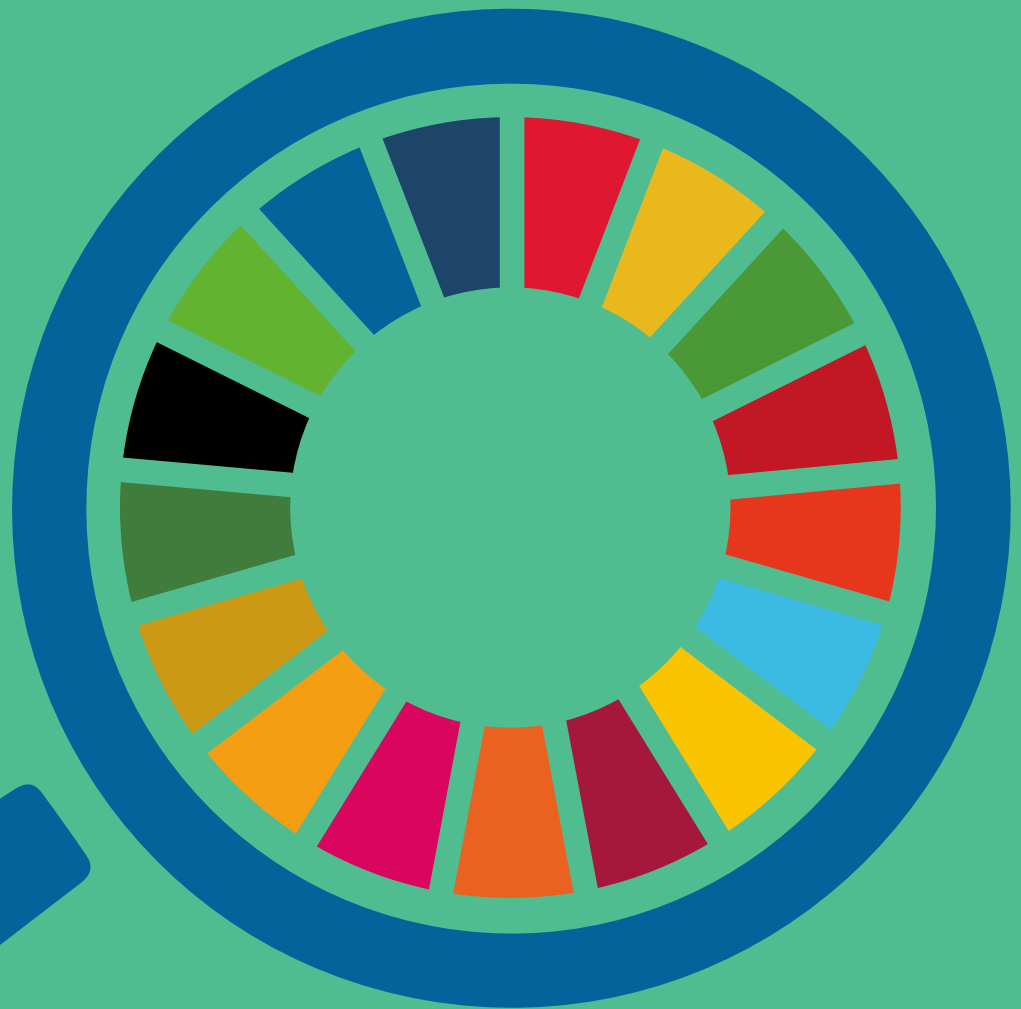




TDR PERFORMANCE FRAMEWORK

2018 - 2023

Measuring for
Improvement



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Measuring for
Improvement

TDR Performance Framework 2018 – 2023: Measuring for Improvement

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Contents

ABBREVIATIONS	iv
FOREWORD TO THE 2018 - 2023 PERFORMANCE FRAMEWORK	v
ABOUT THE FRAMEWORK	vi
CONTRIBUTORS TO THE DEVELOPMENT OF THIS FRAMEWORK	vii
FRAMEWORK OVERVIEW	1
TDR KEY PERFORMANCE INDICATORS TABLE	2
PART I: Why do we assess performance and which approach do we take?	6
1. Performance monitoring and evaluation as an essential element of TDR's 2018-2023 strategy	6
2. Towards performance improvement	7
3. Guiding principles to enhance ownership and utilization	8
4. A comprehensive scope of assessment	8
4.1. Assessing performance at activity, unit and programme levels	8
4.2. Assessing performance in achieving technical expected results, applying TDR core values and effective management	8
PART II: Assessing performance against expected results	10
1. TDR results guide the assessment of performance at the programme level	10
2. Work area-specific expected results guide the assessment of performance at work area and activity levels	11
3. Monitoring and evaluation	11
4. Defining performance indicators across the programme	12
5. TDR key performance indicators	12
PART III: How do we monitor and evaluate TDR performance?	13
1. Engagement of TDR and its stakeholders	13
1.1. Work area and activity levels	13
1.2. Programme level	13
1.3. Roles and responsibilities	15
2. Independent programme evaluation	15
2.1. External and independent review	15
2.2. External audits	15
PART IV: How applying the framework impacts TDR	16
1. Optimizing the framework as needed	16
2. Utilizing monitoring and evaluation findings to learn, share and improve	16
3. Main challenges	17
ADOPTING COMMON TERMINOLOGIES	18
CONSULTED DOCUMENTS	20
ANNEX – TDR REPORTING SCHEDULE	21



Abbreviations

DECs	Disease endemic countries, i.e. low- and middle-income countries that show a prevalence of infectious diseases of poverty
GNE	WHO's Global Network for Evaluation
GSPA - PHI	Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property
JCB	TDR's Joint Coordinating Board
KPI	Key performance indicator
PF	This TDR Performance Framework, previously known as PAF – Performance Assessment Framework
OECD - DAC	Development Assistance Committee of the Organization for Economic Co-operation and Development
SWG	Scientific Working Group, independent expert group(s) overseeing TDR's areas of work
SC	TDR's Standing Committee
SDG	Sustainable Development Goal
SPT	Special Project Unit
STAC	Scientific and Technical Advisory Committee
TDR	Special Programme for Research and Training in Tropical Diseases, co-sponsored by UNICEF, UNDP, World Bank and WHO
UNEG	United Nations Evaluation Group
WHA	World Health Assembly
WHO	World Health Organization

Foreword to the 2018 - 2023 TDR Performance Framework

This revision of TDR's Performance Framework¹ aligns it with the TDR Strategy 2018-2023 and fine-tunes it with the updated UNEG evaluation standards, while building on lessons learned from our experience with the previous versions and the recommendations from the Programme's Sixth External Review. A further opportunity has arisen with the adoption of the Sustainable Development Goals (SDGs), which provide a global framework and targets for action in partnership by all global and local players. In this context, this version of the Performance Framework directly showcases the anticipated linkages between TDR's outcomes and their contribution to reaching the ambitious WHO triple billion targets from the Thirteenth General Programme of Work, contributing to the 2030 global agenda.

Since 2009, both TDR's Performance Assessment Framework (PAF) and the related annual TDR Results Reports have been increasingly used by TDR contributors and partners. As an evidence-based organization, TDR's Joint Coordinating Board (JCB) has continuously encouraged the Programme's core contributors to "harmonize their reporting requirements and accept TDR's reporting through the JCB", therefore highlighting the importance of a well-designed performance monitoring and evaluation framework adapted to the Programme's new strategy.

By utilizing the Performance Assessment Framework 2012-2017 and the related Key Performance Indicator (KPI) matrix, we noted some opportunities for improvement. These "lessons learnt" allowed us to better clarify indicators' definitions and wording, evaluate the suitability of measurement methods and replace those that were not feasible or no longer relevant. The set of indicators is more reflective of the drive towards 2030 sustainable development and universal health coverage and even more inclusive of vulnerable populations, which are TDR's primary focus.

