pdf?sequence=1&isAllowed=y (accessed 10 October 2022)

JIU (2017a) *Results-Based Management in the United Nations System: Analysis of Progress and Policy Effectiveness* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_rep_2017_6_english__0.pdf (accessed 23 November 2021)

JIU (2017b) *High-Impact Model for Results-Based Management: Benchmarking Framework, Stages of Development and Outcomes* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_note_2017_1_english_0.pdf (accessed 9 November 2021)

Lancet (2022) *Tedros: Tigray, the Triple Billion and a Second Term* available on https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01636-1/fulltext#:~:text=Tedros%27%20signature%20issue%2C%20however%2C,be%20better%20protected%20from%20health (accessed 10 October 2022)

McKernan, E., Kennedy, K. and Aldred, A. (2016) *Adopting Results-Based Management in the Non-Profit Sector: Trócaire's Experience* UTS ePress Vol 3, July-Dec 2016 available on https://www.researchgate.net/publication/310471979_Adopting_Results_Based_Management_in_the_Non-Profit_Sector_Trocaire's_Experience (accessed 10 November 2021)

PricewaterhouseCoopers (2017) *Leadership and Management at WHO: Evaluation of WHO Reform (2011-2017), Third Stage* available on https://www.who.int/about/evaluation/stage3evaluationofwhoreform25apr17.pdf (accessed 24 November 2021)

UNDG (2011) *Results-Based Management Handbook: Harmonizing RBM Concepts and Approaches for Development Results at Country Level* available on https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf (accessed 10 November 2021).

UNEG (2016) *Norms and Standards for Evaluation, United Nations Evaluation Group* available at http://www.unevaluation.org/document/detail/1914 (accessed 10 November 2021).

UNFPA (2019) *Developmental Evaluation of Results-Based Management at UNFPA* available on https://www.unfpa.org/admin-resource/developmental-evaluation-results-based-management-unfpa (accessed 11 November 2021)

UNFPA (2021) *Key Takeaways from the Kenya Country Office Seal Pause and Reflect* available on https://kenya.unfpa.org/en/news/key-takeaways-kenya-country-office-rbm-seal-pause-and-reflect (accessed 8 November 2022)

WHE (2021) *IOAC Monitoring Framework for WHO/WHE* available on https://cdn.who.int/media/docs/default-source/dco/independent-oversight-and-advisory-committee/matrix_ioac-monitoring-framework-global_final_31mar21.docx?sfvrsn=64e03cfa_7 (accessed 10 October 2022)

WHO (2006) *Eleventh General Programme of Work, 2006-2015* available on https://apps.who.int/iris/bitstream/handle/10665/21117/A59_25-en.pdf?sequence=1&isAllowed=y (accessed 24 November 2021)

WHO (2013) *Evaluation Practice Handbook* available on https://cdn.who.int/media/docs/default-source/evaluation-office/who-evaluation-practice-handbook-2013.pdf?sfvrsn=2513394e_3&download=true (accessed 24 November 2021)

WHO (2014) *Twelfth General Programme of Work 2014-2019: Not Merely the Absence of Disease* available on http://apps.who.int/iris/bitstream/handle/10665/112792/GPW_2014-2019_eng.pdf?sequence=1&isAllowed=y (accessed 24 November 2021)

WHO (2015) *WHO Accountability Framework* available on https://www.who.int/about/who_reform/managerial/accountability-framework.pdf (accessed 23 November 2021)

WHO (2016) *Evaluation of WHO's Presence in Countries: Evaluation Brief* available on https://www.who.int/docs/default-source/documents/evaluation/brief-presence-in-countries.pdf?sfvrsn=791ddb0d_2 (accessed 19 December 2022)

WHO (2018) *WHO Reform: Better Value, Better Health: Strategy and Implementation Plan for Value for Money in WHO* EB 142/7 Rev.1 available on https://apps.who.int/gb/ebwha/pdf_files/EB142/B142_7Rev1-en.pdf (accessed 24 November 2021)

WHO (2019a) *Thirteenth General Programme of Work: Promote Health, Keep the World Safe, Serve the Vulnerable* available on https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf (accessed 17 November 2021)

WHO (2019b) *Proposed Programme Budget 2020-2021: Thirteenth General Programme of Work, 2019-2023: WHO Impact Framework* presented to WHA72 available on https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_5-en.pdf (accessed 10 October 2022)

WHO (2019c) *Proposed Programme Budget 2020-2021* presented to WHA72 available on https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_4-en.pdf (Accessed 10 October 2022)

WHO (2020) *Resolution on COVID-19* presented to WHA 73 available on https://apps.who.int/gb/ebwha/pdf_files/WHA73-REC1/A73_REC1-en.pdf#page=25 (accessed 10 October 2022)

WHO (2021a) *Evaluation of WHO Transformation: Volume 1 Report* available on https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5&download=true (accessed 24 November 2021)

WHO (2021b) *WHO Transformation: Transforming for Enhanced Country Impact* presented to Executive Board in January 2021 available on https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_32-en.pdf (accessed 10 October 2022)

WHO (2021c) *WHO Results Framework: An Update* presented to WHA74 available on https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_7-en.pdf (accessed 10 October 2022)

WHO (2021d) *Proposed Programme Budget 2022-2023* presented to WHA74 available on https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_5Rev1-en.pdf (accessed 10 October 2022)

WHO (2021e) *Synthesis of WHO Country Programme Evaluations* available on https://cdn.who.int/media/docs/default-source/evaluation-office/cpe-synthesis-final-report.pdf?sfvrsn=400a58b1_1&download=true (accessed 10 October 2022)

WHO (2021f) *Impact on the Ground: WHO's Action in Countries, Territories and Areas* available on https://www.who.int/publications/i/item/9789240032804 (accessed 10 October 2022)

WHO (2022a) *Programme Budget 2022-2023: Revision Extending the Thirteenth General Programme of Work 2019-2023 to 2025* presented to WHA75 available on https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_8-en.pdf (accessed 10 October 2022)

WHO (2022b) *Proposed Revision to the Programme Budget 2022-2023* presented to WHA75 available on https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_6-en.pdf (accessed 10 October 2022)

WHO (2022c), *Health Emergency in Ukraine and Refugee-Receiving and -Hosting Countries, Stemming from the Russian Federation's Aggression* presented to WHA 75 available on https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R11-en.pdf (accessed 10 October 2022)

WHO (2022d) *A Healthy Return: Investment Case for a Sustainably-Financed WHO* available on https://apps.who.int/iris/rest/bitstreams/1424321/retrieve (accessed 10 October 2022)

WHO (2022e) *WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development 2022* available on https://www.who.int/publications/i/item/9789290209836 (accessed 29 November 2022)

Annex 1: Terms of Reference (revised 2 December 2021)

Background

Results-based management (RBM) has been the overarching framework that has shaped organizational management within WHO, as well as other agencies in the United Nations system and many other organizations, for many years. RBM has been defined in disparate ways in different organizations. A commonly cited definition is the one used by the United Nations Development Group in 2011[32], namely that, "*RBM is a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the achievement of desired results. The actors in turn use information and evidence on actual results to inform decision-making on the design, resourcing and delivery of programmes and activities as well as for accountability and reporting.*" In 2017, the Joint Inspection Unit (JIU)[33] identified a high-impact model for RBM and defined this as "*management strategies that are based on managing for the achievement of intended organizational results by integrating a philosophy and a set of principles that are focused on results in all aspects of management and, most significantly, by integrating evidence and lessons learned from past performance into management decision-making. Such strategies may be applied in individual organizations of the United Nations system.*"

Figure A1.1 presents the historical development of RBM diagrammatically both within international development as a whole and specifically within WHO. This is an initial analysis and it is expected that this will be reviewed and revised during the implementation of the evaluation. Experience of RBM in WHO dates back to at least the early 2000s. RBM is reported to have underpinned the development of WHO's Global Management System (GSM).

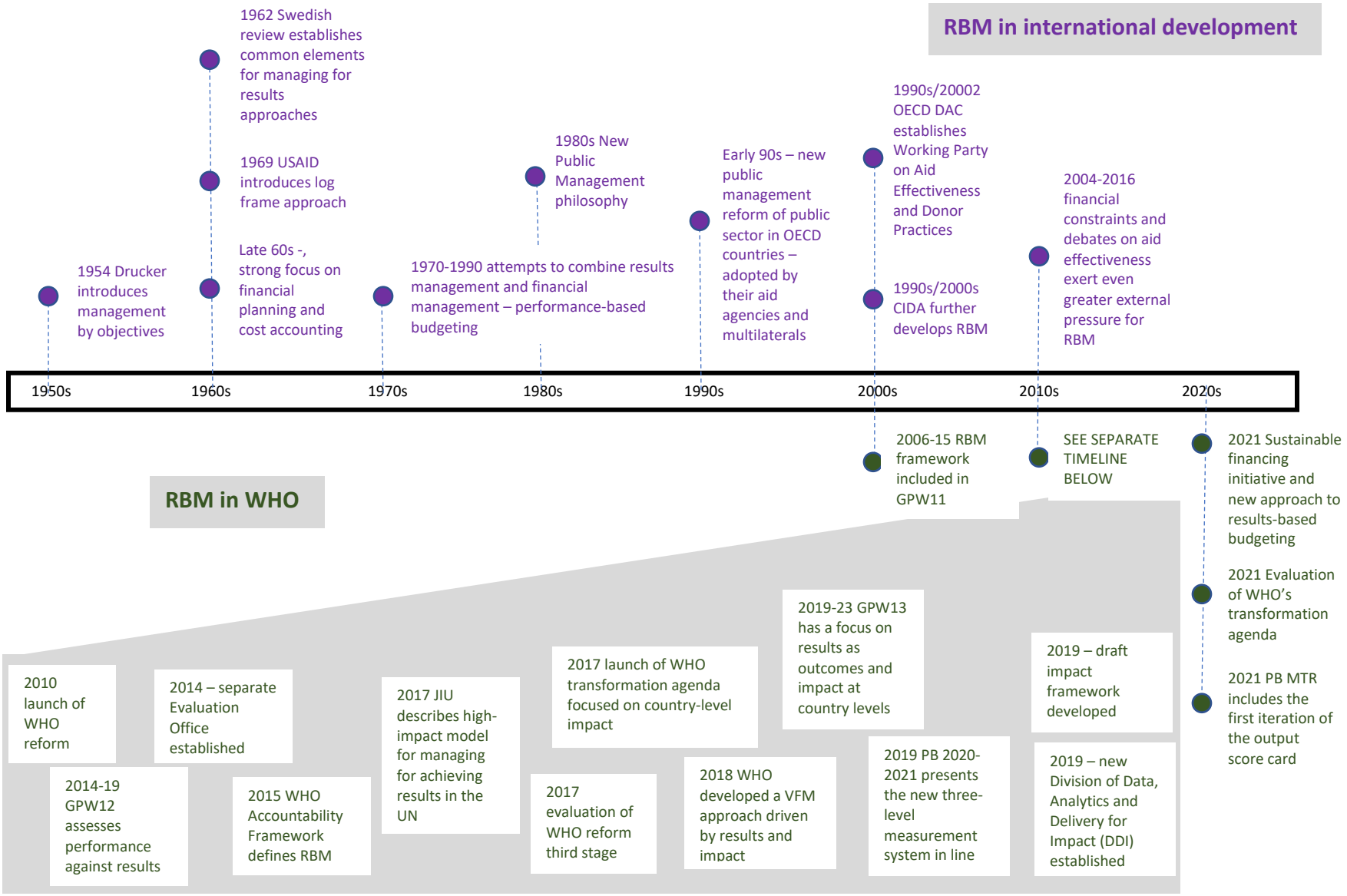
While RBM has the overall aim of maximising the results to which an organization contributes, it can do this by achieving a number of purposes including accountability, communication, decision-making and lesson learning. RBM touches on all aspects of the programme cycle, from planning through to managing the organization toward results, monitoring and evaluating performance; and using the knowledge and learning gained to feeding into decisions and actions in pursuit of results.

Evaluation Background

Although various evaluative exercises over the years have assessed aspects of WHO's RBM architecture[34], none of these has done so in a comprehensive, integrated manner that looks at the Organization's approach from a holistic, whole-of-organization perspective.

[32] UNDG (2011) *Results-Based Management Handbook: Harmonizing RBM Concepts and Approaches for Development Results at Country Level* available on https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf (accessed 10 November 2021).
[33] JIU (2017b) *High-Impact Model for Results-Based Management: Benchmarking Framework, Stages of Development and Outcomes* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_note_2017_1_english_0.pdf (accessed 9 November 2021)
[34] These include: a 2017 report by the United Nations Joint Inspection Unit (JIU) on RBM in the UN system, including WHO; a 2019 report resulting from the assessment of WHO by the Multilateral Organisation Performance Assessment Network (MOPAN); and a range of evaluations undertaken by the WHO Evaluation Office, including a recent evaluation of the WHO Transformation, all found on its website.

Figure A1.1: Timeline for the development of RBM in international development and within WHO



Accordingly, the present evaluation was included in the biennial evaluation workplan 2020–2021 approved by the Executive Board at its 146th session in February 2020. It comes at a time of heightened attention on the Organization's drive for results. WHO's core organizational priorities as enshrined in the GPW13 commit the Organization to ambitious results targets in line with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). The WHO Transformation, underway since the outset of the GPW13 in 2019, sets forth the strategic and organizational shifts that are necessary within WHO in order to achieve these results – i.e., to "*make WHO a modern, seamless, impact-focused Organization to better help Member States achieve the health-related Sustainable Development Goals in the context of United Nations reform*." An evaluation of the WHO Transformation completed in 2021 highlighted a range of areas associated with RBM that are now being addressed; its scope focused more specifically on the change management process itself, however, rather than comprehensively or systematically on the core elements of RBM themselves.[35]

Evaluation purpose and objectives

The purpose of the evaluation will be to assess, as objectively and systematically as possible, the application of results-based management principles within WHO as a vehicle for helping steer the Organization toward maximum results in the service of the Organization's global health mandate.

The evaluation will have three specific objectives namely:

1. To identify how RBM is understood within WHO including what its purpose(s) is/(are) and the extent to which RBM is fulfilling those purposes within WHO.

2. To understand how RBM is being applied at all stages including strategic planning and budgeting, management of the Organization to results, monitoring, evaluation, adaptation/decision-making and learning.

3. To understand factors that have helped or hindered WHO's delivery of results and identify ways of maximising helpful factors and addressing any hindering factors.

