

TDR Performance Framework (2024–2029)

REVISION TO ALIGN WITH TDR'S STRATEGY 2024–2029
DRAFT FOR COMMENTS



TDR Performance Framework 2024–2029

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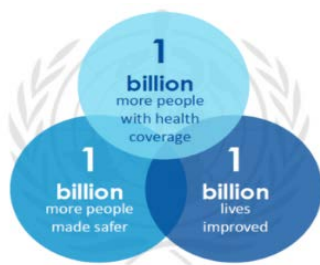
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Abbreviations

DECs	disease endemic countries, i.e. low- and middle-income countries that show a prevalence of infectious diseases of poverty
JCB	TDR's Joint Coordinating Board
KPI	key performance indicator
MOPAN	Multilateral Organisation Performance Assessment Network
OECD	Organization for Economic Co-operation and Development
SDG	Sustainable Development Goal
STAC	TDR's Scientific and Technical Advisory Committee
SWG	scientific working group, independent expert group advising TDR's areas of work
TDR	UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

Foreword to the 2024–2029 Performance Framework

This revision of TDR’s Performance Framework¹ aligns with the 2024–2029 strategy and its objectives, while building on lessons learned from our experience with the previous versions and the recommendations from the Programme’s Seventh External Review. The Sustainable Development Goals (SDGs), which provide a global framework and targets for action in partnership with all global and local players, are the common objectives of TDR, our co-sponsors and our donors and partners. In this context, this version of the Performance Framework showcases potential anticipated linkages between TDR’s outcomes and their contribution to reaching the World Health Organization (WHO) targets from the thirteenth and fourteenth general programmes of work, contributing to the 2030 global agenda.



Since 2009, TDR’s *Performance Frameworks* and the related annual *Results Reports* have been increasingly used by our contributors and partners. As an evidence-based organization, the 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 strategy.

By utilizing the Performance Frameworks 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 scope, evaluate the suitability of measurement methods and replace those that were not feasible or no longer relevant. The set of indicators is 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 KPI matrix into their current form. Three key issues are specifically addressed in this revision:

- improving the set of indicators by bringing more clarity to how targets are defined and adding milestones for progress measurement;
- adapting the indicators to the new strategy, including its focus on four major global health challenges affecting vulnerable populations and using a One-health approach; and
- further aligning the indicators with those required by our co-sponsors and our donors for their own monitoring and reporting.

The theory of change now makes it more explicit how TDR’s core values contribute to achieving results. For example, it shows how working through partnerships, focusing on vulnerable populations or applying a gender intersectionality lens to research can make solutions more effective.

Overall, TDR’s Performance Framework 2024–2029 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 most burdened by infectious diseases of poverty.

¹ This replaces the TDR Performance Framework 2018–2023

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 2024–2029 and focuses on supporting innovative global health research, strengthening in-country health research systems and promoting the translation of evidence to improve interventions that reduce the burden of infectious diseases for the most under-served and vulnerable populations. 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;
- Optimise the application of core values across TDR's activities, including the focus on equity; 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 SDGs in 2015, TDR updated the framework in 2018, in support of the 2018–2023 strategy.

The current revision has been developed in alignment with the 2024–2029 strategy, taking into consideration the recommendations from the Seventh External Review of the Programme, and through a broad consultation with governing and advisory bodies, partners, donors, as well as TDR staff.

The framework is a tool used by both TDR staff and a broad range of stakeholders involved in the governance and implementation of the 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 regularly 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 systems currently 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.²
- *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.
- *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 document.³ Annex 1 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, and milestones; (ii) the source of data and information; and (iii) when the measurement needs to be made.

² In broad alignment with the MOPAN 3.1 methodology (2020): https://www.mopanonline.org/ourwork/themopanapproach/MOPAN_3.1_Methodology.pdf

³ Definitions of monitoring and evaluation terms were proposed and/or adapted from terminologies used by TDR co-sponsors and international organizations. See the 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, a broad international expert group exercise led and coordinated by Drs Beatrice Halpaap and Fabio Zicker. The final draft, developed taking into consideration feedback from various consultations, was reviewed and endorsed by TDR's governing bodies.

Under the coordination of Dr Halpaap and Dr Michael Mihut, the Framework was revised in 2013 and in 2018, aligning with the respective six-year strategies, with significant input from the Swedish International Development Cooperation Agency (Sida), the United Kingdom Department for International Development, UNICEF, UNDP, the World Bank and WHO.

The current revision was coordinated by Drs Michael Mihut and Cathrine Thorstensen, through broad consultation with stakeholders.