The current revision takes into consideration input from stakeholders. In-depth discussions helped us to crystalize the

results chain and the Key Performance Indicator matrix into their current form. Three key issues are specifically addressed in the 2018 revision of TDR's Performance Framework:

- improving the set of indicators and adapting them to the new strategy;
- adopting the improvements made to the UNEG evaluation framework, including alignment with the 2030 Agenda for Sustainable Development and the SDGs, such as evaluating gender equality, focus on country capacity, and
- further aligning the indicators with those required by our co-sponsors and by our donors for their own monitoring and reporting.

Overall, TDR's Performance Framework 2018-2023 provides the tools to measure the Programme's contribution towards translating innovation to health impact in disease endemic countries (DECs) for the benefit of those burdened by infectious diseases of poverty.

¹ This replaces the TDR Performance Assessment Framework 2012 - 2017

About the Framework

This framework is a key element in the implementation of TDR's new strategy. The Strategy covers the six year period from 2018 to 2023 and focuses on improving the health and well-being of those afflicted with infectious diseases of poverty, by fostering an effective global research effort and promoting the translation of innovation to health impact in disease endemic countries². The framework has the following stated objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making;
- Enhance accountability to stakeholders, including beneficiaries, partners and resource contributors;
- Ensure strategic relevance and coherence of TDR's activities to meet the aspirations expressed in the vision, mission and strategy, and their alignment with the 2030 Sustainable Development Goals; and
- Ensure TDR's performance assessment is harmonized and consistent with international practices.

The framework was initially developed in 2009 in consultation with TDR staff, WHO research-related programmes and regional offices and TDR's co-sponsors, as well as external advisers from research and training funding institutions, development agencies, research institutions and individual researchers from disease endemic countries, as shown in the Contributors section.

With the adoption of the global Sustainable Development Goals in 2015, TDR's co-sponsors have oriented their strategic objectives to support the respective targets. TDR has developed this Framework in alignment with its co-sponsors' strategic plans and/or results frameworks, i.e. with UNICEF on innovation for critical service delivery, child health, environmental change; with UNDP to leave no one behind and address adolescent and maternal health, gender equality, climate change resilience; with the World Bank focusing on

low-income populations to enhance delivery of essential health services; and with WHO, to support the triple billion target of the Thirteenth General Programme of Work³.

The framework is a tool used by both TDR staff and a broad range of stakeholders involved in the governance and implementation of TDR's strategy. It promotes and guides the systematic assessment of TDR's strategic and technical relevance and contribution towards its vision and mission, and it clarifies how performance assessment at various levels fits together into one integrated system.

Assessing performance is an ongoing process and this framework is continuously being reviewed and refined in order to address the needs of the Programme to achieve its objectives. It outlines the proposed framework in the context of the current systems in place to review TDR's performance. The four parts contained herein are:

- **PART I** describes the purpose, proposed approaches and principles of performance assessment in TDR. It defines the different levels and specific areas of assessment;
- **PART II** presents TDR's results chain and the key performance indicators identified to measure progress and reflect the Programme's performance;
- **PART III** describes the current process for monitoring and evaluating this performance; and
- **PART IV** explains how monitoring and evaluation findings are utilized for organizational learning and performance improvement.

Terms adopted by TDR are listed at the end of this document⁴. The Annex provides a summary of the various reporting instruments. The TDR key performance indicators table is presented at the beginning of the document. For each key performance indicator, it includes: (i) the specific target; (ii) the source of data and information; and (iii) when the measurement needs to be made.

² http://www.who.int/tdr/publications/strategic_plan/en/index.html accessed on 26 Feb 2018

³ Advancing universal health coverage – 1 billion more people benefitting from universal health coverage; Addressing health emergencies – 1 billion more people better protected from health emergencies; Promoting healthier populations – 1 billion more people enjoying better health and well-being.

⁴ Definitions of monitoring and evaluation terms were proposed and/or adapted from terminologies used by TDR co-sponsors and international organizations. See the 'Adopting common terminologies' section and related references.

Contributors to the Development of this Framework

Background

The initial TDR Performance Assessment Framework was developed in 2009 through a collective effort involving TDR staff and stakeholders, an exercise led and coordinated by Dr Beatrice Halpaap and Dr Fabio Zicker. Internal and external consultations helped to develop ownership, capture the perspectives of various stakeholders and enhance harmonization with international practices.

A small internal working group representing TDR's strategic functions was established in order to assist in the development of an initial draft and subsequent revisions. The group worked in consultation with the following stakeholders:

- WHO research programmes, including the Initiative for Vaccine Research, Research Policy and Cooperation Department; WHO Ethics, Equity, Trade and Human Rights Department; and the Special Programme of Research, Development and Research Training in Human Reproduction, co sponsored by UNDP, UNFPA, UNICEF, WHO and the International Bank for Reconstruction and Development
- All six WHO regional offices
- TDR co sponsors' evaluation and/or policy offices: UNICEF, UNDP (Global Environment Facilities) and the World Bank
- Research institutions including the International Centre for Medical Research (CIDEIM), Colombia; the Trypanosomiasis Research Center, Kenya; International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh; Fundação Oswaldo Cruz (FIOCRUZ), Brazil; and University of Dundee, United Kingdom of Great Britain and Northern Ireland
- Research funding institutions and development agencies, including the Wellcome Trust, United Kingdom; Fogarty International Center, USA; National Research Foundation, South Africa; the Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; International Development Research Centre, Canada; Academy for Educational Development, USA; Department for International Development, United Kingdom; and the Swedish International Development Cooperation Agency, Sweden
- The Secretariat for the Global Strategy and Plan of Action for Innovation, Public Health and Intellectual Property
- World Intellectual Property Organization

An external advisory group with representation from research and training funding programmes, development agencies, research institutions in disease endemic countries and individual researchers, met in December 2009 to review the TDR Performance Assessment Framework and made recommendations to TDR's Director. The external advisory group was composed of the following individuals:

- Dr Alejandro Cravioto, Executive Director, International Centre for Diarrhoeal Disease Research (ICDDR,B), Dhaka, Bangladesh
- Professor Alan Fairlamb, Professor and Head, Division of Biological Chemistry and Drug Discovery, School of Life Sciences, Wellcome Trust Biocentre, University of Dundee, Dundee, United Kingdom
- Dr Linda Kupfer, Acting Director Division of International Science Policy, Planning & Evaluation, NIH/Fogarty International Centre, Bethesda, USA Reference Centre, Centro de Pesquisas René Rachou, Fundação Brazil

- Professor Mary Ann D Lansang (Chair), University of the Philippines, Manila, Philippines; seconded as Director, Knowledge Management Unit, Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, Switzerland
- Ms Jo MULLIGAN, Health Advisor, Department for International Development, London, United Kingdom
- Dr Zenda OFIR (Rapporteur), Evaluation Specialist, Johannesburg, South Africa
- Dr Claude PIRMEZ, Vice-President of Research and Reference Laboratories, Fundação Oswaldo Cruz (FIOCRUZ), Rio de Janeiro,
- Dr Ana RABELLO, Laboratory of Clinical Research, Leishmaniasis
- Dr Daisy Selematsela, Executive Director, Knowledge Management & Evaluation, National Research Foundation, Pretoria, South Africa
- Dr Val Snewin, International Activities Manager, The Wellcome Trust, London, United Kingdom
- Dr David Zakus, Senior Program Specialist, Governance Equity & Health Program, International Development Research Centre, Ottawa, Canada

The final draft of the framework, developed taking into consideration feedback from various consultations, was reviewed and endorsed by TDR's governing bodies.

Adjusting the framework as TDR moves forward

The framework is revised regularly to align with TDR's strategies, taking into consideration lessons learnt collected by the TDR Secretariat and specific donor requirements. Testing and revisions have been led and coordinated by Dr Michael Mihut.