Evaluation approach

The evaluation is taking place at a time where GPW13 has a further two years to run and preparations for GPW14 are soon to get underway. In addition, the context in which WHO is operating has changed dramatically not least with the occurrence of the COVID-19 pandemic. Given these factors, the evaluation is expected to take a largely formative and forward-looking approach seeking to identify what adaptations and course corrections could be made during the remaining GPW13 implementation period and to feed into discussions and decisions regarding GPW14 development.

The evaluation is expected to be pragmatic and practical in nature with a strong focus on usefulness including identifying and recommending the most crucial changes WHO needs to make including things that WHO may need to start doing or do more of and things which WHO may need to stop or do less of. Recommendations may be made for different time periods including for the remainder of GPW13 and for future GPWs, e.g., GPW14.

[35] Evaluation of WHO transformation, WHO Evaluation Office, 2021a

Scope

In terms of scope, the evaluation is focused mainly on the use of results-based management within the WHO Secretariat. Issues of how particular Member States apply RBM in their own contexts are beyond the scope of the evaluation. Nevertheless, given that GPW13 places a strong focus on results in terms of country impact and Member States have considerable experience of applying RBM, the evaluation will provide opportunity for Member States to contribute their views and perspectives.

The evaluation will consider how RBM has been understood and applied across the three levels of the Secretariat, namely headquarters, Regional Offices and Country Offices. Part of this will include looking at other related terms that might be used alongside or instead of RBM, such as accountability frameworks, deliverology etc.

The evaluation's main focus will be on the period of the GPW13, that is from 2019 to date. However, given that this will be WHO's first evaluation of RBM[36], and the historical development of RBM within WHO is relevant for the current experience and understanding of RBM, the evaluation will consider a longer time frame where relevant. In particular, the evaluation will look at how concepts and practices of RBM, and related concepts, have developed within WHO over time.

The evaluation is a forward-looking, lesson-learning initiative and it will not have a major focus on issues of compliance and accountability as might be covered in an audit. The evaluation is not intended to systematically measure the contributions of WHO's existing RBM systems to organizational impacts to date. It will however seek to document positive experiences and challenges experienced in seeking to identify the causal linkage(s) between WHO activities and outputs, on the one hand, and intended outcomes and impacts, on the other.

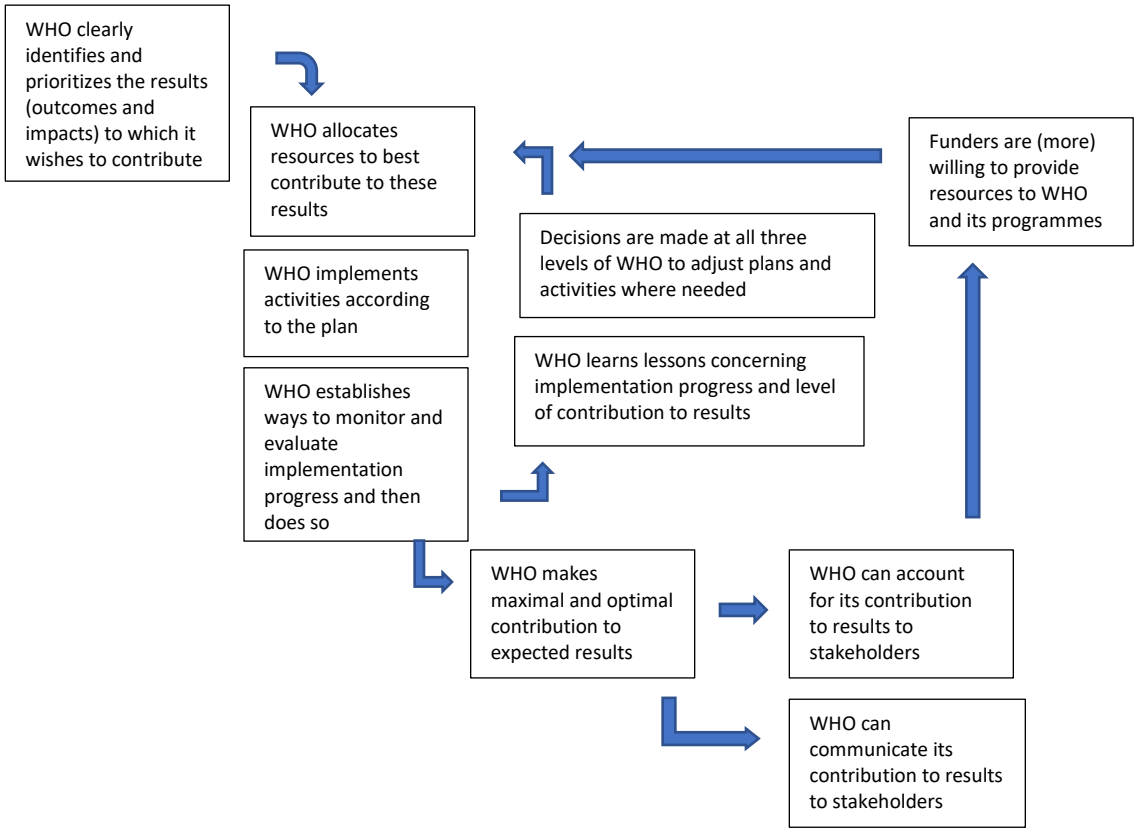
Evaluation framework

In order to provide a framework for the evaluation, WHO's Evaluation Office has drafted a theory of change for results-based management which seeks to identify how results-based management as a process and approach might contribute to greater achievement of organizational results. This is shown in Figure A1.2. This theory of change is presented solely for the basis of the evaluation. It is recognised that the theory of change is necessarily simplistic and there may be additional complexities, such as decentralized decision-making and different financing modalities. These issues will be explored in the evaluation.

Essentially, the hypothesis is that if WHO clearly identifies the results to which it wishes to contribute and it then plans how to use resources to best contribute to those results, implements activities according to the plan and monitors and evaluates implementation progress, it should be able to learn lessons about what is and what is not working and make appropriate course corrections/adaptations to maximize progress towards the expected results. It will then be able to account to and communicate with stakeholders about its contribution to those results which, in turn allows it to (continue to) raise resources from funders.

[36] Although the JIU did review RBM across the UN including in WHO.

Figure A1.2: Possible theory of change for RBM in WHO (for use in the forthcoming evaluation of RBM)



There are, of course, a lot of implicit assumptions within this hypothesis and these need to be made explicit. Some might include that:

- WHO has sufficient flexibility and control over its resources to be able to allocate them in the way envisaged
- External events are not such that they derail plans to implement activities (or plans are sufficiently flexible to cope with and adjust to such external events)
- WHO has technical capacity (or access to such capacity) to implement, monitor and evaluate activities in a way which demonstrates their contribution to expected results
- Monitoring and evaluation activities provide relevant, accurate and timely data
- The learning/adaption feedback loop envisaged can operate at country, regional and global level

It is expected that the evaluation would consider the extent to which these assumptions hold true including what actions WHO has or is taking to address these where concerns have been identified that they may not hold true without direct intervention.

The framework described above will be used to frame the findings section of the evaluation's final report. Specifically, this section will have sub-sections which address the first three evaluation questions. The sub-section on EQ1 will consider the extent to which WHO is using a results-based management approach including how that is defined and understood. In particular, this sub-section will have parts which consider how results-based management has been used within WHO for (i) accountability, (ii) communication, (iii)

decision-making, and (iv) learning. The sub-section on EQ2 will include parts dedicated to the main elements of an organization's life cycle namely planning (and design), implementation, monitoring (and reporting), evaluation, adaptation and learning. The precise nature of these elements may need to be adjusted depending on emerging findings. It is recognized that there may be some overlap between EQ1 and EQ2 in some areas, e.g., communication/reporting, decision-making/adaptation and learning. Precise boundaries will be drawn when drafting the report but, in general, responses to EQ1 will focus on the extent to which management practices have fulfilled a particular purpose, e.g., communication, while responses to EQ2 will focus on how a particular element, e.g., reporting has been handled in practice.

Key evaluation questions

The evaluation will seek to answer four key evaluation questions, namely:

- EQ1. To what extent have the management systems of WHO affected effective delivery of results? How has results-based management/managing for results approach contributed to this?
- EQ2. How has managing for results been incorporated into WHO's planning[37], implementation[38], monitoring, reporting, evaluation, adaptation and learning? This question will consider the extent to which RBM is an "*end-to-end*" process within WHO and the extent to which diverse initiatives to promote results are coherent in terms of promoting delivery of results.
- EQ3. What key factors have helped or hindered the optimal application of best-in-class delivery of results in the Organization?
- EQ4. What lessons learned, proposed adaptations and recommendations arise from the findings of the evaluation?

Appendix A contains a matrix that identifies detailed sub-questions, how these relate to UNEG evaluation criteria and how data will be collected for each sub-question.

Evaluation phases

The evaluation will be carried out in three phases. The first phase of inception/design has already started with the development of a design document and identification and review of a large number of internal and external documents. While there was some consultation of stakeholders, this has been relatively limited and some further stakeholder consultation is likely to be needed in finalising the evaluation's inception report. The evaluation's second phase will consist of data collection. This will be mainly primary data collection, for example, interviews, focus groups and a staff survey. But, there will be some further document review, e.g., as additional documents are identified or as there is need to review documents already identified and reviewed, in the light of emerging data. The third phase will be analysis and reporting and will culminate in the production of the evaluation's final report.

Methods

The evaluation will rely on a mixed-method approach, bringing together the most appropriate blend of qualitative and quantitative data collection and analysis modalities to answer the evaluation questions and sub-questions in the most robust manner possible.

[37] Including budgeting and resource allocation and a focus on human resources.
[38] Including performance management.

Expected data collection methods include:

- Document review – of internal WHO and external documents. A considerable amount of this has been done during an initial design stage and this is summarized in the design document.
- Data review – the design document identifies a number of data sources and the evaluation team will, to the extent possible, review these.
- Key informant interviews across a range of stakeholders.
- Focus group discussions – these will be used for data collection purposes where there are linked stakeholders who are willing and able to engage with the evaluation through a group discussion

In addition, there will be a survey of selected WHO staff. It is intended that this survey should go to all WHO staff who are involved in planning, communication, decision-making or learning. Relevant networks will be identified by the Evaluation Office and the survey instrument will be distributed through those networks. A proposed survey instrument is included in Appendix B.

Member States will also be consulted. Initially, this will be done through focus group discussions with regional groupings of Geneva-based Missions. However, part of that consultation will involve discussing whether any further consultation, such as a questionnaire or survey, is needed. A proposed topic guide for discussions with Member States is included in Appendix B.

Quality assurance will primarily be the responsibility of the evaluation team leader who will ensure that all evaluation processes and products are of a high level of quality. In addition, a process of external quality assurance will also be established by the Evaluation Office. The precise nature of this will depend on how the evaluation is conducted but it is likely to involve one or more people identified by the Evaluation Office reviewing all evaluation products, particularly the inception and final reports.

As with all evaluations of this nature, there will be some limitations and these are briefly discussed here as are the mitigation approaches that the evaluation will follow. First, WHO has not yet had an evaluation of results-based management despite having followed the practice for many years. This means that an evaluation which focuses rigidly on the GPW13 period would be unable to draw comparisons with previous periods. To mitigate this limitation, while the evaluation will focus mainly on the GPW13 period, it will consider a longer timeframe (i.e., an earlier time period) when that is considered relevant.

Second, the lack of a clear definition and shared understanding of what results-based management means within WHO is a limitation that carries a number of risks. The first of these risks is of talking at cross-purposes. The evaluation will seek to avoid this by trying to make explicit how different stakeholders define and understand RBM and by being very clear as to how the evaluation is defining and understanding RBM. The second of these risks might be termed "*scope creep*", that is the scope of the evaluation expands to cover all areas of WHO management and not just those focused on achieving results. The evaluation will seek to avoid such "*scope creep*" by clearly defining what the scope of the evaluation is including identifying elements that are beyond the evaluation's scope. The evaluation team will monitor this situation closely and will promptly raise any concerns about "*scope creep*" with the Evaluation Office.

Third, the ongoing COVID-19 pandemic potentially imposes some limitations on the evaluation not least because of possible effects on the availability of stakeholders, e.g., within the WHO Secretariat, particularly in Country Offices, and from Member States. The evaluation will seek to address this by seeking to be flexible in terms of timeframes for data requests and by minimizing the amount of data

requested, e.g., in any questionnaire that is developed. The ongoing pandemic means that the evaluation will be conducted remotely. However, the Evaluation Office now has considerable experience of doing evaluations in this way to the extent that this is not considered a major limitation.

Evaluation management and process

The evaluation will be conducted by an independent evaluation team that will be selected by the Evaluation Office. The evaluation team will have strong knowledge of RBM and its meaningful application, the requisite evaluation skills, and relevant experience performing similar evaluations in multilateral or United Nations organizations. The evaluation team will further develop the evaluation methodology, conduct the analysis and deliver a report of the findings, including recommendations.

The Evaluation Office will manage the evaluation, providing the necessary oversight of and support to the evaluation team throughout the exercise (finalization of methodology, facilitation of the evaluation process, identification of relevant documentation and data). An evaluation reference group will be established by the Evaluation Office to review and provide feedback on key outputs (terms of reference, inception report, evaluation report), advise on the evaluation at all stages, and support its implementation. Members of the group will be drawn from senior headquarters staff, regional offices, identified country offices and other UN bodies.

Member States, the IEOAC, and the senior leadership team will likewise be updated on the progress of the evaluation.

Deliverables and time frame

The main deliverables of the evaluation will be:

- An inception report which will build on and develop this design document
- A final report structured as described above

A detailed timeline for the evaluation will need to be included in the final inception report. However, Table A1.1 presents a provisional timeline.

Table A1.1: Provisional timeframe for the evaluation

Evaluation activity	Deadline
Finalization of the evaluation terms of reference	December 2021
Evaluation team identified	January 2022
Establishment of evaluation reference group (ERG)	January 2022
Inception phase	February 2022
Data collection	March-April 2022
Data analysis	May 2022
Report drafting	June 2022
Report finalization	July 2022
Presentation of the final report for consideration by the Executive Board, through the Programme, Budget and Administration Committee at its 37th meeting	January 2023

Annex 2: Documents Reviewed

WHO DOCUMENTS

Key strategic and policy documents relating to RBM in WHO

Pre-GPW13

WHO (2001) *Global Programme of Work (2002-2005)* available on https://apps.who.int/iris/handle/10665/78711 (accessed 23 October 2022).