The 2013 revision aligned with the TDR Strategic Plan 2012-2017. It benefited from in-depth discussions and consultation with:

- Dr Claire Kairys, Junior Professional Associate, Health, Nutrition, & Population, The World Bank
- Dr Beth Scott, Health Advisor, Human Development Unit, Research & Evidence Division [RED], United Kingdom Department for International Development (DFID).

The 2018 version, coordinated by Dr Michael Mihut and Dr Beatrice Halpaap, aligns the Framework to the TDR Strategy 2018-2023, with the SDG targets and with co-sponsors' strategic plans. It benefits from discussions and consultation with DFID, Sida, UNICEF, UNDP, the World Bank and WHO.

Framework Overview

A framework to guide systematic monitoring and evaluation of performance

The Performance Framework focuses the monitoring and evaluation efforts on the outcomes leading to global health impact, which are most relevant to stakeholders. At the level of translating TDR outcomes into health and development impact measures, as with other such research and training programmes, it is impossible to attribute change and impact to one or another single cause. Rather, the value of the contribution can be estimated through evaluating the logical linkage between outputs, outcomes and the end-result, which is the measured burden of disease, mortality or level of development. This framework builds upon the existing review process and guides TDR staff and stakeholders through a more systematic method of monitoring and evaluating the Programme's performance.

Towards continuous performance improvement

While enhancing accountability, measuring the Programme's performance gives an understanding of "what works and what doesn't" including any underlying or contributing factors. This leads to enhanced organizational learning and informed decision-making, which in turn foster performance improvement.

Performance is monitored at activity, work area and Programme levels

To ensure consistency and coherence, the various measurements are aggregated as much as possible across the Programme. The indicators have been selected based on relevance; however, feasibility and ease of measurement have also been taken into consideration. The timing of measurements has also been considered, to allow for monitoring as well as evaluation processes to take place at the right time; for example, one cannot expect outcomes

to immediately follow the delivery of outputs, but there is a necessary time needed for the translation of these outputs into policy, practice and impact.

Performance is assessed against results described in the TDR results chain

To guide the performance assessment, the Programme's results have been clearly outlined. The results chain shows higher level results, while a complete list of results (deliverables) of capacity strengthening, global engagement and research activities is being used in routine monitoring and reporting. The current results chain, highlighting the 2018-2023 strategy's focus and approach, reflects the Programme's logic to achieving its objectives by contributing to the broader impact of reducing the global burden of infectious diseases of poverty and improving health in vulnerable populations, including women and children, and towards universal health coverage⁵.

Key performance indicators are used to reflect what TDR is doing and how it does it

At each level, TDR assesses its performance in three areas: (1) achievement of technical expected results ("what we do"); (2) application of core values ("how we do"); and (3) management performance ("what allows us to do").

Key performance indicators have been developed to measure performance across the Programme (see table below). Indicators below are quantitative and qualitative, mainly because while quantitative measures are easier to obtain, those which are qualitative can provide a clearer illustration of not only 'what', but also 'how' and 'why' things were done. Therefore, for each numerical indicator that measures outputs and outcomes, there is a qualitative description including evidence of what has been done, of the conditions, partnerships and contributions that made that specific achievement possible.

⁵ Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. http://www.who.int/universal_health_coverage/en/

EXPECTED RESULTS	KEY PERFORMANCE INDICATORS
TECHNICAL EXPECTED RESULTS	
<p>Impact:</p> <p>Countries generating and using the research evidence they need to leave no-one behind when acting to reduce the burden of infectious diseases of poverty.</p> <p>SDG3 - Good health and wellbeing SDG4 - Quality education SDG5 - Gender equality SDG6 - Clean water and sanitation SDG9 - Industry, innovation and infrastructure SDG10 - Reduce inequalities SDG11 - Sustainable cities and communities SDG13 - Climate action SDG17 - Partnerships for the goals</p>	<p>i. SDG3-Goal 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>ii. SDG 3-Goal 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>iii. SDG3-Goal 3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines (...)</p> <p>iv. SDG3-Goal 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p> <p>v. SDG13-Goal 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries</p> <p>vi. SDG9-Goal 9.5: Enhance scientific research, (...) encouraging innovation and substantially increasing the number of research and development workers per 1 million people (...)</p>
<p>Outcome:</p> <p>Infectious disease knowledge, solutions and implementation strategies translated into policy and practice in disease endemic countries⁴</p>	<p>1. Number and evidence when innovative knowledge or new/improved solutions/tools developed with TDR support are applied in disease endemic countries</p> <p>2. Number and evidence when tools and reports are used to inform policy and/or practice of global/ regional stakeholders or major funding agencies</p> <p>3. Evidence demonstrating the benefits of research on gender, on equity or on vulnerable groups, including people with disabilities, used to inform policy and/or practice</p>
<p>Research outputs:</p> <p>High quality intervention and implementation research evidence produced in response to global and country needs</p>	<p>4. Number and evidence of innovative knowledge, new/improved solutions or implementation strategies developed in response to requests from WHO control programmes and/or diseases endemic countries and engaging disease endemic country stakeholders</p> <p>5. Number of research data sets/platforms that are i) open access or ii) with an access permission level</p>
<p>Capacity strengthening outputs:</p> <p>Enhanced research and knowledge transfer capacity within disease endemic countries</p>	<p>6. Number and evidence of DEC institutions and networks demonstrating expanded scope of activities or increased funding from alternative sources, or that have influenced research agenda, policy and practice, as a result of or related to TDR support⁶</p> <p>7. Number of TDR grantees/trainees per year, and proportion demonstrating career progression and/or increased scientific productivity, disaggregated by gender</p>
<p>Global engagement outputs:</p> <p>Key stakeholders engaged in harmonizing agenda and practices and in new initiatives</p>	<p>8. Number and evidence of research-related agendas, recommendations and practices agreed by stakeholders at global, regional or country level and facilitated by TDR</p> <p>9. Evidence of stakeholder engagement in TDR joint initiatives aligned with TDR strategic objectives</p>

⁶ DEC: low- and middle-income countries where neglected diseases are prevalent / endemic

⁷ TDR support may include financial, in-kind, facilitation and/or expert types of support

BASELINE (2017)	TARGET (2023)	FREQUENCY OF MEASUREMENT
		
<p>Evaluation demonstrating the link between outcomes and the progress made towards achieving the relevant SDG goals.</p>		
0	100	Annually, cumulative over 6 years
0	20	Annually, cumulative over 6 years
N/A	N/A	Annually
0	25	Annually, cumulative over 6 years
1	10	Annually, cumulative over 6 years
0	5	Annually, cumulative over 6 years
79 (2017) 85% (2014)	150 ≥80%	On cohorts 3-5 years after training ended
0	6	Annually, cumulative over 6 years
N/A	N/A	Annually

EXPECTED RESULTS	KEY PERFORMANCE INDICATORS
APPLICATION OF CORE VALUES	
Equity Social and economic equity: Gender equity:	10. Proportion of TDR grants/contracts awarded to institutions or individuals in DEC's (total count and total amount)
	11. Proportion of experts from DEC's on TDR external advisory committees
	12. Proportion of peer-reviewed publications supported by TDR with authors from DEC institutions (first author - FA, last author - LA, all authors - AA)
	13. Number of peer-reviewed publications supported by TDR and percentage published in open/free access
	14. Proportion of women among grantees/contract recipients (total count and total amount)
	15. Proportion of women on TDR external advisory committees
	16. Proportion of women authors of peer-reviewed publications supported by TDR (first author - FA, last author - LA)
	17. Number and proportion of peer-reviewed publications explicitly considering: gender and women issues, vulnerable groups or people with disabilities
Effective multisectoral partnerships	18. Resources leveraged as direct contributions (co funding, services or in-kind) to TDR projects (examples)
Value-for-money	19. Evidence demonstrating value-for-money, cost savings and/or enhanced efficiency or effectiveness
Quality of work	20. Proportion of project reports evaluated as satisfactory by external advisory committees
Sustainability of outcomes	21. Number of effective public health tools and strategies developed which have been in use for at least two years
MANAGEMENT PERFORMANCE	
Effective resource mobilization	22. Percentage of approved biennial budget successfully funded
	23. Percentage of income received from multi-year, unconditional donor agreements
Effective management	24. Percentage of staff workplans and performance reviews (including personal development plan) completed on time
	25. Proportion of expected results on track
	26. Proportion of significant risk management action plans that are on track