WHO (2006) *Engaging for Health Eleventh General Programme of Work 2006-2015 A Global Health Agenda* available on https://apps.who.int/iris/bitstream/handle/10665/21117/A59_25-en.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2010) *PAHO results-based management framework* available on https://iris.paho.org/bitstream/handle/10665.2/5242/CE146-INF-2-e.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2012) *EB131/3 WHO reform Draft formal evaluation policy* available on http://www.uneval.org/document/download/1523 (accessed 23 October 2022).

WHO (2013) *Internal Control Framework*

WHO (2013) *WHO Reform; Results Based Management & Accountability Framework - Executive Summary*

WHO (2014) *Twelfth General Programme of Work 2014–2019: not merely the absence of disease* available on https://apps.who.int/iris/bitstream/handle/10665/112792/GPW_2014-2019_eng.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2015) *WHO Accountability Framework*

WHO (2015) *A Framework for Strengthening Evaluation and Organizational Learning in WHO* available on https://cdn.who.int/media/docs/default-source/documents/evaluation/framework-for-strengthening-evaluation-and-organizational-learning.pdf?sfvrsn=720e4c8e_2 (accessed 23 October 2022).

WHO (2018) *EB142/7 Rev.1 Better value, better health Strategy and implementation plan for value for money in WHO* available on https://apps.who.int/gb/ebwha/pdf_files/EB142/B142_7Rev1-en.pdf (accessed 23 October 2022).

WHO (2018) *Thirteenth General Programme of Work (2019-2023)* available on https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf (accessed 23 October 2022).

WHO (2018) *EB143(9) Evaluation: evaluation policy* available on https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf (accessed 23 October 2022).

WHO (2018) *WHO Transformation Plan & Architecture* available on https://cdn.who.int/media/docs/default-source/documents/about-us/who_transformation_plan_-_architecture_16feb2018.pdf?sfvrsn=b9f72218_7&download=true (accessed 23 October 2022).

WHO (2018) *WHO Investment Case (2019-2023)* available on https://apps.who.int/iris/handle/10665/274710 (accessed 23 October 2022).

GPW13 period

WHO (2019) *WHO Results framework (draft Oct 2019)* available on https://www.who.int/docs/default-source/documents/gpw/who-results-framework-draft-25october2019.pdf?sfvrsn=fcee6eb2_2 (accessed 23 October 2022).

WHO (2019) *A72/5 Thirteenth General Programme of Work, 2019–2023, WHO Impact Framework* available on https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_5-en.pdf (accessed 23 October 2022).

WHO (2020) *Biennial evaluation workplan 2020–2021 approved by the Executive Board at its 146th session* available on https://www.who.int/about/what-we-do/evaluation/resources/evaluation-workplan-2020-2021 (accessed 23 October 2022).

WHO (2020) *Thirteenth General Programme of Work (GPW13) Methods for impact measurement* available on https://cdn.who.int/media/docs/default-source/documents/about-us/thirteenth-general-programme/gpw13_methodology_nov9_online-version1b3170f8-98ea-4fcc-aa3a-059ede7e51ad.pdf?sfvrsn=12dfeb0d_1&download=true (accessed 23 October 2022).

WHO (2020) *EB146/29 WHO resource mobilization strategy* available on https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_29-en.pdf (accessed 23 October 2022).

WHO (2020) *A73/16 Rev.1 WHO results framework: an update* available on https://apps.who.int/iris/bitstream/handle/10665/356412/B146_28Rev1-en.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2021) *A74/7 WHO results framework: an update* available on https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_7-en.pdf (accessed 23 October 2022).

WHO (2021) *WHO Transformation: Transforming for enhanced country impact* available on https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_32-en.pdf (accessed 23 October 2022).

WHO (2021) *EB148/26 Sustainable Financing* available on https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_26-en.pdf (accessed 23 October 2022).

WHO (2022) *EBPBAC36/3 Accountability overview* available on https://apps.who.int/gb/pbac/pdf_files/pbac36/pbac36_3-en.pdf (accessed 23 October 2022).

WHO (2022) *WHO Investment Case 2.0* available on https://apps.who.int/iris/rest/bitstreams/1424321/retrieve (accessed 23 October 2022).

WHO (2022) *Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience White paper for consultation* available on https://www.who.int/publications/m/item/10-proposals-to-build-a-safer-world-together---strengthening-the-global-architecture-for-health-emergency-preparedness--response-andresilience--white-paper-for-consultation--june-2022 (accessed 23 October 2022).

WHO (2022) *WHO White Paper: Accelerating Health Draft August 4, 2022*

Programme budgets and reports

WHO (2013) *Programme budget 2014-2015* available on https://apps.who.int/iris/bitstream/handle/10665/150025/A66_R2-en.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2015) *Programme Budget 2016-2017* available on https://apps.who.int/iris/rest/bitstreams/1136032/retrieve (accessed 23 October 2022).

WHO (2018) *WHO results report: programme budget 2016-2017* available on https://apps.who.int/iris/bitstream/handle/10665/276529/A71_28-en.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2017) *Programme Budget 2018-2019* available on https://www.who.int/publications-detail-redirect/programme-budget-2018-2019 (accessed 23 October 2022).

WHO (2019) *WHO results report: programme budget 2018-2019: mid-term review* available on https://apps.who.int/iris/bitstream/handle/10665/328787/A72_35-en.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO (2020) *Results Report 2018-2019: Driving impact in every country* available on https://www.who.int/docs/default-source/globalreportspdffiles/who-results-report-1819-clean.pdf (accessed 23 October 2022).

WHO (2019) *Programme Budget 2020-2021* available on https://apps.who.int/iris/handle/10665/330074 (accessed 23 October 2022).

WHO (2021) *Results report 2020-2021 (mid-term)* available on https://www.who.int/about/accountability/results/who-results-report-2020-mtr (accessed 23 October 2022).

WHO (2021) *Programme Budget 2022-2023* available on https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_5Rev1-en.pdf (accessed 23 October 2022).

Reports to the EB and WHA relating to RBM implementation

WHO (2006) *EBPBAC4/3 Management reforms: progress report* available on https://apps.who.int/gb/pbac/pdf_files/fourth/PBAC4_3-en.pdf (accessed 23 October 2022).

WHO (2017) *EBPBAC25/2 Financial dialogue and overall financial update* available on https://apps.who.int/gb/pbac/pdf_files/pbac25/PBAC25_2-en.pdf (accessed 23 October 2022).

WHO (2019) *EBPBAC31/2 Programme Budget Implementation 2018-2019* available on https://apps.who.int/gb/pbac/pdf_files/pbac31/pbac31_2-en.pdf (accessed 23 October 2022).

WHO (2019) *EB144/6 Better value, better health: strategy and implementation plan for value for money in WHO – update* available on https://apps.who.int/gb/ebwha/pdf_files/EB144/B144_6-en.pdf (accessed 23 October 2022).

WHO (2019) *A72/48 WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform* available on https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_48-en.pdf (accessed 23 October 2022).

WHO (2020) *EB146/3 Report of the Programme, Budget and Administration Committee of the Executive Board* available on https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_3-en.pdf (accessed 23 October 2022).

WHO (2020) A73/17 *Financing and implementation of the Programme budget 2020–2021* available on https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_17-en.pdf (accessed 23 October 2022).

WHO (2021) *EB148/5 Report of the Programme, Budget and Administration Committee of the Executive Board* available on https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_5-en.pdf (accessed 23 October 2022).

WHO (2021) *A74/7 WHO results framework: an update* available on https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_7-en.pdf (accessed 23 October 2022).

WHO (2021) *EB/WGSF/1/4 WHO budgeting and financing A historical overview* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf1/WGSF1_4-en.pdf (accessed 23 October 2022).

WHO evaluations relating to RBM

WHO (2017) *Evaluation of the WHO Secretariat's contribution to the health-related Millennium Development Goals* available on https://www.who.int/docs/default-source/documents/evaluation/evaluation-of-the-who-secretariats-contributions-to-the-millenium-development-goals.pdf?sfvrsn=e012a932_2 (accessed 23 October 2022).

WHO (2017) *Leadership and management at WHO: evaluation of WHO reform, third stage* available on https://apps.who.int/iris/bitstream/handle/10665/275054/A70_50Add1-en.pdf?sequence=2&isAllowed=y (accessed 23 October 2022).

WHO (2017) *Independent review of the implementation of the WHO evaluation policy and the framework for strengthening evaluation and organizational learning* available on https://cdn.who.int/media/docs/default-source/documents/evaluation/independent-review-of-evaluation-policy.pdf?sfvrsn=c723b2cc_2&download=true (accessed 23 October 2022).

WHO (2021) *Synthesis of WHO country programme evaluation*s available on *https://cdn.who.int/media/docs/default-source/evaluation-office/fr-synthesis-of-who-cpe-evaluations.pdf?sfvrsn=1f2a6a4d_35&download=true* (accessed 23 October 2022).

WHO (2021) *Evaluation of WHO transformation (2021) and management response* available on https://cdn.who.int/media/docs/default-source/evaluation-office/who-transformation-final-report.pdf?sfvrsn=c20b7baa_5&download=true (accessed 23 October 2022).

Reports by different oversight functions in WHO

WHO (2019) *EBPBAC30/2 Independent Expert Oversight Advisory Committee: annual report* available on https://apps.who.int/gb/pbac/pdf_files/pbac30/pbac30_2-en.pdf (accessed 23 October 2022).

WHO (2020) *Report of the thirty-first Meeting of the Independent Expert Oversight Advisory Committee (IEOAC)* available on https://apps.who.int/gb/ieoac/PDF/31/31st_Report.pdf (accessed 23 October 2022).

WHO (2021) *EBPBAC33/2 Report of the Independent Expert Oversight Advisory Committee* available on https://apps.who.int/gb/pbac/pdf_files/pbac33/pbac33_2-en.pdf (accessed 23 October 2022).

WHO (2021) *EBPBAC34/2 Independent Expert Oversight Advisory Committee: annual report* available on https://apps.who.int/gb/pbac/pdf_files/pbac34/pbac34_2-en.pdf (accessed 23 October 2022).

WHO BOS/HRT (2021) *WHO Performance Management Audit Request for Proposals* (RFP)

WHO (2022) A75/35 *Report of the External Auditor* available on https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_35-en.pdf (accessed 23 October 2022).
WHO (2022) Delivery dashboard, PowerPoint Presentation

WHO/IOS (2022) *Performance audit of the WHO Results Report for PB 2020 2021*, PowerPoint Presentation

WHO (2016) *A70/40 WHO mid-term programmatic and financial report for 2016–2017 including audited financial statements for 2016* available on https://apps.who.int/iris/rest/bitstreams/1153781/retrieve (accessed 23 October 2022).

Other WHO reports relating to RBM functions

UN Chief Executives Board for Coordination (2019) *Reference Maturity Model for Risk Management* available on https://unsceb.org/sites/default/files/imported_files/2019.HLCM_.25%20RMM_Final_Cover_Note_0_0.pdf (accessed 23 October 2022).

WHO (2021) *WHO presence in countries, territories and areas: 2021 report* available on https://apps.who.int/iris/rest/bitstreams/1347321/retrieve (accessed 23 October 2022).

WHO/CCS (2021) *Impact on the ground: WHO's action in countries, territories and areas* available on https://apps.who.int/iris/rest/bitstreams/1365565/retrieve (accessed 23 October 2022).

WHO/CRE (2022) *Principal Risks* available on https://www.who.int/publications/m/item/principal-risks (accessed 23 October 2022).

WHO/DDGO (2021) *HQ High-Priority Strategic Deliverables in PB 2022-23 Criteria and Progress Tracking*

Mid-Term Review - PB 2020-21: Summary of Strategic Analyses and Discussions in WHO Major Offices
WHO/DDGO (2022) *High-priority Strategic Deliverables for PB 2022-23 Progress Report #1* (JAN-MARCH 2022)

WHO (2022) *Internal draft paper: Results-Based Management in the Budget Context in WHO: Overview, Nov 2022*

WHO/DDI (2022) *Tracking the Triple Billion and Delivering Results* available on https://cdn.who.int/media/docs/default-source/world-health-data-platform/triple-billion/tracking-the-triple-billions-and-delivering-results---16-may-2022.pdf?sfvrsn=ab7f7605_1&download=true (accessed 23 October 2022).

WHO/DDI (2022) *Feature story on WHO: delivery case study*

WHO/HRT PWC (2022) *Performance Management Assessment Executive Leadership Meeting 04 October 2022,* PowerPoint presentation

WHO/HRT PWC (2022) *Performance Management Assessment DG Briefing (30 September 2022),* PowerPoint presentation

External reviews relating to RBM in WHO

JIU (2001) *Review of management and administration in the World Health Organization (WHO)* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2001_5_English.pdf (accessed 23 October 2022).

WHO/PAHO (2005) *Review of the implementation of results-based management in the Pan American Health Organization* available on https://digitallibrary.un.org/record/637118/files/JIU_NOTE_2005_1-EN.pdf (accessed 23 October 2022).

JIU (2012) *Review of Management, Administration and Decentralization in the World Health Organization (WHO) - Part I and II* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU Products/JIU_REP_2012_6_English.pdf (accessed 23 October 2022).

https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2012_7_English.pdf (accessed 23 October 2022).

JIU (2016) *Review of the Acceptance and Implementation of JIU Recommendations by the WHO* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_ML_2016_18_English.pdf (accessed 23 October 2022).

JIU (2017) *Results-Based Management in the United Nations development system: Analysis of progress and policy effectiveness* available on https://www.unjiu.org/sites/www.unjiu.org/files/rbm_full_report_english.pdf (accessed 23 October 2022).

JIU (2017) *Results-Based Management in the United Nations system: High-impact model for results-based management - Benchmarking framework, stages of development and outcomes* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_rep_2017_6_english__0.pdf (accessed 23 October 2022).

MOPAN (2019) *2017-2018 MOPAN WHO Assessment full report* available on https://www.mopanonline.org/assessments/who2017-18/WHO Report.pdf (accessed 23 October 2022).

MOPAN (2019) *2017-2018 MOPAN WHO Brief* available on https://www.mopanonline.org/assessments/who2017-18/WHO Brief.pdf (accessed 23 October 2022).

MOPAN (2019) *2017-2018 WHO Management Response* available on https://www.mopanonline.org/assessments/who2017-18/WHO management response.pdf (accessed 23 October 2022).

MOPAN (2013) *MOPAN Institutional report World Health Organization (WHO) Volume I and II* available on https://www.mopanonline.org/assessments/who2013/MOPAN_2013-_WHO_Vol._I.pdf (accessed 23 October 2022).
https://www.mopanonline.org/assessments/who2013/MOPAN_2013-_WHO_Vol._II.pdf (accessed 23 October 2022).

Reports of the Independent Panel on Pandemic Preparedness and Response (IPPPR) (2021) available on https://theindependentpanel.org/ (accessed 23 October 2022).

International Health Regulations (IHR) Review Committee available on https://www.who.int/teams/ihr/ihr-review-committees (accessed 23 October 2022)

The Independent Panel for Pandemic Preparedness and Response (2021) *The World Health Organization: an Institutional Review* available on https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-15-WHO-Institutional-review.pdf (accessed 23 October 2022).

International Aid Transparency Initiative. Aid Transparency Index (2022) *WHO* available on https://www.publishwhatyoufund.org/the-index/2022/ (accessed 23 October 2022).

Sustainable Financing

AMSTG

WHO/EB/AMSTG (2022) *First Meeting of the Agile Member States Task Group on Strengthening WHO budgetary, programmatic and Financing governance* available on https://apps.who.int/gb/amstg/pdf_files/AMSTG1/EB_AMSTG1_5-en.pdf (accessed 23 October 2022).

WHO/EB/AMSTG (2022) *Proposed method of work, including a tentative timeline* available on https://apps.who.int/gb/amstg/pdf_files/AMSTG1/EB_AMSTG1_3Rev1-en.pdf (accessed 23 October 2022).

WHO/EB/AMSTG (2022) *Overview of the challenges in governance for transparency, accountability, compliance and efficiency, and the proposed process to come up with recommendations for long-term improvements* available on https://apps.who.int/gb/amstg/pdf_files/AMSTG1/EB_AMSTG1_4Rev1-en.pdf (accessed 23 October 2022).

WHO (2022) *Context on the establishment of the AMSTG on strengthening WHO's budgetary, programmatic and financing governance*, PowerPoint Presentation

WHO (2022) *AMSTG Proposed method of work, including a tentative timeline* available on https://apps.who.int/gb/amstg/pdf_files/AMSTG1/EB_AMSTG1_3Rev1-en.pdf (accessed 23 October 2022).

WHO/EB/AMSTG (2022) *Second Meeting of the Agile Member States Task Group on Strengthening WHO budgetary, programmatic and Financing governance* available on https://apps.who.int/gb/amstg/pdf_files/AMSTG2/EB_AMSTG2_4-en.pdf (accessed 23 October 2022).

Working Group on Sustainable Financing

WHO (2021) *Options for the consideration of the Working Group* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf1/WGSF1_3-en.pdf (accessed 23 October 2022).

WHO (2021) *WHO budgeting and financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf1/WGSF1_4-en.pdf (accessed 23 October 2022).

WHO (2021) *First Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf1/WGSF1_5-en.pdf (accessed 23 October 2022).

WHO (2021) *WHO governance: costing of decisions and resolutions and its relationship to the programme budget and its financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf2/WGSF2_4-en.pdf (accessed 23 October 2022).

WHO (2021) *Second Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf2/WGSF2_6-en.pdf (accessed 23 October 2022).

WHO (2021) *Third Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf3/WGSF_3_3-en.pdf (accessed 23 October 2022).

WHO (2021) *Fourth Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf4/WGSF_4_3-en.pdf (accessed 23 October 2022).

WHO (2022) *Fifth Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf5/WGSF_5_4-en.pdf (accessed 23 October 2022).

WHO (2022) *Sixth Meeting Report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf6/WGSF_6_3-en.pdf (accessed 23 October 2022).

WHO (2022) *Bureau Proposals on the outstanding recommendations of the working group to the seventy-fifth World Health Assembly* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf7/WGSF_7_3-en.pdf (accessed 23 October 2022).

WHO (2022) *Rationale for an increase in assessed contributions Background document* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf7/WGSF_7_3-en.pdf (accessed 23 October 2022).

WHO (2022) *Deliberations of the Bureau of the Working Group on Sustainable Financing on options for an increase in assessed contributions Background document* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf7/WGSF_7_INF2-en.pdf (accessed 23 October 2022).

WHO (2022) *Seventh Meeting report of the Working Group on Sustainable Financing* available on https://apps.who.int/gb/wgsf/pdf_files/wgsf7/WGSF_7_4-en.pdf (accessed 23 October 2022).

WHO (2022) *Sustainable financing: report of the Working Group, Report by the Director General,* WHA75/9 available on https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_9-en.pdf (accessed 23 October 2022).

WHO (2022) *World Health Assembly Decision 75(8) Sustainable financing* available on https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=5 (accessed 23 October 2022).

WHO guidance documents on RBM functions

WHO (2020) *Country cooperation strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country* available on https://apps.who.int/iris/bitstream/handle/10665/337755/9789240017160-eng.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO/PRP (2021) *WHO corporate results-based management process: planning, budgeting, implementing, monitoring and reporting, WR Induction Session* Ppt presentation

WHO/PRP (no date) *WHO's Results-based Management Induction Programme for New Staff, HQ/SPM Strategic Planning & Performance Monitoring* Ppt presentation

WHO (2022) *Briefing on SPM (System for Programme Management)* PowerPoint Presentation

WHO/PRP (2022) *Introduction to WHO budgeting and planning,* PowerPoint presentation

Output delivery Teams

WHO (2020) *Proposed indicators for the results dimension of the scorecard* (EB 2020 version)

ODTs list

Billion 1, 2 and 3 Output Scoping draft after discussions with ODT leads

Global ODT meeting, Output 4.2.1 Scorecard findings for discussion, PowerPoint presentation

WHO/PRP (2022) *Strengthening of GPW13 Network and Teams paper*

Guidance to ODTs on developing leading indicators

WHO/PRP (2022*) 3-level ODT meeting_ ODT guidance*, PowerPoint presentation

WHO (2020) *ODT membership (2020-2021)* Excel file

WHO (no date) *List of TENs and their leads*

WHO/PRP (2019) *Master_ initial mapping of new departments to output teams*, Excel file

WHO/PRP (2020) *ODT's role in developing the Programme Budget*, PowerPoint presentation

WHO/PRP (2020), *ODT's scope and Role*

Template for ODTs on the PB Narrative PB 2022-2023

WHO/*PRP (2020) GPW 13 Networks and Teams (GNTs)*

WHO/PRP *Presentation to EXM: Programme Budget 2022-2023 overview and Programme Budget 2024-2025 strategic considerations*, PowerPoint presentation

Guidance on identifying indicators (ppt slide)

Logic model for output 2.1.1

UCN priority countries

Regional Documents

AFRO

WHO/AFRO (2017) *Report of the mid-term evaluation of the Transformation Agenda of the WHO Secretariat in the African Region* available on https://www.afro.who.int/sites/default/files/2017-08/Report%20of%20the%20mid-term%20evaluation%20of%20the%20Transformation%20Agenda%20of%20the%20WHO%20Secretariat%20in%20the%20African%20Region.pdf?ua=1 (accessed 23 October 2022).

WHO/AFR (2018) *Mid-term evaluation of the Programme Management Officer (PMO) mechanism in the WHO Region for Africa (AFRO) Final Report* available on intranet https://intranet.who.int/afro/pbm/documents/pmo%20mid-term%20assessment%20final%20report%20-afro%203sep2018.pdf (accessed 23 October 2022).

WHO(2021) Decentralized Evaluations Management Responses, 2019 – April 2021 Recommendations, actions and learning. Management Response update for WHO/AFR (2018) *Mid-term evaluation of the Programme Management Officer (PMO) mechanism in the WHO Region for Africa (AFRO)* available at https://cdn.who.int/media/docs/default-source/documents/about-us/organizational-learning-2021.pdf?sfvrsn=872bdc5_1&download=true

WHO/AFR (2019) *Compendium of KPI-13 for the Africa region*

WHO/AFRO (2021) *Requisition: External Relations and Partnership: Duty Stations: Angola, Burundi, Cameroon, Chad, Madagascar, Malawi and Rwanda*

WHO/AFRO (2021) *Requisition: Programme Management Officer (Roster), P3, Multiple duty stations*

WHO/AFRO (2021) *Requisition: Programme Management Officer (Roster), P4, Multiple duty stations*

AMRO/PAHO

WHO/PAHO (2012) *PAHO Budget Policy* available on https://iris.paho.org/bitstream/handle/10665.2/3685/CSP28.R10-e.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO/PAHO (2018) *Evaluation of the PAHO Budget Policy* available on https://iris.paho.org/bitstream/handle/10665.2/51015/SPBA12-3-e.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO/PAHO (2018) *Evaluation of the Regional Programme Budget Policy 2014-2017: Final Report* available on https://iris.paho.org/bitstream/handle/10665.2/49607/CD56-6-e-Add-I.pdf?sequence=6&isAllowed=y (accessed 23 October 2022).

EMRO

WHO/EMRO (2019) *Vision 2023: health for all by all in the Eastern Mediterranean Region: Midterm Push Forward Plan – an overview* available on https://applications.emro.who.int/docs/RC68-SM8-eng.pdf (accessed 23 October 2022).

WHO/EMRO (2022) *Vision 2023: Midterm Review and Push Forward*, SlideShare Presentation available on https://www.slideshare.net/WHO-EMRO/vision-2023-midterm-review-and-push-forward (accessed 23 October 2022).

EURO

WHO/EURO (2021) *European Programme of Work, 2020–2025 – "United Action for Better Health in Europe"* available on https://apps.who.int/iris/bitstream/handle/10665/339209/WHO-EURO-2021-1919-41670-56993-eng.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO/EURO (2021) *WHO Programme Budget in the context of the European Programme of Work* available on https://apps.who.int/iris/rest/bitstreams/1367482/retrieve (accessed 23 October 2022).

UN Armenia (2021) *UNSDCF MEL plan of activities and timeline*, Excel file

UN Armenia (2021) *UN Sustainable Development Cooperation Framework for Armenia (UNSDCF) Costed Multi-Year Monitoring*, Evaluation and Learning Plan

UN Armenia (2021) *UN Armenia United Nations Sustainable Development Cooperation Framework for Armenia (2021-2025)* available on https://unsdg.un.org/sites/default/files/2021-10/UN-Armenia-Cooperation-Framework-2021-2025.pdf (accessed 23 October 2022).

UN Tadjikistan (2022) *The Government of Tadjikistan and UN Sustainable Development Cooperation Framework (2023-2027)* available on https://unsdg.un.org/sites/default/files/2022-06/Tajikistan_Cooperation_Framework_2023-2027_0.pdf (accessed 23 October 2022).

UN Tadjikistan (2022) *Government of Tajikistan and United Nations Sustainable Development Cooperation Framework, 2023-2026* Results Framework

UN Tadjikistan (2022) *United Nations in Tajikistan Joint Response Framework to Global Crisis*

SEARO

WHO/SEARO (2015) *Regional Flagship Priority Areas (2015-2020)* available on https://www.who.int/southeastasia/about/flagships (accessed 23 October 2022).

WHO Country Office for Bhutan (2017) *For a Healthier Nation* available on https://apps.who.int/iris/handle/10665/330141 (accessed 23 October 2022).

WHO Country Office for Bhutan (2018) *Road to SDGs: encapsulating works of WHO in Bhutan* available on https://apps.who.int/iris/handle/10665/330140 (accessed 23 October 2022).

WHO/SEARO (2019) *Overview of planning and implementation of GPW 13 in SEA Region*, PowerPoint Presentation

WHO/SEARO (2019) *Sustain. Accelerate. Innovate. Health for Billions* available on https://apps.who.int/iris/bitstream/handle/10665/328135/health-billions-eng.jpg?sequence=11&isAllowed=y (accessed 23 October 2022).

WHO Country Office for Bhutan (2019) *In matters of health: Towards equitable health system, work of WHO in Bhutan,* 2019 available on https://apps.who.int/iris/bitstream/handle/10665/337949/9789290227762-eng.pdf?sequence=1&isAllowed=y (accessed 23 October 2022).

WHO/PRP (2020) Proposed Programme Budget 2022–2023 Global and Regional Overview, PowerPoint Presentation

WHO/SEARO (2020) *MTR KPI Review for PB 2020_2021*

WHO/SEARO (2020) *WHO Country Office for Bhutan (2020) realising the value of health*

Regional Results Measurement Framework for General Programme of Work 2019-2023: Compendium of indicators

WHO (2022f) *WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development 2022* available on https://www.who.int/publications/i/item/9789290209836 (accessed 29 November 2022)

WPRO

UN Nations Malaysia, Singapore, Brunei Darussalam (2021) *UN Country Results Report Malaysia* available on https://malaysia.un.org/sites/default/files/2022-06/UN%20in%20Malaysia%20Singapore%20and%20Brunei%20Darussalam%20Country%20Results%20Report%202021%20FINAL%20hi-res.pdf (accessed 23 October 2022).

EXTERNAL DOCUMENTS

Documents on RBM from other agencies

CGD (2021) *QuODA 2021* available on https://www.cgdev.org/quoda-2021 (accessed 23 October 2022).

CGD (2021) *Quality of Official Development Assistance: QuODA 2021 Methodology* available on https://www.cgdev.org/sites/default/files/QuODA-2021-methodology-paper.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Terms of Reference* available on https://cas.cgiar.org/sites/default/files/pdf/IEA-RBM-TOR-Final_17May2017.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Inception Report* available on https://cas.cgiar.org/sites/default/files/pdf/Inception-Report-RBM-Evaluation_FINAL-1.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Proposed Theory of Change for Results-Based Management in CGIAR* available on https://cas.cgiar.org/sites/default/files/pdf/EXECUTIVE-SUMMARY_Final.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Summary Report* available on https://cas.cgiar.org/evaluation/publications/evaluation-results-based-management (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Volume 1: Final Report* available on https://cas.cgiar.org/sites/default/files/pdf/RBM-EVAL_Report.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Volume 2: Annexes to Final Report* available on https://cas.cgiar.org/sites/default/files/pdf/RBM-EVAL_Volume-II.pdf (accessed 23 October 2022).

CGIAR IEA (2017) *Evaluation of Results-Based Management in CGIAR: Volume 3: Case Studies* available on https://cas.cgiar.org/sites/default/files/pdf/RBM-EVAL_Volume-III.pdf (accessed 23 October 2022).