BASELINE (2017)	TARGET (2023)	FREQUENCY OF MEASUREMENT
62% (count) 74% (amount)	75% DEC	Annually
78%	>60%	Annually
First author: 73% Last author: 56% All authors: N/A	≥67%	Annually
200 88%	≥150/year 100%	Annually
40% (count) 29% (amount)	50%	Annually
50%	50%	Annually
First author: 38% Last author: 24%	50%	Annually
N/A	80%	Annually
\$ 1:1 (\$ TDR : \$ partners) People 1:30 (TDR : in the field)	< \$ 2:1	At the end of biennium
N/A	N/A	At the end of biennium
100%	>80%	Annually
0	40	At the end of biennium
87.9% (US\$ 39.5/45M)	≥100%	At the end of biennium
17.3% (US\$ 6.8M/39.5M)	70%	At the end of biennium
89%	≥90%	Annually
89%	≥80%	Annually
100%	≥80%	Annually

PART I:

Why do we assess performance and which approach do we take?

1. Performance monitoring and evaluation as an essential element of TDR's 2018 - 2023 Strategy

TDR's vision is that *"the health and well-being of people burdened by infectious diseases of poverty is improved through research and innovation"*.

In accordance with this, TDR has defined its mission to *"support effective and innovative global health research, through strengthening the research capacity of disease-affected countries, and promoting the translation of evidence into interventions that reduce the burden of infectious diseases and build resilience in the most vulnerable populations"*.

A suitable system to assess performance allows for efficient and real-time measurement and monitoring of progress indicators to inform decision-making. Aligned with the new TDR Strategy, the current Framework further demonstrates

TDR's focus on health impact and value for money throughout the whole results chain, from using resources economically to building efficient processes, to quality of outputs, and to partnering to enhance the sustainability of outcomes.

TDR's Strategy 2018-2023 shows how the activities and the results are expected to contribute particularly to SDG3, but also to other SDGs (see Figure 1). WHO's Thirteenth General Programme of Work 2019-2023⁸ prioritizes the work of the Organization towards the SDG targets agreed at global level. Three areas take centre stage in this period: advancing universal health coverage, addressing health emergencies and promoting healthier populations. TDR's expected results contribute, jointly or individually, to all of these strategic objectives.

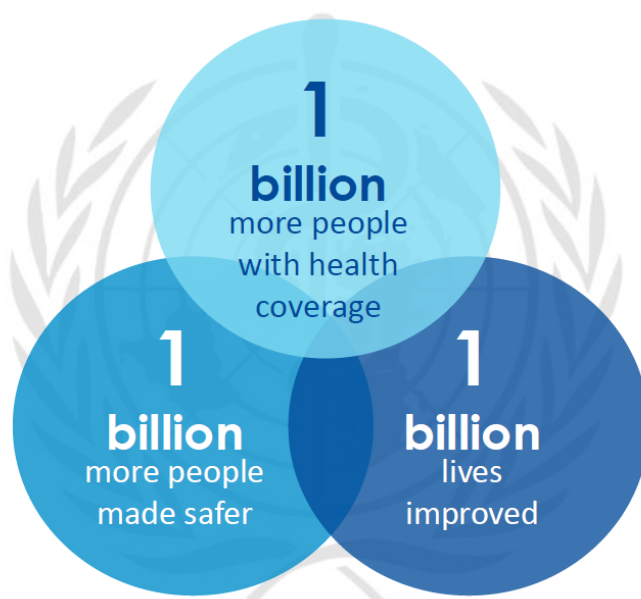




Figure 1 - TDR's strategic approach to the global sustainability agenda

2. Towards performance improvement

The purpose of assessing performance is to analyse the Programme's added value and to understand the factors that affect the achievement of its objectives. TDR's performance assessment has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making (Fig. 2).
- Enhance accountability to stakeholders – beneficiaries, partners and resource contributors.
- Ensure strategic relevance and coherence of TDR activities to meet the aspirations expressed in the vision, mission and strategy documents.
- Ensure TDR's performance assessment is harmonized and consistent with international practices.

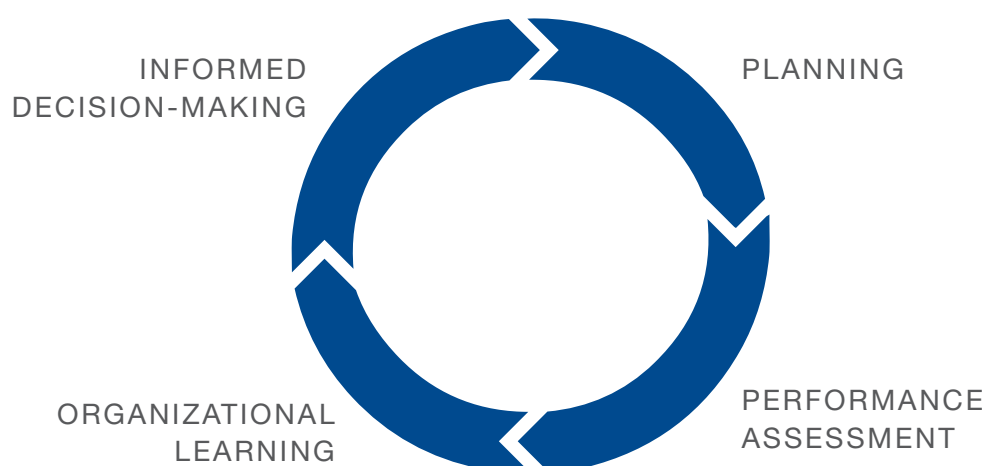


Figure 2 - Role of performance assessment in the continuous performance improvement process

⁹ Adapted from the Handbook on planning, monitoring and evaluating for development results. New York, United Nations Development Programme, 2009.

3. Guiding principles to enhance ownership and utilization

Performance assessment, including monitoring and evaluation activities, is guided by TDR's past experience, principles outlined in international guidelines¹⁰ and lessons learnt from other international organizations. Guiding principles include:

- **Inclusiveness and transparency**

Engaging TDR staff and stakeholders in the development of the key performance indicators matrix, as well as in the assessment of results. Sharing monitoring and evaluation data to enhance organizational learning and utilization of the evidence.

- **Usefulness**

Promoting broad performance assessment ownership at each Programme level and ensuring that the system is useful to staff and stakeholders alike. Promoting organizational learning towards performance improvement, policy analysis, informed decision-making and enhanced

strategic relevance of the Programme.

- **Harmonization within TDR and with international practices**

Seeking to harmonize monitoring and evaluation practices with those of its co-sponsors and other international stakeholders to enhance coherence, collaboration and synergy.

- **Credibility and practicability**

Applying the 'keep it simple' concept to the monitoring and evaluation system to ensure feasibility and credibility, and to facilitate the system's implementation by stakeholders.

- **Incremental approach**

Optimizing the system progressively and continuously while building on existing systems and good practices.

4. A comprehensive scope of assessment

The performance monitoring and evaluation framework has a broad and comprehensive scope when addressing the Programme's expected results, core values and management

performance. These are monitored and evaluated at activity, unit and programme levels, as described below.

4.1. Assessing performance at activity, team and Programme levels

The framework provides a performance assessment structure at the following levels:

- Activity level (project management and contract management, including research grants)
- Team level (areas of work)
- Programme level

To ensure consistency and coherence, the various measurements need to be aggregated as much as possible throughout the Programme. Monitoring and evaluation findings at the activity level are aggregated at the team level. Measurements at the team level are, in turn, aggregated at the Programme level, as shown in Fig. 3.