CGIAR IEA (2018) *System Management Board Commentary on the Evaluation of Results-Based Management in CGIAR* available on https://cas.cgiar.org/sites/default/files/pdf/SMB-Commentary_Eval-RBM-Submission-to-SC.pdf (accessed 23 October 2022).

Council of Europe (2021) *Evaluation of Results-Based management in the Council of Europe* available on https://rm.coe.int/dio-2021-32-rbm-report-final-en/1680a1b9fe (accessed 23 October 2022).

Community of Practice on Results Based Management (2012) *Sourcebook on Results Based Management in the European Structural Funds* available on https://www.betterevaluation.org/en/resources/guide/sourcebook_results_based_managment (accessed 23 October 2022).

European Commission (2017) *Analysis of the Use of Joint Results Frameworks in EU Joint Programming* available on https://europa.eu/capacity4dev/file/69737/download?token=3G49AI85 (accessed 23 October 2022).

GEF (2017) *Review of Results Based Management in the GEF* available on https://www.thegef.org/council-meeting-documents/review-results-based-management-gef (accessed 23 October 2022).

ICRC (2008) *Programme/Project Management: The Results-Based Approach* available on https://www.icrc.org/en/doc/assets/files/publications/icrc-001-0951.pdf (accessed 23 October 2022).

IFAD (2016) *Development effectiveness framework* available on https://webapps.ifad.org/members/eb/119/docs/EB-2016-119-R-12.pdf (accessed 23 October 2022).

IFAD/Independent Office of Evaluation (2016) *IFAD's Performance-based Allocation System* available on https://ioe.ifad.org/en/w/ifad-s-performance-based-allocation-system (accessed 23 October 2022).

IFAD (2019) *Knowledge Management Strategy* available on https://www.ifad.org/documents/38711624/39417933/km_e.pdf/43599c5a-9a6c-4ff7-9299-e992aa4b9d24?t=1565366873000 (accessed 23 October 2022).

IFAD (2021) *Report on IFAD's Development Effectiveness* available on https://webapps.ifad.org/members/eb/133/docs/EB-2021-133-R-9.pdf (accessed 23 October 2022).

IFAD (2021) *Revised IFAD Evaluation Policy* available on https://webapps.ifad.org/members/eb/132/docs/EB-2021-132-R-5-Rev-1.pdf (accessed 14 November 2022)

IFAD (2021) *Development Effectiveness in the Decade of Action: An Update to IFAD's Development Effectiveness Framework* available on https://webapps.ifad.org/members/eb/134/docs/EB-2021-134-R-24.pdf (accessed 14 November 2022)

IFAD (2022) IFAD revised evaluation manual available on https://webapps.ifad.org/members/ec/116/docs/EC-2022-116-W-P-5.pdf (accessed 14 November 2022)

ILO (2021) *Programme and budget for the biennium 2022–23* available on https://www.ilo.org/wcmsp5/groups/public/---ed_mas/---program/documents/genericdocument/wcms_831162.pdf (accessed 23 October 2022).

ILO results dashboards available on: https://www.ilo.org/IRDashboard/(accessed 23 October 2022).

https://www.ilo.org/infostories/en-GB/Campaigns/Decent-Work-results/programme2020-2021#performance/contribution-sdg (accessed 23 October 2022).

https://www.ilo.org/infostories/en-GB/Campaigns/Decent-Work-results/programme2020-2021#financial/expenditure (accessed 23 October 2022).

INTRAC (2017) *Results-Based Management* available on https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Results-based-Management.pdf (accessed 23 October 2022).

JIU (2016) *Knowledge Management in the UN System* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2016_10_English.pdf (accessed 23 October 2022).

JIU (2017) *High-Impact Model for Results-Based Management: Benchmarking Framework, Stages of Development and Outcomes* available on https://www.unjiu.org/sites/www.unjiu.org/files/jiu_note_2017_1_english_0.pdf (accessed 23 October 2022).

KOICA (2013) *Results-Based Management Guideline on Health Sector Programs* available on https://www.oecd.org/derec/korea/Result-based-Management-Guideline-on-Health-Sector-Programs.pdf (accessed 23 October 2022).

Ministry for Foreign Affairs of Finland (2015) *Finland's Development Policy Programmes from a Results-Based Management Point of View 2003-2013: Evaluation* available on https://um.fi/development-cooperation-evaluation-reports-comprehensive-evaluations/-/asset_publisher/nBPgGHSLrA13/content/evaluointi-suomen-kehityspoliittiset-toimenpideohjelmat-tulosjohtamisen-nakokulmasta-2003-2013/384998 (accessed 23 October 2022).

MOPAN (2021) *ILO Assessment Brief: Performance at a Glance* available on https://www.mopanonline.org/assessments/ilo2020/ILO%20Assessment%20Brief.pdf (accessed 23 October 2022).

MOPAN (2021) *ILO 2020 Assessment Cycle: MOPAN Assessment Report* available on https://www.mopanonline.org/assessments/ilo2020/MOPAN%20Assessment%20ILO%20[for%20download].pdf (accessed 23 October 2022).

MOPAN (2021) *OCHA Assessment Brief: Performance at a Glance* available on https://www.mopanonline.org/assessments/ocha2020/MOPAN%20Brief%20OCHA%20web.pdf (accessed 23 October 2022).

MOPAN (2021) *OCHA 2020 Assessment Cycle: MOPAN Assessment Report* available on https://www.mopanonline.org/assessments/ocha2020/MOPAN%20Assessment%20OCHA%20web%20[for%20download].pdf (accessed 23 October 2022).

MOPAN (2021) *UNEP Assessment Brief: Performance at a Glance* available on https://www.mopanonline.org/assessments/unep2020/UNEP%20Assessment%20Brief%20[web].pdf (accessed 23 October 2022).

MOPAN (2021) *UNEP 2020 Assessment Cycle: MOPAN Assessment Report* available on https://www.mopanonline.org/assessments/unep2020/MOPAN%20Assessment%20UNEP%20web%20[for%20download].pdf (accessed 23 October 2022).

MOPAN (2021) *UNOPS Assessment Brief: Performance at a Glance* available on https://www.mopanonline.org/assessments/unops2020/UNOPS%20Brief%20[web].pdf (accessed 23 October 2022).

MOPAN (2021) *UNOPS 2020 Assessment Cycle: MOPAN Assessment Report* available on https://www.mopanonline.org/assessments/unops2020/MOPAN%202020%20UNOPS%20report%20[web-1].pdf (accessed 23 October 2022).

Norad (2018) *Evaluation of the Norwegian Aid Administration's Practice of Results-Based Management* available on https://www.norad.no/en/toolspublications/publications/2018/evaluation-of-the-norwegian-aid-administrations-practice-of-results-based-management/ (accessed 23 October 2022).

OECD (2001) *Results Based Management in Donor Agencies* available on https://www.oecd.org/dac/evaluation/dcdndep/31736109.pdf (accessed 23 October 2022).

OECD (2002) *Glossary of Key Terms in Evaluation and Results Based Management* available on https://www.oecd.org/dac/evaluation/2754804.pdf (accessed 23 October 2022).

OECD (2017) *Strengthening the Results Chain: Synthesis of Case Studies of Results-Based Management by Providers* available on https://www.oecd-ilibrary.org/development/strengthening-the-results-chain_544032a1-en(accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: Canada: Global Affairs Canada* available on https://www.oecd.org/dac/results-development/docs/results-case-study-canada.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: Netherlands: Ministry of Foreign Affairs* available on https://www.oecd.org/dac/results-development/docs/results-case-study-netherlands.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: New Zealand: New Zealand Ministry of Foreign Affairs and Trade* available on https://www.oecd.org/dac/results-development/docs/results-case-study-new-zealand.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: Sweden: Ministry of Foreign Affairs and Swedish International Development Co-operation Agency* available on https://www.oecd.org/dac/results-development/docs/results-case-study-sweden.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: Switzerland: Swiss Agency for Development Co-operation* available on https://www.oecd.org/dac/results-development/docs/results-case-study-switzerland.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: United Kingdom: Department for International Development* available on https://www.oecd.org/dac/results-development/docs/results-case-study-UK.pdf (accessed 23 October 2022).

OECD (2017) *Results in Development Co-operation: Provider Case Studies: World Bank Group* available on https://www.oecd.org/dac/results-development/docs/results-case-study-world-bank.pdf (accessed 23 October 2022).

OECD (2020) *The United Kingdom's Approach to Results, Evaluation and Learning* available on https://www.oecd-ilibrary.org/sites/cf8ca13b-en/index.html?itemId=/content/component/cf8ca13b-en (accessed 23 October 2022).

OECD DAC (2018) *Learning from Results-Based Management Evaluations and Reviews: Discussion Paper for the OECD/DAC Results Community Workshop on 29-30 October 2018* available on https://www.oecd.org/dac/results-development/docs/Results-Workshop-Learning-from-RBM-evaluations-FINAL.pdf (accessed 23 October 2022).

OECD DAC Working Party on Aid Evaluation (2000) *Results Based Management in the Development Co-operation Agencies: A Review of Experience* available on https://www.oecd.org/development/evaluation/dcdndep/31950852.pdf (accessed 23 October 2022).

OECD *International Organisations Partnership* available on https://www.oecd-ilibrary.org/sites/5f5924fa-en/index.html?itemId=/content/component/5f5924fa-en (accessed 23 October 2022).

Office of the Auditor General of Canada (1999) *Implementing Results-Based Management: Lessons from the Literature* available on https://www.oag-bvg.gc.ca/internet/english/meth_gde_e_10225.html (accessed 23 October 2022).

OIOS (2008) *Review of Results-Based Management at the United Nations* available on https://digitallibrary.un.org/record/636384?ln=en (accessed 23 October 2022).

OPM (undated) *Achieving Success through Results-Based Management – An Interview with Maurice McTigue* available on https://www.opm.gov/policy-data-oversight/performance-management/reference-materials/historical/achieving-success-through-results-based-management-an-interview-with-maurice-mctigue/ (accessed 23 October 2022).

OSCE Office of Internal Oversight (2021) *Independent Evaluation of Results-Based Management in the OSCE, 2015-2020* available on https://www.osce.org/oio/491587 (accessed 23 October 2022).

SDC (2017) *Independent Evaluation of SDC's Results-Based Management System with a Focus on Poverty Reduction* available on https://www.newsd.admin.ch/newsd/NSBExterneStudien/855/attachment/en/3685.pdf (accessed 23 October 2022).

Sida (2016) *A Guide to Results-Based Management (RBM), Efficient Project Planning with the Aid of the Logical Framework Approach (LFA)* available on https://cdn.sida.se/publications/files/sida61994en-a-guide-to-results-based-management-rbm-efficient-project-planning-with-the-aid-of-the-logical-framework-approach-lfa.pdf (accessed 23 October 2022).

UNDCO (2021) *Management and Accountability Framework of the UN development and resident coordinator system* https://unsdg.un.org/sites/default/files/2021-09/MAF%20-%20Final%20-%2015%20September%202021.pdf available on (accessed on 15 November 2022).

UNDG (2011) *Results-Based Management Handbook: Harmonizing RBM Concepts and Approaches for Development Results at Country Level* available on https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf (accessed 23 October 2022).

UNDP (2000) *Results Based Management: Concepts and Methodology* available on http://web.undp.org/evaluation/documents/RBMConceptsMethodgyjuly2002.pdf (accessed 10 November 2021).

UNDP (2007) *Evaluation of Results-Based Management at UNDP* available on http://web.undp.org/evaluation/evaluations/thematic/rbm.shtml (accessed 23 October 2022).

UNDP (2018) *UNDP Strategic Plan 2018-2021: Annex 1 Integrated results and resources framework (IRRF) and report card* available on https://info.undp.org/docs/pdc/Documents/SOM/SP%202018%20-%202021%20Integrated%20Results%20and%20Resources%20Framework%20-%20IRRF.PDF (accessed 23 October 2022).

UNDP *Being vulnerable helps us learn blog* https://www.undp.org/es/mexico/blog/being-vulerable-helps-us-learn-part-1 (accessed on 1 November 2022)

UNEG (2007) *The Role of Evaluation in Results-Based Management* available on http://www.unevaluation.org/document/detail/87 (accessed 23 October 2022).

UNESCO (undated) *Strategic Planning: Results-Based Management* available on https://en.unesco.org/strategic-planning/Results-based-management (accessed 23 October 2022).

UNESCO (2022) *Results-Based Management (RBM) approach as applied at UNESCO* available on https://unesdoc.unesco.org/ark:/48223/pf0000177568/PDF/177568eng.pdf.multi (accessed 11 November 2022).

UNFPA (2019) *Developmental Evaluation of Results-Based Management at UNFPA* available on https://www.unfpa.org/sites/default/files/admin-resource/RBM_Evaluation_final_report.pdf (accessed 23 October 2022).

UNFPA (2019) *UNFPA Management Response to Developmental evaluation of results-based management at UNFPA* available on https://www.unfpa.org/sites/default/files/admin-resource/Management_response_to_RBM_evaluation_.pdf (accessed 23 October 2022).

UNFPA and SDC (2019) *Results-Based Management Principles and Standards: The 3+5 Framework for Self-Assessment* available on https://www.unfpa.org/publications/results-based-management-principles-and-standards (accessed 23 October 2022).

UNFPA (2019) *United Nations Population Fund Developmental evaluation of results-based management at UNFPA* available on https://www.unfpa.org/sites/default/files/board-documents/main-document/DP.FPA_.2020.CRP_.1_-_RMB_evaluation_-_FINAL_-_19Dec19.pdf (accessed 23 October 2022).

UNFPA (2020) *Developmental evaluation of results-based management at UNFPA*, PowerPoint Presentation

UNFPA (2021) *Key Takeaways from the Kenya Country Office Seal Pause and Reflect* available on https://kenya.unfpa.org/en/news/key-takeaways-kenya-country-office-rbm-seal-pause-and-reflect (accessed 8 November 2022)

UN Habitat (2017) *Results-Based Management Handbook: Applying RBM Concepts and Tools for a Better Urban Future* available on https://unhabitat.org/sites/default/files/2019/05/un-habitat_rbm_handbook_complete_0_0.pdf (accessed 23 October 2022).

United Nations General Assembly (1998) *Results-Based Budgeting* available on https://documents-dds-ny.un.org/doc/UNDOC/GEN/N98/307/07/PDF/N9830707.pdf?OpenElement (accessed 23 October 2022).

United Nations General Assembly (2008) *Review of Results-Based Management at the United Nations: Report of the Office of Internal Oversight Services* available on https://digitallibrary.un.org/record/636384?ln=en (accessed 23 October 2022).