4.2. Assessing performance in achieving technical expected results, applying TDR core values and effective management levels

At each level, TDR assesses performance in three specific areas:

- **ACHIEVEMENT OF TECHNICAL RESULTS**

Measuring the extent to which results: (1) remain strategically relevant and coherent within the global context; and (2) have been achieved. Achievement of expected results represents a measure for progress towards the global health impact.

¹⁰ Principles for evaluation of development assistance. Paris, OECD Development Assistance Committee, 1991 (<http://www.oecd.org/dataoecd/31/12/2755284.pdf>, accessed on 26 Feb 2018); UNEG ethical guidelines for evaluation. New York, The United Nations Evaluation Group, 2007 (<http://www.unevaluation.org/ethicalguidelines>, accessed on 26 Feb 2018).

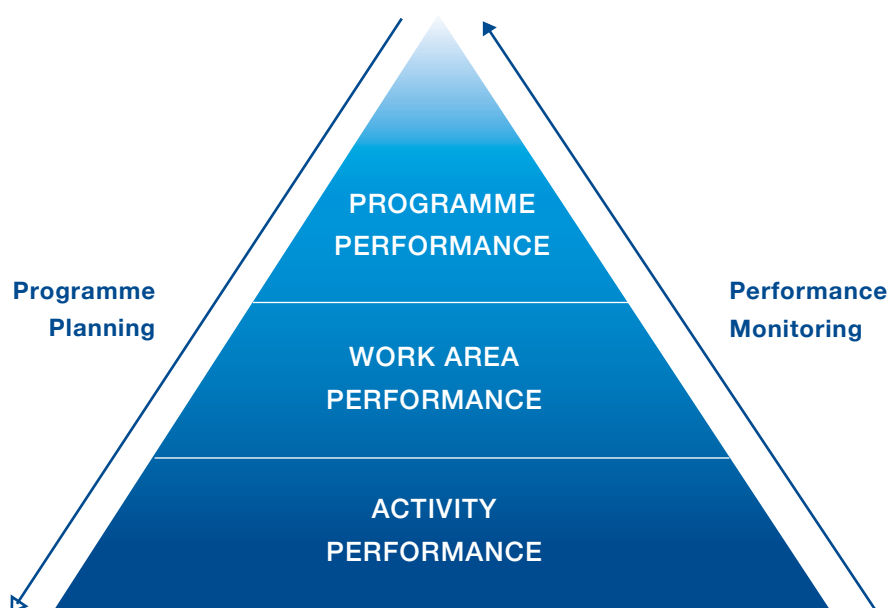


Figure 3 - Aggregation of Programme performance

• APPLICATION OF TDR'S CORE VALUES

Equity

Measuring the extent to which TDR has mainstreamed equity issues, such as gender balance and other social determinants of health, in its portfolio. Also measuring the extent to which disease endemic countries have an influential/critical/ leadership participation in TDR research-related activities, from research priority setting and research partnerships to strengthening policy-making. Measuring the ease of access to TDR-supported research evidence and publications.

Effective partnerships

Measuring the extent to which TDR is working through useful and productive partnerships, leveraging resources at global, regional or local level.

Value for money

Providing evidence on cost savings measures, enhanced efficiency, cost-effectiveness, that illustrate the value for money of TDR's working model and of its deliverables.

Sustainability

Measuring the extent to which benefits continue after TDR guidance and support have been discontinued.

Quality

Measuring the extent to which TDR outputs are recognized as being of good quality and in line with international standards.

• MANAGEMENT PERFORMANCE

Measuring the extent to which objectives have been achieved efficiently through contribution from units and individuals, reaching the value-for-money targets. The extent to which significant risk factors have been taken into consideration and successfully addressed.

The performance assessment described in this section will be conducted through systematic monitoring, surveys, interviews, analyses, documented reporting and evaluation processes.

PART II:

Assessing performance towards expected results

1. TDR results guide the assessment of performance at the Programme level

To guide performance assessment, the Programme's expected results are clearly outlined from the outset. The results chain (Fig. 4), is based on a theory of change that reflects the Programme's logic to strengthen the countries' capacity and role in achieving the SDG objectives and in contributing to the broader impact on global health.

TDR's outcomes contribute to WHO's outcomes. They are reported to the World Health Assembly in conjunction with other WHO departments, offices and regions that share the same objectives.

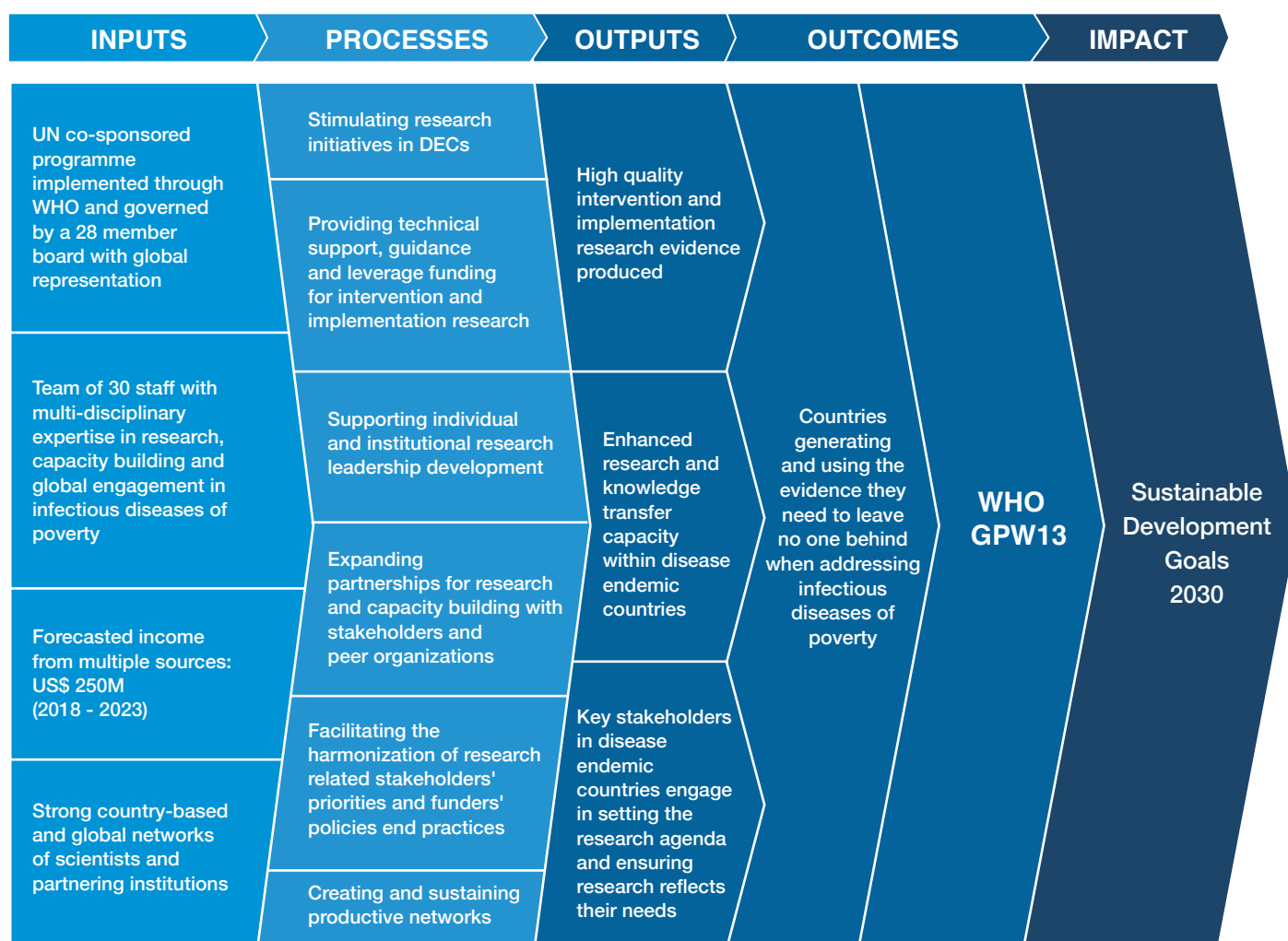


Figure 4: TDR Results Chain

4. Defining performance indicators across the Programme

Out of a multitude of possible indicators, TDR has selected a limited number of relevant quantitative and qualitative key performance indicators to help measure progress and reflect performance at the Programme level (see key performance indicators in Table 1).

Additional performance indicators, at project level, are being used in order to measure performance in a comprehensive way or to highlight specific aspects that require attention. Performance indicators are selected at activity level and aggregated up to the Programme level.

5. TDR key performance indicators

A range of indicators has been carefully selected to measure performance across TDR, as described in Part I, Section 4.2. It is understood, however, that the use of indicators has limitations when the objective is to express different aspects of programme performance (see quote below).

"Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted." - Albert Einstein, 1879–1955

With the proposed indicators, TDR is aiming to reflect performance aspects that are traditionally hard to quantify and, in some cases, are controversial. All the proposed

indicators satisfy the SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-bound).

Table 1 presents a consolidated list of key performance indicators used across the Programme to measure and report on the three main performance areas and progress made in implementing the strategy.

TDR's key performance indicators matrix is presented in Table 1. For each indicator, it presents:

- (i) the specific achievement target;
- (ii) the source of data for the measurement; and
- (iii) when the measurement will be made.

PART III:

How do we monitor and evaluate TDR performance?

Both the TDR secretariat and stakeholders (such as project managers, advisory committees, partners and governing bodies) carry out regular monitoring activities. The frequency of these

activities varies from monthly to yearly. Independent external evaluations of the Programme are carried out at least once every five to seven years, as per TDR's Memorandum of Understanding.

1. Engagement of TDR and its stakeholders

1.1. Work area and activity levels

Monitoring by units and project managers

Unit heads and project managers have developed indicators which contain a specific achievement target and a timeline for measurement. These elements are routinely reviewed internally; they are also reviewed externally by expert advisory committees as applicable, and TDR's governing bodies at regular intervals. Performance monitoring activities are conducted at the work area level using Gantt charts.

Review by Scientific Working Groups (SWGs)

Established, independent SWGs assist TDR in the technical review of activities by focusing on specific work areas or projects requiring additional or specialized input. The specific tasks conducted by the SWGs are substantiated in terms of reference and may include: advice on strategic direction, priority setting, screening and selection of projects, recommendations for funding, follow-up of progress and evaluation of results. SWGs can request the creation of ad hoc review groups as necessary, to assist, for example, with calls for proposals and PI grant application reviews. SWGs are proposed by the Director, TDR to STAC, which appoints a chair from amongst its members with the most relevant scientific and technical expertise.

Ad hoc contracted external evaluation

Evaluation studies to address specific issues or questions related to work areas or activities are conducted as required.

These may be requested by TDR managers, donors, advisory committees or, in special circumstances, TDR's governing bodies.

1.2. Programme level

Internal monitoring at portfolio review meetings

At the portfolio review meetings, which take place twice a year, unit heads present highlights of the progress made both on the technical side (outputs, outcomes) and on the financial side of projects and activities (funds spent and obligated versus planned costs). Any issues encountered, as well as risk mitigation measures, are discussed in these biannual portfolio reviews.

The reviews provide an opportunity for sharing experiences and organizational learning.

Governing bodies oversight

Joint Coordinating Board – Due to its nature as a United Nations co-sponsored research and training programme, TDR benefits from a special governance structure. The Programme is governed by the Joint Coordinating Board (JCB), consisting of countries elected by the six WHO regional committees; resource contributor countries or constituencies; other cooperating parties and the four co-sponsoring agencies. The JCB reviews the expected results, performance and relevance of the Programme annually and approves the Programme's budget for each biennium. This Performance Framework and the corresponding TDR Results Report are used as tools to guide the JCB's review.

Scientific and Technical Advisory Committee – The JCB and Director TDR are supported by a Scientific and Technical Advisory Committee (STAC) comprised of globally recognized experts. This committee undertakes an annual scientific and technical review of the Programme and advises on strategy directions. STAC reviews the Programme's expected results and performance as presented in the TDR Results Report and in the respective annual technical reports. The present framework guides this review.

Standing Committee – The Standing Committee consists of the co-sponsors, namely UNICEF, UNDP, the World Bank and WHO, and the Chair and the Vice-Chair of the JCB, the Chair of STAC, one representative from the JCB resource contributors group (a JCB member under paragraph 2.2.1 of the MOU), and one representative from a disease endemic

country (which may be a JCB member under paragraph 2.2.2 or paragraph 2.2.3 of the MOU), reviews the overall management of the Programme.

Processes – The annual technical reports (by work area), the TDR Results Report and the TDR Annual Report highlighting the Programme's performance are presented to the governing bodies for approval. STAC reviews a draft version of these documents and makes recommendations. The revised documents are reviewed by the Standing Committee and then the final reports are submitted for approval to the JCB.

The oversight review model described in Fig. 6 provides TDR with convening power, credibility as a neutral player, and access to global expertise and knowledge from multiple disciplines and sectors.