UN General Assembly (2021) *Eleventh progress report on accountability: strengthening accountability in the United Nations Secretariat* available on https://digitallibrary.un.org/record/3959649/files/A_76_728-EN.pdf?ln=en (accessed 23 October 2022).

UNICEF (2017) *Results-Based Management Handbook: Working Together for Children* available on https://www.unicef.org/rosa/media/10356/file (accessed 23 October 2022).

UNICEF (2022) *Rights and Results-Based Management (RRBM) Massive On-line Course* available on https://agora.unicef.org/course/info.php?id=28256 (accessed 23 October 2022).

UNIDO (2020) *Managing for Results: A Guide to UNIDO's Integrated Results and Performance Framework Approaches and Tools*

UNIDO (2021) *Integrated results and performance framework: Building the evidence base, managing for results* available on https://www.unido.org/api/opentext/documents/download/17198883/unido-file-17198883 (accessed 23 October 2022).

UNIDO (2021) *Annual report* available on https://www.unido.org/sites/default/files/files/2022-05/UNIDO_AR2021_EN.pdf (accessed 23 October 2022).

UNODC (2018) *Results-Based Management and the 2030 Agenda for Sustainable Development* available on https://www.unodc.org/documents/SDGs/UNODC_Handbook_on_Results_Based_Management.pdf (accessed 23 October 2022).

UN Secretariat /Business Transformation and Accountability Division (2021) *Handbook The Accountability System of the United Nations Secretariat*

UN Secretariat (2018) *Regulations and Rules Governing Programme Planning, the Programme Aspects of the Budget, the Monitoring of Implementation and the Methods of Evaluation* available on https://hr.un.org/sites/hr.un.org/files/handbook/SGB%20%202016-%20%206%20%20%20%5BRegulations%20and%20rules%20governing%20Programme%20planning-PPBME%5D_0.doc (accessed 23 October 2022).

UN Secretariat /High-Level Committee on Management (2019) *Reference Maturity Model for Risk Management (Final)* available on https://unsceb.org/sites/default/files/imported_files/RMM%20-%2038th%20Session%20October%202019_0.pdf (accessed 23 October 2022).

UNSDG *Caribbean Alignment between Cooperation Framework and agency plans*, PowerPoint Presentation

UN System Staff college (2022) *Results-Based Management to Support the 2030 Agenda* available on https://www.unssc.org/courses/results-based-management-support-implementation-2030-agenda-3904 (accessed 23 October 2022).

UNSPN (2017, 2018, 2019, 2021) *Meeting reports*

UNSPN (2021) *RBM guidance material list*

UNSPN (2022) RBM *Handbook to UNSDG draft*

UN Women (2021) *UN-SWAP 2.0 Reporting on 2021 Performance* – PowerPoint

UN Women (2021) *UN-SWAP 2.0 Reporting Webinar* - notes

UN Women (undated) *UN-SWAP Reporting Platform: A Helpful Guide*

UN Women *online RBM training* available on https://portal.trainingcentre.unwomen.org/product/results-based-management/ (accessed 23 October 2022).

USAID (2000) *Assessing and Learning in Managing for Results in USAID: Lessons Learned* available on https://pdf.usaid.gov/pdf_docs/PNACW511.pdf (accessed 23 October 2022).

USAID (2021) *Discussion Note: Adaptive Management*

US Department of State (2015) *Evaluation of the Office of US Foreign Assistance Resources' Implementation of the Managing for Results Framework* available on https://2009-2017.state.gov/f/evaluations/all/251168.htm (accessed 23 October 2022).

WIPO (2021) *Program of Work and Budget for 2022/23* available on https://www.wipo.int/export/sites/www/about-wipo/en/budget/pdf/budget-2022-2023.pdf (accessed 23 October 2022).

World Bank (2011) *Results Based Management in Thailand* available on https://openknowledge.worldbank.org/handle/10986/27447 (accessed 23 October 2022).

World Bank (2017) *Results and Performance of the World Bank Group 2017: An Independent Evaluation* available on https://openknowledge.worldbank.org/handle/10986/29765 (accessed 23 October 2022).

Developmental Evaluation

Better Evaluation (2022) *Developmental Evaluation* available on https://www.betterevaluation.org/en/plan/approach/developmental_evaluation (accessed 29 November 2022)

Published articles

Armstrong, G. (2021) *Results-Based Management Websites* available on https://results-based-management.blogspot.com/ (accessed 23 October 2022).

Bennett JM (1976) *Bennett's Hierarchy* available at https://www.researchgate.net/figure/Bennetts-Hierarchy-source-Bennett-1976_fig1_238093517/actions#reference (accessed on 1 November 2022)

Bhattarai, R.N. (2020) *Basic Concepts and Approaches of Results Based Management* Journal of Population and Development, 1(1), 156–171 available on https://doi.org/10.3126/jpd.v1i1.33113 (accessed 23 October 2022).

Hatton, M.J. and Schroeder, K. (2007) *Results-Based Management: Friend or Foe?* Development in Practice, Volume 17, Number 3, June 2007 (accessed through WHO library 23 November 2021)

Mayne, J. (2007) *Best Practices in Results-Based Management: A Review of Experience: A Report for the United Nations Secretariat* available on https://focusintl.com/data/documents/RBM043-2007-07-UN-Best-Practices-in-Results-Based-Management.pdf (accessed 23 October 2022).

McKernan, E., Kennedy, K. and Aldred, A. (2016) *Adopting Results-Based Management in the ~Non-Profit Sector: Trócaire's Experience* UTS ePress Vol 3, July-Dec 2016 available on https://www.researchgate.net/publication/310471979_Adopting_Results_Based_Management_in_the_Non-Profit_Sector_Trocaire's_Experience (accessed 23 October 2022).

Nielsen, K. D., Holm, P. and Aschan, M. (2015) *Results Based Management in Fisheries: Delegating Responsibility to Resource Users* Marine Policy 51 (2015) 442-451 available on https://doi.org/10.1016/j.marpol.2014.10.007 (accessed 23 October 2022).

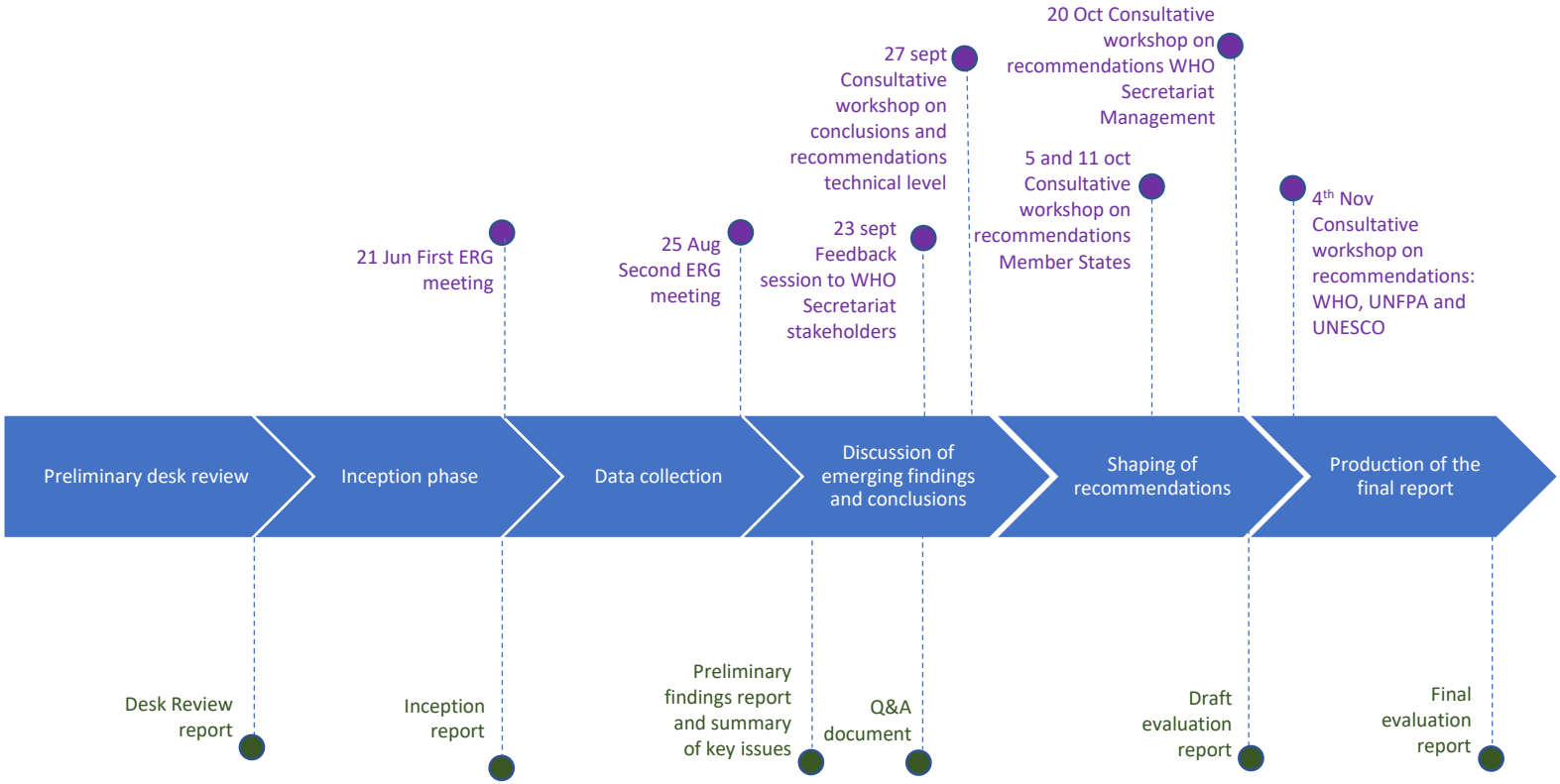
ODI (2017) *The Politics of the Results Agenda in DFID: 1997-2017* available on https://odi.org/en/publications/the-politics-of-the-results-agenda-in-dfid-1997-2017/ (accessed 23 October 2022).

Pazvakavambwa, A. and Steyn, G. M. (2014) *Implementing Results-Based Management in the Public Sector of Developing Countries: What should be Considered?* available on https://www.researchgate.net/publication/269954513_Implementing_Results-Based_Management_in_the_Public_Sector_of_Developing_Countries_What_Should_be_Considered/link/5642e47b08aebaaea1f9448b/download (accessed 23 October 2022).

Spreckley, F. (2009) *Results Based Monitoring and Evaluation Toolkit* available on https://europa.eu/capacity4dev/iesf/documents/results-based-monitoring-and-evaluation-toolkit-local-livelihoods-2009 (accessed 23 October 2022).

Annex 3: Timeline of consultations

Figure A3.1: Timeline of the consultations to shape the conclusions and recommendations of the evaluation



Annex 4: Lessons Learned from Other Agencies

This Annex compiles evidence of lessons learned from other agencies, particularly UN agencies, during the evaluation. This evidence comes from a desk review that was carried out at the end of 2021; interviews conducted with other agencies and a virtual workshop held in November 2022 with UNESCO and UNFPA.

Evidence is structured according to the six key issues identified in the evaluation's conclusions.

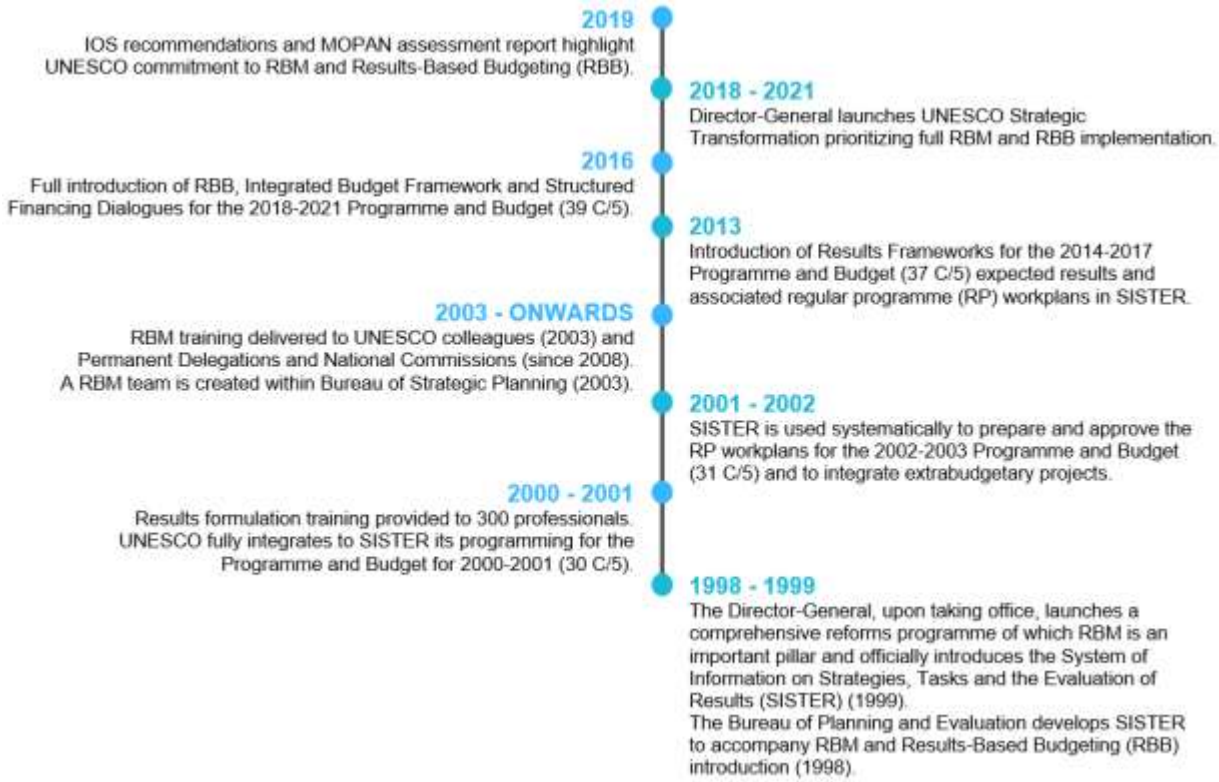
RBM conceptual framework

The use of the term results-based management (RBM) is longstanding and has evolved over time. In their 2019 evaluation, UNFPA included a narrative description of a timeline and their use of RBM, summarized in Table A4.1. A similar timeline for the use of RBM in UNESCO is included in Figure A4.1

Table A4.1: RBM timeline in UNFPA as described in their developmental evaluation

Year	Actions taken
2000	RBM Policy Statement issued with the approval of the UNFPA 2000-2003 Multi-Year Funding Framework (MYFF)
2004	Introduced results-oriented country office annual reports (COAR) as the primary reporting tool associated with the MYFF and launched the i-Track system. This system allowed country offices and headquarters to fill in their annual reports online
2011	UNFPA introduced its first Results-Based Management Policy. The Policy was mainstreamed through UNFPA strategic plans. UNFPA Strategic Plan (2014-2017), for instance, incorporates an integrated results framework with management and development results.
2013	UNFPA Policy and Strategy Division convened the Lusaka Group, a group of in-house monitoring and evaluation experts tasked with developing action plans to strengthen RBM in UNFPA
2014	Multilateral Organisation Performance Assessment Network (MOPAN) report highlights the adoption of a robust integrated results framework, theories of change and improved country level monitoring and evaluation
2014-17	The UNFPA Strategic Plan (2014-2017) featured several new elements in RBM information systems infrastructure: the global programming system (GPS) implemented in 2014, the strategic information system (SIS), the enterprise risk management system (ERM) introduced in 2015, and the dashboard in 2017. This new infrastructure was aimed at enhancing UNFPA performance in delivering development results as well as enhancing UNFPA ability to account to donors for the utilization of funds.
2018-21	The recent UNFPA Strategic Plan (2018-2021) further emphasizes the relevance of mainstreaming RBM across UNFPA policies, procedures, manuals, and systems. The plan commits to increasing these efforts to improve RBM in order to ensure RBM becomes a core capacity of all staff, at both the programme and operational level.