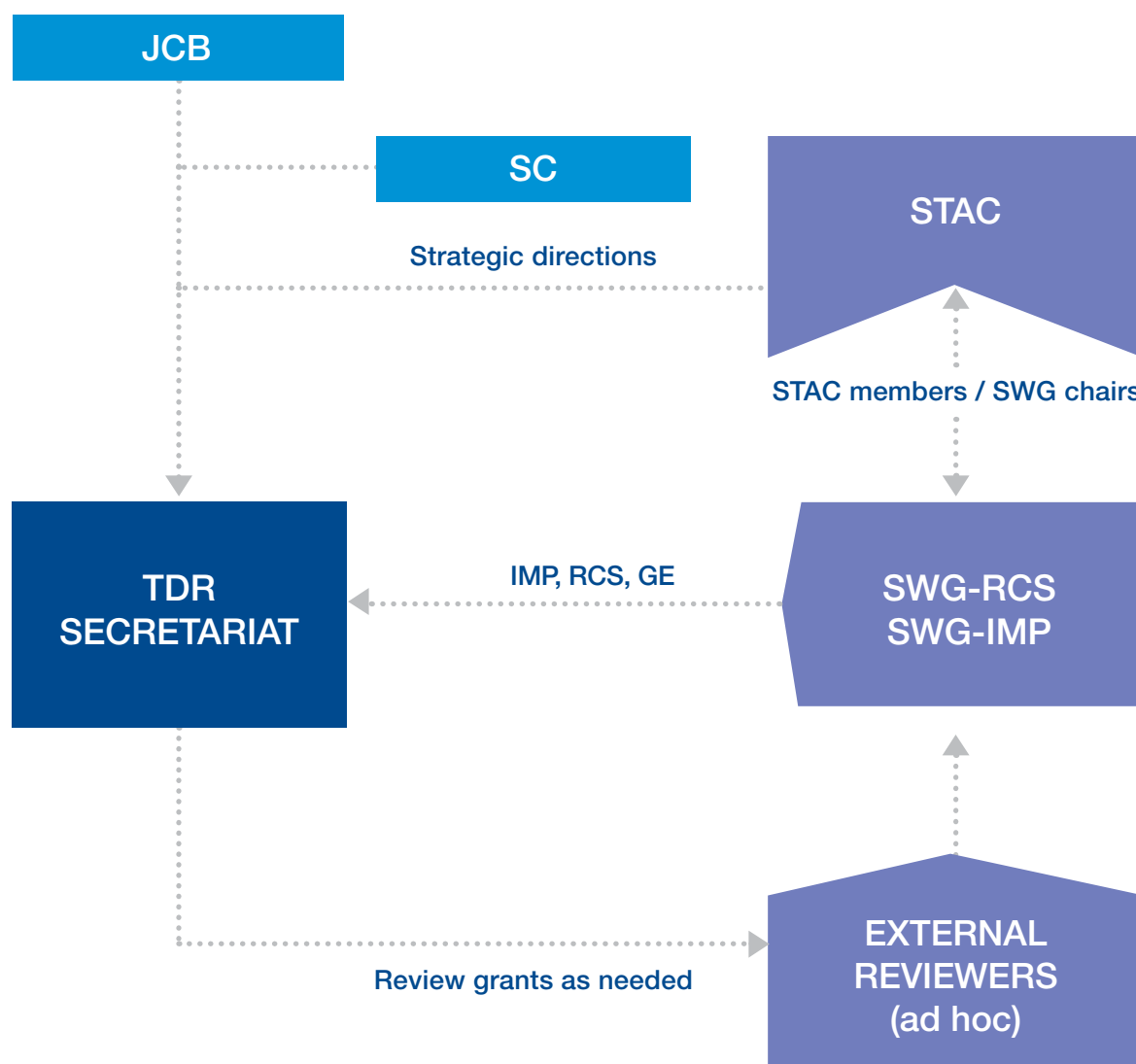


Figure 6 - TDR governance oversight and prioritization mechanisms

WHO's performance assessment by the World Health Assembly

TDR contributes to WHO's workplan through specific outputs that can be traced back to the Programme's activities. As of 2014, TDR has contributed mainly to Category 1 (Communicable Diseases) of WHO's workplan, with strong linkages to other categories (work on maternal and child health, outbreaks, health systems, etc.). TDR's technical and financial progress towards achieving the specific expected results contributing to WHO outputs and outcomes is compiled in WHO's annual performance assessment report, which is reviewed by the Executive Board and the World Health Assembly.

WHO internal audits

TDR's operational, administrative and financial procedures and practices are subject to audit by WHO's internal auditors, who perform ad hoc audits following the schedule and procedures established for WHO as a whole.

1.3. Roles and responsibilities

TDR Director provides leadership in promoting performance assessment and supporting its use in the management cycle. The Director has overall responsibility for the Programme's performance.

The Programme Innovation and Management (PIM) unit is responsible for facilitating the performance assessment process in consultation with the Director's office, TDR staff and stakeholders, including donors and partners. It fosters the

utilization of monitoring and evaluation findings for continuous improvement through portfolio analysis, and for providing the basis for policy advice and decision-making. PIM facilitates organizational learning, information management and risk management in close collaboration with other relevant units.

Unit heads and project managers are responsible for coordinating technical activities. They lead the development and implementation of expected results and related activity indicators in consultation with PIM, advisory committees and major stakeholders within and outside of WHO. Unit heads and project managers are also responsible for integrating systematic performance assessment and risk management within the activities of the units.

Stakeholders have been extensively engaged in the development, implementation and revision of the Performance Framework. Resource contributors provided input into the design of the key performance indicators M&E matrix and helped define and revise TDR's results chain. Study investigators, consultants and institutions are under contract to manage activities, monitor their progress and evaluate results prior to independent review. Partners assist TDR in identifying collective outcomes and impact, and help develop means to jointly measure such indicators. External advisers such as advisory committee members evaluate relevance, quality and achievement of the activities, units and the Programme as a whole.

Governing bodies, including representatives from disease endemic countries, review the Programme's expected results and performance and request periodic external reviews and ad hoc independent evaluations on specific issues as needed.

2. Independent programme evaluation

2.1. External and independent review

The JCB commissions independent external review of TDR, at regular intervals, usually every 5 to 7 years. These reviews have been instrumental in guiding TDR's development. TDR's new strategy was developed following the external review of 2016. The Performance Assessment Framework was instrumental for the review.

2.2. External audits

TDR financial statements are certified annually by the Comptroller of WHO. They are not subject to separate external audit but the revenue, expense and fund balance figures are cross checked with WHO's financial statements, which are audited annually by independent external auditors in accordance with the International Standards on Auditing. The report and statements of the external auditor are made available to the World Health Assembly each year. The audit report and statement of the external auditor, as well as the TDR financial statements, are made available to the JCB each year.

¹¹ Former title of TDR's Performance Framework



PART IV:

How applying the framework impacts TDR

1. Optimizing the framework as needed

Implementation of the framework is an incremental process starting at the Programme level, then integrated, step-by-step, at unit and activity levels. The framework builds on systems that already exist. As the framework is being implemented at work area and activity levels, it is optimized to facilitate its application and to fit the needs of the Programme.

Internal and external review systems are used to facilitate a systematic TDR monitoring and evaluation process. Indicators have been selected to reflect progress on the Strategy 2018-2023. Consideration was given to selecting a limited number of indicators that are illustrative and easy to measure.

2. Utilizing monitoring and evaluation findings to learn, share and improve

Organizational learning is critical if the process of performance assessment is to lead to performance improvement.

Figure 2 shows how a monitoring and evaluation process fits into the overall management cycle of TDR and how the related findings are utilized to learn, share and make informed decisions at individual and organizational levels. To reflect value-for-money, in the biennial budget and workplan, each ER includes outputs and targets, which are linked to specific TDR Key Performance Indicators and therefore reported each year in the TDR Results Report.

Regular progress monitoring and performance evaluation provide a good understanding of where the Programme lies in achieving the expected results. They help clarify the factors underlying these achievements, make informed decisions and readjust the plans accordingly. Described below are various opportunities at TDR to discuss collectively the monitoring and evaluation findings.

Monthly staff meetings provide a good opportunity for updates and sharing of experiences.

Weekly unit head meetings discuss progress made and any issues encountered that need special attention. These meetings are also opportunities to review new processes, systems and policies ahead of those being implemented at Programme level.

Lunchtime seminars are organized regularly to discuss technical issues and share lessons learned. These can cover technical projects and also processes, policies or collaborations.

Technical update seminars take place at regular intervals to present progress made on technical projects and expected results, including lessons learned, successes and opportunities for translation of outputs towards outcomes and impact. Each seminar covers two expected results, so in one year all the expected results are supposed to be covered.

At the *portfolio review meetings*, which usually take place in February and October, the performance of units is reviewed internally, and progress on expected results (outputs and outcomes) is assessed. Indicators linked to the expected results are reviewed and progress against milestones reported. Portfolio review meetings allow for reflection and discussion on past experiences. Risk management actions are followed up on and additional measures are identified as needed. The Progress Review (October) allows for revision of the current year's planned cost and fine-tuning the plans for the next year or biennium. The Annual Review (February) reviews the progress made in the previous calendar year and sums up the information for work area level and Programme level reporting to STAC, the Standing Committee and the JCB.

The *governance structure and peer review processes through the external advisory committees and working groups* greatly facilitate quality assurance and performance improvement. Recommendations are carefully analysed and addressed.

Follow-up on recommendations is coordinated at the unit head meetings. Innovative processes and systems to facilitate organizational learning have been implemented or are in development.

3. Main challenges

Performance assessment and related monitoring and evaluation activities are recognized as essential elements in global health initiatives and in the development sector. They give programmes the chance to highlight their results and their contribution towards global health, to ensure strategic relevance and to identify what does and does not work. However, measuring the specific outcomes and impact of a single programme is challenging, as improvements made in global health are often the result of synergistic actions taken by numerous stakeholders, and are seldom attributable to a single programme. In the context of the SDGs, external evaluations of the Programme will be undertaken to analyse the extent to which TDR's outputs and outcomes have likely contributed to progress made towards SDG targets.

The need for coherence between the various stakeholders requires harmonization of monitoring and evaluation practices. Various international groups and networks have been leading the development of international norms, standards and guidelines. In its efforts to optimize performance assessment, TDR is seeking to harmonize with international practices and engage with stakeholders.