Figure A4.1UNESCO RBM timeline as described in their Guiding Principles



One challenge relating to RBM is that there is not a single, common definition of the term. A commonly-cited definition is the one used by the United Nations Development Group in 2011, namely that "*RBM is a management strategy by which all actors, contributing directly or indirectly to achieving a set of results, ensure that their processes, products and services contribute to the achievement of desired results. The actors in turn use information and evidence on actual results to inform decision-making on the design, resourcing and delivery of programmes and activities as well as for accountability and reporting*".

In 2017, the Joint Inspection Unit of the United Nations (JIU) identified a high-impact model for RBM and defined this as "*management strategies that are based on managing for the achievement of intended organizational results by integrating a philosophy and a set of principles that are focused on results in all aspects of management and, most significantly, by integrating evidence and lessons learned from past performance into management decision-making. Such strategies may be applied in individual organizations of the United Nations system.*" Some UN agencies, e.g., UNODC, are using this definition.

Some agencies, e.g., UN Habitat, have used earlier RBM definitions, such as that of the UN General Assembly in 2008 which defined RBM as "*a management strategy by which processes, outputs and services contribute to the achievement of clearly stated expected accomplishments and objectives. It is focused on achieving results, improving performance, integrating lessons learned into management decisions and monitoring and reporting on performance.*"

While these definitions have a lot of similarities, there are also some differences. Table A4.2 briefly analyses the extent to which these three definitions cover four purposes of RBM identified by the OECD, namely accountability, communication, decision-making and learning. For ease of reference, these definitions are presented in the table in chronological order. This table will be discussed further when considering the various purposes of RBM.

Table A4.2: How do different UN definitions of RBM relate to identified purposes of RBM

	Accountability	Communications	Decision-making	Learning
UNGA, 2008				
UNDG, 2011				
JIU, 2017				

Some other UN agencies have used different definitions. For example, the UNESCO RBM definition also encompasses learning. It states that RBM "*is a management strategy which reflects the way an organization applies processes and resources to undertake development interventions to achieve desired results (i.e., output, outcome, impact) integrating evidence and lessons learnt on past performance and actual results into management decision-making. It is a participatory and team-based management approach that focuses on performance and achieving results. RBM is applied at all stages of the programme cycle, and it is designed to improve programme delivery and strengthen management effectiveness, efficiency, learning and accountability*."[39]

This definition stresses the purpose of accountability and learning but also introduces other key principles, such as participatory and team-based approaches. JIU (2017b) documented the different definitions used by almost 30 UN organizations. Many other organizations have other definitions of RBM including the OECD, ICRC, Trócaire, the US Department of State, Sida, Norad, Ministry for Foreign Affairs of Finland and the EU Community of Practice. The UN system is also currently reviewing the 2011 UN RBM Handbook[40], in particular further emphasizing learning aspects compared to the 2011 version.

Another challenge is that organizations use many other terms which may or may not be analogous to RBM, which, in some contexts, is being used less frequently. For example, as early as 1999, the Office of the Auditor General of Canada used the terms RBM, managing for results and performance management interchangeably. In 2013, the Korea International Cooperation Agency (KOICA) noted that various terms were interchangeable namely RBM, managing for results and performance management. In 2017, UN Habitat noted that RBM was sometimes used interchangeably with Managing for Development Results (MfDR). However, in 2011, the UNDG handbook distinguished between RBM and MfDR saying, "*managing for development results (MfDR) applies the same basic concepts as RBM (planning, monitoring, evaluating and learning) but seeks to keep the focus on development assistance demonstrating real and meaningful results. MfDR is oriented more toward the external environment and results that are important to programme countries and less toward an agency's internal performance.*" Some civil society organizations, such as Trócaire, are concerned that RBM has been instrumental with some donors in initiatives to introduce Payment by Results (PBR) modalities. The Council of Europe's 2021 evaluation distinguished approaches of managing by results, as characterized by results-based budgeting, and managing for results, which it argued is the essence of RBM.

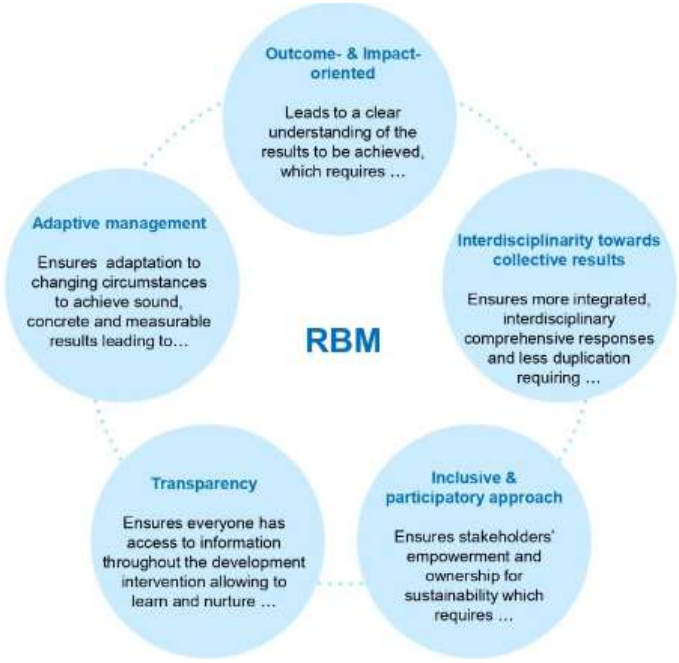
Some organizations have identified principles and standards in relation to RBM, e.g., UNESCO (see Figure A4.2). Also, in 2019, UNFPA and the Swiss Development Corporation (SDC) identified a "*3+5*" model for RBM standards which they described using a jellyfish metaphor (see Figure A4.3). There are three core and five supporting principles. Each principle is said to have an accompanying set of standards which can be used for self-assessment purposes. The standard may not be met or may be

[39] Results-Based Management (RBM) approach as applied at UNESCO (2022) https://unesdoc.unesco.org/ark:/48223/pf0000177568/PDF/177568eng.pdf.multi

[40] UNDG (2011) *Results-Based Management Handbook: Harmonizing RBM Concepts and Approaches for Development Results at Country Level* available on https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf

minimally, partially or fully met. In addition, other agencies, such as Sida, OECD and UNICEF have identified principles of RBM.

Figure A4.2 UNESCO's five principles of RBM



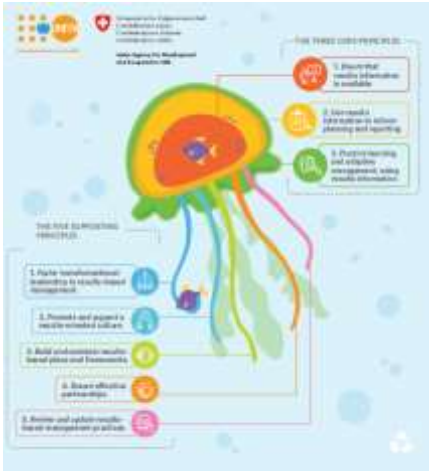


Figure A4.3: UNFPA/SDC jellyfish model of RBM principles

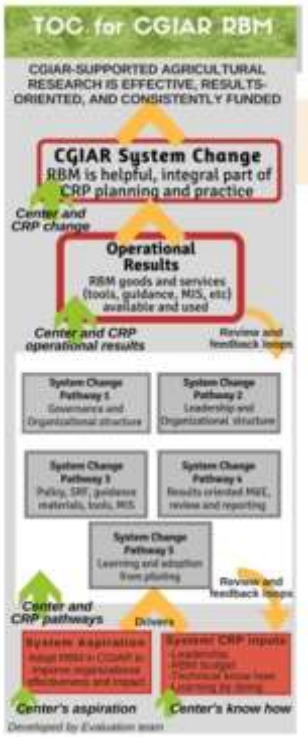


Figure A4.4: RBM theory of change from the CGIAR evaluation

Many organizations, when talking about RBM, do refer to a theory of change. However, almost invariably, what they mean is a theory of change for how the organization produces results and on which an RBM process can be based.

However, while these theories of change do explain how an organization expects to produce its results, they do not explain the theory behind how RBM is expected to work. One exception was the CGIAR evaluation in 2017 where the evaluators proposed a theory of change for how RBM works within the organization. This is illustrated in Figure A4.4.

This essentially hypothesizes that if RBM is adopted in CGIAR to improve organizational effectiveness and impact and CGIAR uses its available "*knowhow*", this should produce change through five pathways – governance and organizational structure; leadership and organizational structure; policy, strategy and results framework (SRF), guidance materials, tools and management information systems (MIS); results oriented monitoring and evaluation, review and reporting; and learning and adoption from piloting. This would mean that RBM goods and services are available and used and that RBM is a helpful and integral part of the CGIAR research programme (CRP) portfolio planning and practice. Adopting an RBM approach is expected to make CGIAR-supported agricultural research effective, results-oriented and consistently funded.

Many organizations, such as the Council of Europe, KOICA, Sida, UNDG, UN Habitat, UNICEF, UNESCO and UNODC have a handbook and/or manual, guide or toolkit which explains how they approach RBM.

The handbooks, manuals, guides and toolkits produced by UN agencies take a life cycle approach, that is they consider how RBM is to be applied to strategic planning design, implementation, monitoring, reporting, evaluation etc. This appears to be based on the approach proposed in the UNDG's 2011 RBM handbook, noting the latter also identified learning, adapting and decision-making as elements in the life cycle. The exact elements of the life cycle differ from agency to agency. For example, UN Habitat groups monitoring and reporting and includes capacity building, knowledge management and innovations. Other agencies outside the UN, e.g., KOICA, also use a life cycle approach.

While there are different understandings of RBM, UN agencies as well as donors are seeking alignment on this. Different communities are connecting to seek common ground on RBM. These include the OECD results community network of donors and some UN entities (e.g., UNESCO, UNFPA, UNICEF). The United Nations Strategic Planners and RBM practitioners Network (UNSPN) and UNEG discuss related issues such as lack of harmonization, tools and processes in order to attempt to converge understandings of RBM. Within the UN repositioning initiative UNESCO is contributing through the UNSPN to develop a harmonised approach with other UN agencies on RBM to the extent possible.

They aim to contribute to strengthening the UN county teams mechanism while reducing transaction costs for the country offices that have to implement organizational initiatives on RBM.

Diverse RBM systems

UN agencies have attempted to base their results frameworks on a clear understanding of how they seek to achieve results, for example using a theory of change, depending on their mandate and type of interventions. For example, in WIPO having a clear results framework emphasizing outcome level changes has helped foster a common understanding between the Secretariat and Member States and on their collaboration to achieve results. In UNICEF, the use of theory of change processes to understand how change happens supported a focus on systemic changes and facilitated the choice of tools or approaches to influence those. However, the focus on the accountability purpose of RBM can hamper this as the RBM system is geared towards demonstrating the contribution of the organization, limiting RBM to its mechanistic aspects and achieving results at any cost. To counteract this, there is need to be explicit when describing the dependencies on other agencies to make the contribution analysis clearer. UNICEF has developed the concept of "rights and results-based management (RRBM)" and emphasizes accountability down to the ultimate beneficiaries to ensure that the organization is focused on contributing to systemic changes. UNICEF's new strategic plan goes beyond only measuring the organization´s contribution to emphasizing its role as convener and alignment with others. UNESCO has developed comprehensive "Thematic Theories of Changes" anchored in organisational, regional and international frameworks, which embed roles of stakeholders. It has also developed results frameworks emphasizing outcomes which include guidance on how to develop different types of performance indicators, complete with information to accompany those such as baselines, sources, means of verification and targets, and qualifiers to capture qualitative aspects. When changes are made to the framework, a mapping ensures that it is still possible to conduct trend analysis.

This approach can make it more complex to report results: Applying RBM to certain types of interventions, e.g., influencing policy change, is different from applying an RBM approach to delivering field interventions. It requires a more sophisticated system of tracking change based on a strong use of theory of change process recognising the role of other actors, such as Member States and other UN agencies. UNIDO has also sought to describe change processes for their area of work to provide conceptual coherence to their results framework. They have adopted an actor-based behavioural change model based on the Bennett hierarchy.[41] The model breaks down the results chain into more specific steps in terms of how to influence people, capacities and behaviours. It helps produce a credible story of change of how UNIDO contributes to the SDGs. Conceptually, there is work across the UN to track impact of the normative role, for example the working group hosted by the OECD Global Partnership on International Organizations.[42]

UN organisations have worked to develop consistent results frameworks that are applied at different levels of an organization to provide coherence to their approach to RBM. For example, UNIDO embarked on aligning its RBM systems in 2021. They reviewed all policies to align to a common language on RBM including a results-based programme budget which was key to progressing the agenda. They developed an organizational indicator framework through a participatory process and arrived at a reduced number of indicators. In this way, the organization has developed a three-level results framework covering:

[41] Bennett's Hierarchy (source: Bennett 1976) available at https://www.researchgate.net/figure/Bennetts-Hierarchy-source-Bennett-1976_fig1_238093517/actions#reference

[42] Partnerships with International Organisations available at https://www.oecd.org/global-relations/oecdpartnershipswithinternationalorganisations/

- Portfolio management indicators, looking at the implementation stage. They track the quality of the portfolio, including gender and equity dimensions, as well as progress on implementation. These are synthesized each year in the Organization's Annual Report.
- Corporate indicators, which is a more aggregated framework that provides a sense of the quality and scale of the interventions.
- Impact which is assessed through a contribution model based on the programmatic impact and its interlinkages with SDGs based on evaluation and literature evidence.

The OECD also has a 3-level results framework covering:

- Organizational performance focusing on disbursement and other measures to monitor implementation
- Outputs or intermediate outcomes. In order to track these, there is need to connect sectoral and thematic theories of change, and provide a credible way of linking outcomes to actions. This theory of change cannot be rigid but needs to be dynamic and regularly amended with learning.
- Outcomes at country level. The organization only contributes to these. They include a description of dependencies on other actors to achieve outcomes.

UN organizations have ensured consistency of their RBM approach through the use of digital tools to facilitate linking different systems together and crucially different workplans to the results framework. For example, ITU started using dashboards and business intelligence tools like Power Bi to combine human resources and financial and statistical data to be able to understand what the needs of a country are to achieve set results. UNICEF: has emphasized interoperability aspects of its systems to increase efficiency. E-workplanning facilitates multiple field offices to jointly develop and review workplans, which are visible to regional office and HQ. Country Programme Documents are for five years and are approved by the executive board. Systems allow workplans, which have a higher frequency, to be linked to these. Digital systems are built to facilitate analysis and evidence synthesis, prioritization, theory of change process and resources plans. In 2016, IFAD implemented a Development Effectiveness Framework, which integrates and connects all RBM tools, policies and systems. In 2021, IFAD revised such a Framework[43] to enable a shift from RBM to adaptive management. This implies that the organization will be ready to implement more course corrections when risks that could undermine development objectives and outcomes emerge, or when economic or other shocks arise. Each project and country strategy also has a results framework, which feeds into the corporate results framework. The online internal Operations Management and Results System (ORMS) is used by country teams to report on results at project level, which in turn are mapped to the SDGs. IFAD is developing a function to allow for results reporting at country level as well. The organization also uses dedicated results frameworks to track progress under specific strategies, such as the ICT4D strategy or the Knowledge Management Strategy.

Tension between RBM for accountability and for decision-making

As noted earlier, in 2016, the OECD identified four main purposes of RBM – accountability, communication, decision-making and learning. Many evaluations and reviews, e.g., those of the Council of Europe and the OECD, have referred to this observing that, in practice, RBM has often been focused more on accountability and communication than on decision-making and learning. A review of concepts and approaches to RBM summarized purposes of RBM in different organizations and was critical of programmes and evaluations that were not clear about the purpose of RBM as was a 2018 OECD discussion paper. Some other organizations refer to other aims or purposes of RBM which may

[43] Development Effectiveness in the Decade of Action: An Update to IFAD's Development Effectiveness Framework available on https://webapps.ifad.org/members/eb/134/docs/EB-2021-134-R-24.pdf (accessed 14 Nov 2022)

fall outside the parameters identified by the OECD although they might fit within the scope of decision-making. Perhaps the most frequently mentioned is adaptation but others include quality improvement, compliance with quality standards, alignment with SDGs and promoting a constructive work environment. When UN definitions of RBM are considered over time (see Table A4.2), it is possible to argue that an original focus which included decision-making and learning gave way to a narrower focus on accountability and communication but there have been recent efforts, e.g., by JIU, to re-state the importance of decision-making and learning as purposes for RBM.

It is worth noting that when the OECD Development Assistance Committee (DAC) reviewed various evaluations in 2018, they found that many respondents considered that measures to promote adaptation and to understand complexity were alternatives to RBM even though learning, ownership and adaptation are actually (supposed to be) key features of RBM theories. They also commented that accountability – and the belief that communication in the form of simple measurable facts will lead to increased trust and legitimacy - drives to a large extent the RBM agenda.

It is key that data that is collected for monitoring serves decision-making and reflective processes in the organization and especially for those who collect it, rather than being collected for external accountability only. When developing the results framework and collecting information for RBM, it is important to establish the right level of quality of data. Monitoring data is not for scientific publication, but to inform decisions. So, it is important to have reliable data that is timely and has regular iterations to become more agile. For example, WIPO emphasized the need for key performance indicators to serve RBM by ensuring consistency, making sure they are representative of the work of the organization and putting in place mechanisms to ensure that they are collected regularly and ensure completeness.

UN respondents considered that monitoring systems should focus on adjusting programmes. For example, ILO has moved to using their strategic plan as a synthetic vision document. This allows for more flexibility in reviewing their priorities with RBM happening at programme budget level, including the results framework and indicators. UNICEF has encouraged a change in mindset away from conducting monitoring as a tick box exercise, promoting the use of monitoring data to have dialogues on planning priorities, review theories of change and provide feedback to management. Monitoring is used to provide a real-time view as to whether interventions are leading to change and impact.

Organizational culture on learning

UN agencies have sought to improve the use of evaluations and learning to inform decision-making. For example, IFAD has implemented a sophisticated impact assessment methodology, and produces a special report based only on impact assessment with quasi-experimental methods. They conduct impact assessments of individual projects to estimate attributable impacts of each project to the corporate objectives, which are then aggregated using meta-analysis and projected to the whole portfolio to measure progress towards corporate targets set for each replenishment period (e.g., number of people that experience increases in income/productivity/market access/resilience and nutrition). Their independent evaluation function produces a critique of the methodology of this report. The impact report is then reviewed by the board, together with the methodological critique of the evaluation office. IFAD also implements cross-divisional quality assessments and peer reviews of impact reporting, to look at the quality of the assessments and minimize inter-evaluator variability. Through that process, projects designs are adjusted, and projects are constantly being restructured through monitoring, evaluation and supervision processes. IFAD's Revised Evaluation Policy[44] and Revised Evaluation Manual[45] codify IFAD's approach to learning: a critical area prioritized for the

[44] IFAD Evaluation policy available on https://webapps.ifad.org/members/eb/132/docs/EB-2021-132-R-5-Rev-1.pdf
[45] IFAD Revised evaluation manual available on https://webapps.ifad.org/members/ec/116/docs/EC-2022-116-W-P-5.pdf

period 2022-2024. IFAD staff, government partners and beneficiaries need to be easily able to draw on evidence for better design, implementation and impact. All self- and independent evaluation products incorporate the learning element in addition to the accountability one. IFAD also has a Corporate Knowledge Management Strategy with a team working on organizational learning as part of the RBM system. IFAD was cited as a best practice in the UN on organizational learning and knowledge management in a JIU assessment.[46]

UNDP conducts an annual learning exercise. The organization has an online system to report on indicator performance and corporate results framework complete with baseline, milestones and targets. Reporting on this includes a narrative part where challenges and learning are analysed. The organization relies on regional office focal points to do the analysis and aggregate learning from country and regional offices. Corporate challenges are also analysed and discussed at the most senior level as well as with Member States to feed into the next strategic plan. During their mid-term review, lessons are used for course correction. UNDP has emphasized that this process was not meant to penalize staff and that it was ok not to meet targets if challenges were well explained. In order to address the bias towards positive reporting, identified as a key barrier to learning, UNDP also has introduced learning sessions known as "*Failure Fridays*"[47] to encourage a change in culture.

With regards to WHO, respondents highlighted the need for learning lessons from COVID 19, building on the new ways of working that were developed in that context, in particular in relation to cross-team collaborations. WHO is recognized by other multilaterals as a pioneer on intersectoral work, replacing programmatic silos by a focus on organizational results.

Resources, structures and governance

UN organizations have sought to shift the dialogue with Member States or funders from discussing inputs and activities to discussing contribution to results. Some respondents consider that there is a lot of focus on reporting when collecting monitoring data. Even if staff understand the need to monitor contribution to change when collecting and analyzing data, donors will still ask for granular data and expect to see activity level information in the results reports. Although most donors are proponents of RBM, they also sometimes require accountability on a micro-level such as staff and travel costs, rather than focusing on the big picture. Some agencies have devised ways of combining a longer term planning horizon capturing outcome level changes with shorter budgeting and reporting cycles as required by the donors.

UNESCO has developed a medium-term eight-year strategy, which is translated into two consecutive four-year programme and budget documents, each covering a four-year programme accompanied by two biennial budgets. The latter is presented as an integrated budget framework encompassing both assessed and voluntary contributions (including resources to be mobilized and spent in the biennium) in line with results-based budgeting. These cycles are linked to their strategic framework. They have defined programme results and performance indicators based on the four-year cycle while associated baselines and targets have a two-year timeframe in line with the budget cycle. Formal reviews are conducted in line with this two-year budget cycle and building on statutory reports, which contain information on programme implementation and results achievements and budget execution. It captures progress of entities established at and away from Headquarters. WIPO has implemented results-based budgeting, aligning its entire budget and expenditure reporting to the results framework, providing them with a results-based view of the totality of the budget. This has enhanced dialogue with Member States, making the conversation more meaningful as it focuses on how best to

[46] JIU (2016) Knowledge management in the UN system available at https://www.unjiu.org/sites/www.unjiu.org/files/jiu_document_files/products/en/reports-notes/JIU%20Products/JIU_REP_2016_10_English.pdf

[47] https://www.undp.org/es/mexico/blog/being-vulerable-helps-us-learn-part-1

allocate resources in order to achieve results. WIPO has also communicated proactively with Member States on the RBM process in preparation for the shift to full results-based budgeting to give an impetus to the process, emphasizing how donors could use RBM as a tool to improve decision-making. They held a series of informal consultations on RBM with Member States before committee meetings and identified champions among them that already applied RBM themselves could share this experience with other Member States.

UN agencies have also implemented strategies to ensure that their staff bought into RBM rather than seeing this as an added burden on their workload only. For example, WIPO has embedded RBM processes into the day-to-day work of staff, so that changes are as seamless as possible. They emphasized the integration of RBM into implementation rather than focusing only on reporting and strategic planning stages. When RBM was completely integrated into processes, the organization did not have to focus on promoting it. This approach was felt to be more effective than relying on training staff on RBM theory. UNIDO has identified several strategies to increase buy-in of staff in RBM reform, revolving around emphasising the positives through a reward system and encouraging emulation from other programmes. For example, best performing departments could feature more prominently in key reports to Member States. They also focused on simplifying processes through the use of common tools and paying attention to the concerns of staff to address threats as they emerged to facilitate change. They also emphasized synergies and efforts to reduce reporting requirements, demonstrating how their approach was compatible with different donors' requirements and different scales – project, programme, country, corporate. At IFAD, implementation of the Development Effectiveness Framework since 2016 has led to the use of live, evidence-based data for managing for results at project level (e.g., course adjustments through project restructuring); and portfolio-level reporting (e.g., quarterly and annual reviews at corporate and regional levels) as well as corporate and public reporting.

Other respondents considered that while practitioners of RBM in their organization had have a good understanding and buy-in to RBM, this approach was not well internalized by Directorates and senior management, who struggled to rely on RBM as a tool to manage better.

Country office focus

UN agencies have worked to strengthen their collaborations at country level within the UNCT, especially at design/inception stage of country plans. There has been a joint reflection among several New-York-based UN agencies on RBM (UNICEF, UNFPA, UN Women, UNDP) discussing rights-based approaches and their approach to influencing the policy environment. These agencies started to identify a package of policies that countries need overall to advance SDGs and have a non-sectoral framework for the entire UNSDCF. Taking advantage of the fact that these agencies have the same strategic planning cycle, Member States have asked them to collaborate on joint results, with common areas of work and indicators. Starting from 2018-21, these agencies had introduced a common chapter in their strategic plan, but this is no longer in place and they are looking for ways to extend collaboration with other UN agencies within the frame of the UNSDG management and accountability framework[48]. FAO is also working to maximize the alignment of its corporate process and guidelines with the changes emerging from the UNDS repositioning and is continuing to improve to its ability to leverage joint UN Programming processes to avoid duplications.

UN respondents highlighted the need to build country planning from an analysis of the country context, and to identify the dependencies on other actors in achieving results. For example, the Gates

[48] UNDCO (2021) *Management and Accountability Framework of the UN development and resident coordinator system* https://unsdg.un.org/sites/default/files/2021-09/MAF%20-%20Final%20-%2015%20September%202021.pdf available on (accessed on 15 November 2022).

Foundation emphasized the importance at country level of understanding how to picture WHO's contribution to results among many players and very different contexts. Change observed on outcomes in one way or the other may have little to do with WHO, so the Organization should not be afraid of showing these dependencies or reporting setbacks. UNDP has worked to sensitise their donors on this. During their planning process they invited seven to eight donors from the capital to programme countries nominated by the regions, for them to experience the reality of the country offices and witness their discussions. They emphasize the importance of taking risks into account when implementing RBM and being upfront with donors to explain this. It is important to emphasize that an organization can only achieve results up to a point because of the constraints of their partners.

UN agencies tend to have some country level human resource capacity for RBM. For example, in most FAO country offices, there is a programme officer who, among other programmatic duties, coordinates the country programme and RBM processes – sometimes supported by a monitoring and evaluation consultant.

UN agencies have put their country offices at the centre, by allowing sufficient flexibility for them to plan and adjust within the organizational results framework. UNICEF has moved away from heavy documented processes to regular strategic discussions and more agile reflection and adjustment. Their country programme documents are five years long and can be revised annually or when there are changes in the country context. The country reviews and adjustments include the humanitarian evidence whereas before this was not integrated and ran as a parallel planning stream. In UNDP, there is a focus on the country-level results frameworks. Country planning cycles are not necessarily the same as the strategic planning. Country offices have two accountability lines/frameworks, relating to both the country plan and the UNDP global results. This is possible because UNDP has annual planning integrated systems, as well as IT systems. Country offices need to find out what the priorities are for the year using the same system. They identify the results they need to achieve in their context, then pick outputs to focus on, then design enabling actions for each year. This becomes their annual workplan. Then budget needs to be aligned to priorities. Annual workplans of country offices are approved by the regional bureau, then by HQ. UNFPA have introduced RBM seals, which can be awarded to country offices at bronze, silver and gold levels, based on a corporate certification process.