Engagement of TDR's management, leadership and staff in the performance monitoring and evaluation process has been critical for its success. Expanding the focus from process and immediate deliverables to outcomes and impact required a major culture change within TDR. It facilitated implementation of the 2012-2017 strategy and setting the field for the 2018-2023 strategy.

Adopting common terminologies

This section provides the definition of common terms adopted by TDR. It is proposed that the monitoring and evaluation terms used in this document are aligned with those adopted by TDR co-sponsors and other international organizations¹².

Accountability – Obligation towards beneficiaries, resource contributors and other stakeholders, to demonstrate that activities have been conducted in compliance with agreed rules and standards and to report fairly and accurately on the achievement of objectives vis-à-vis mandated roles and/or plans. It involves taking into account the needs, concerns, capacities and disposition of affected parties, and explaining the meaning of, and reasons for, actions and decisions.

Activity – A set of interrelated actions necessary to deliver specific outputs towards achieving the objectives. In TDR, the activity level encompasses all actions under a unit, including contracting for research grants and services.

Attribution – The direct causal link between observed (or expected) changes and a specific activity.

Baseline data – Indicator data that describes the situation at the beginning of the TDR strategy implementation, against which progress can be assessed or comparisons made. Baselines may not be available when measurements are complex and expensive. In such cases the first measurement to be carried out through this framework will serve as the baseline level.

Capacity strengthening – Activities made to build, improve or augment local capacity of institutions or individuals to conduct activities at local, country or regional level.

Contribution – The indirect causal link between observed (or expected) changes and a specific activity or set of activities. It

is implied that the change cannot be produced by the activity or set of activities specific to the Programme alone but will be achieved through the output of the Programme combined with outputs resulting from the activities of partners and other players.

Disease endemic country (DEC) – A low-, middle-income¹³ or least developed¹⁴ country in which infectious diseases (whether endemic or epidemic) contribute to the overall burden of disease¹⁵ or mortality and/or a major public health problem.

End-product – see output.

Equity – Absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.

Evaluation – The systematic and objective assessment of the relevance, effectiveness, efficiency, impact and sustainability of an ongoing or completed activity, a unit, a policy or the Programme. Evaluation can also address specific issues and answer specific questions to guide decision-makers and managers and to provide information on the underlying factors influencing a change.

Expected results – Expected results are outputs, outcomes and/or impact that TDR intends to produce through its portfolio of activities.

Impact – Positive or negative, primary or secondary long-term change produced by an activity or a set of activities directly or indirectly, intended or unintended. It is the ultimate change in public health to which outcomes are linked or contribute.

Indicator – See performance indicator.

¹² Glossary of key terms in evaluation and results based management. Paris, OECD Development Assistance Committee, 2002, <http://www.oecd.org/dac/2754804.pdf>, accessed on 26 Feb 2018; Summary of Key Norms and Standards, Second Edition, OECD Network on Development Evaluation, Evaluating Development Co-operation - <http://www.oecd.org/dac/evaluation/dcdndep/41612905.pdf>, accessed on 21 Feb 2018).

¹³ As per the World Bank classification (<http://data.worldbank.org/about/country-classifications/country-and-lending-groups> accessed on 26 Feb 2018)

¹⁴ As per UN classification (<https://unstats.un.org/unsd/methodology/m49/>, accessed on 26 Feb 2018).

¹⁵ As per WHO statistics (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 26 Feb 2018).

Input – Financial, human and material resources used for activities.

Key performance indicator (KPI) – Performance indicator that is shared across the Programme and can be aggregated from the activity level to the work area level and to the Programme level.

Milestone – Performance indicator related to processes or projects and used to track progress towards achievements of outputs. Milestones are key events, achievements or decisions in workplans. They map out the main steps of the workplan implementation.

Monitoring – A continuing function that aims primarily to provide managers and main stakeholders with regular feedback and early indications of progress or lack thereof in the achievement of intended results. Monitoring tracks the actual performance or situation against what was planned or expected according to pre-determined standards. Monitoring generally involves collecting and analysing data on specified performance indicators and recommending corrective measures.

Neglected priorities – Priority research needs that are not adequately addressed by others.

Outcome – The likely or achieved short-term and medium-term effects of an activity's output. Outcomes are short- and medium-term changes derived from outputs. As the outcomes are also influenced by actions implemented by partners and external factors, they cannot be fully attributed to TDR and are not under the Programme's control. Outcomes can be intended or unintended.

Output – Products and services resulting from activities or projects.

Partnership – A collaboration between TDR and countries, regions, organizations, institutions, companies or foundations around an activity or project in which there are well- defined

common objectives and shared benefits, where both TDR and the partner make continuing contributions in one or more strategic areas, such as technical expertise, financial contribution, technology or services, etc.

Performance – The degree to which an activity, unit or programme operates, according to specific standards and guidelines, aligns with the Programme's core values or achieves results in accordance with stated objectives and plans.

Performance indicator – Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess performance.

Programme – Programme refers to the TDR Programme.

Result – The output, outcome or impact (intended or unintended, positive and/or negative) of a set of activities.

Results chain – Causal sequence of the expected results to achieve objectives and contribute to the broader impact. The TDR results chain reflects the causal sequence of the programme's expected results to achieve the Programme's objectives.

Review – An assessment of the performance of activities, unit or Programme, periodically or on an ad hoc basis.

Stakeholder – Governments, agencies, organizations, institutions, groups or individuals who have a direct or indirect interest in TDR's activities or evaluation.

Sustainability – The continuation of benefits after major guidance and support have been completed.

Target – Targets provide a desirable level of achievement at a given time. Outcome targets allow for a span of two years after the current strategy period.

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Annex - TDR Reporting Schedule

TYPES OF REPORT	SCOPE	FREQUENCY	TARGET AUDIENCE
Portfolio progress report <i>(Published on the TDR website)</i>	Each team presents: <ul style="list-style-type: none"> • progress on technical and financial implementation towards expected results; also planned activities • proposed revisions to the workplan and financial plan • updates on fundraising actions • updates on HR plans • follow-up on JCB and STAC recommendations • follow-up on significant risks action plans 	Biannually	TDR staff
Grant progress report (grants/contracts) <i>(Published on the TDR website)</i>	Progress towards the achievement of the grant/contract objectives (technical and financial). If relevant, specific plans and budget for upcoming years.	Annually or as required by grant agreements	Grant donors; TDR management; Related SWG, if relevant
Work area annual report <i>(Published on the TDR website)</i>	Annual consolidation of the Programme's progress towards the achievement of objectives in each work area.	Annually	STAC; resource contributors; stakeholders
TDR Results Report <i>(Published on the TDR website)</i>	Progress towards the achievement of expected results, application of TDR core values and efficiency in management. This report includes a description of performance using key performance indicators and related qualitative description.	Annually	TDR management; STAC; JCB; resource contributors; stakeholders
TDR Annual Report <i>(Published on the TDR website)</i>	Provides TDR resource contributors and stakeholders with an update on progress, strategic direction and planned activities	Annually	TDR management; STAC; JCB; resource contributors; stakeholders

TYPES OF REPORT	SCOPE	FREQUENCY	TARGET AUDIENCE
WHO Programme Budget Performance Assessment Report <i>(Published on the WHO website)</i>	Analysis of results achieved by the WHO secretariat, as measured against the expected results for the biennium reviewed, is provided by the WHO Planning, Resource Coordination and Performance Monitoring Department. The report is reviewed by the World Health Assembly.	Biennial, plus mid-term review	WHA
External Programme review report	Programme-wide review commissioned by JCB which also establishes the terms of reference of the review.	Every 5–7 years	JCB
WHO internal audit report <i>(Published on the TDR website)</i>	TDR's operational, administrative and financial procedures and practices are reviewed by a WHO internal auditor.	Ad hoc	WHO Director-General; WHA
TDR financial report certified by WHO Comptroller	TDR's operational, administrative and financial procedures and practices are reviewed by an external and independent auditor as part of the WHO external audit.	Annually	WHA, JCB, Donors



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