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 improved 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, as most of the indicators are embedded in TDR expected results activities and measuring them needs to be done efficiently. 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. A certain amount of time is 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 illustrates the strategy’s focus and approach from input to impact. It reflects the Programme’s logic to achieve 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 coverage.⁴

Contribution to technical achievements is assessed at country, regional and global levels. More visibility has been given in the current framework to further defining what success looks like for TDR’s partners (e.g. improving implementation locally). To assess how countries are generating and using research evidence and how TDR has contributed to this, activity and project reports (including peer-reviewed publications) are used alongside selected country level evaluations and case studies.

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

At each level, TDR assesses its performance in three areas: (1) achievement of technical expected results (“what we do”), including the extent to which countries are generating and using research evidence, and how TDR has contributed to this; (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). The 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.

Core values metrics include a number of indicators reflecting equity and intersectionality with other social determinants of health, including vulnerable populations, the TDR working model through partnerships, the quality and sustainability of results.

This revision also captures TDR’s more explicit strategic focus on four major global health challenges and the One-Health approach, illustrated by specific indicators.

⁴ 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/

Table 1. TDR Key Performance Indicators

Expected result	Key performance indicator	Target (2029)	Source of data	Frequency of measurement
Impact: Reduced burden of infectious diseases of poverty through countries with strengthened systems that generate and use research evidence, leaving no one behind <i>SDG3 Good health and wellbeing</i> <i>SDG4 Quality education</i> <i>SDG5 Gender equality</i> <i>SDG6 Clean water and sanitation</i> <i>SDG9 Industry, innovation and infrastructure</i> <i>SDG10 Reduce inequalities</i> <i>SDG11 Sustainable cities and communities</i> <i>SDG13 Climate action</i> <i>SDG17 Partnerships for the goals</i>	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. 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. iii. SDG3 Goal 3b: Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines (...) iv. SDG3 Goal 3d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. v. SDG9 Goal 9.5: Enhance scientific research, (...) encouraging innovation and substantially increasing the number of research and development workers per one million people (...) vi. SDG10 Goal 10.2: Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. vii. SDG13 Goal 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.		Evaluation demonstrating the link between outcomes and the progress made towards achieving the relevant SDG goals	

Expected result	Key performance indicator	Target (2029)	Source of data	Frequency of measurement
Outcome: Infectious disease knowledge, solutions and implementation strategies translated into policy and practice in disease endemic countries⁵	1. Number and evidence when innovative knowledge or new/improved solutions/tools ⁶ developed with TDR support are applied in disease-endemic countries and communities disaggregated by region.	100	Publications, annual reports, interviews, surveys, eTDR, case studies	Measured annually, cumulative over 6 years
	2. Number and evidence when new tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies.	15	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	3. Evidence demonstrating the benefits of TDR outputs on women, gender, equity, vulnerable groups, including people with disabilities, used to inform policy and/or practice.	NA	Publications, annual reports, interviews, surveys, case studies	Measured annually
Research outputs: High quality intervention and implementation research evidence produced in response to global and country needs	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.	40	Publications, annual reports, interviews, surveys, eTDR	Measured annually, cumulative over 6 years
	5. Proportion of outputs (innovative knowledge, new/improved solutions, implementation strategies, publications) addressing at least one of the global health challenges outlined in the strategy. ⁷	50–80%	Annual reports, thematic reports, eTDR	Measured annually
Capacity strengthening outputs: Enhanced research and knowledge transfer capacity within disease endemic countries	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 support. ⁸	10	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	7. Number of TDR trainees and fellows disaggregated by gender and WHO region: i. long courses and postgraduate education (LC); ii. proportion demonstrating career progression and/or increased scientific productivity; and iii. short courses and MOOC (SC). ⁹	LC: 900 ≥80% SC: 9000	eTDR, interviews, surveys, annual reports, TDR Global	Measured annually, cumulative over 6 years; proportion measured on cohorts 3–5 years after LC training ended

⁵ DEC: low- and middle-income countries where neglected diseases are prevalent / endemic

⁶ Counts the instances when countries apply these tools/solutions/knowledge in policy and/or practice

⁷ A One-health approach to: preparedness for epidemics and outbreaks, control and elimination of diseases of poverty, resilience to climate change's impact on health, resistance to treatment and control agents

⁸ TDR support may include financial, in kind, facilitation and/or expert types of support

⁹ Only counting trainees and recipients of individual training grants (PG Training Scheme, CRDF, SORT IT trainees, impact grants for regional priorities) excluding MOOC, RTC trainees and other TDR grantees

Expected result	Key performance indicator	Target (2029)	Source of data	Frequency of measurement
Global engagement outputs: Key stakeholders engaged in harmonizing agenda and practices and in new initiatives	8. Number and evidence of research-related agendas, recommendations and practices agreed by stakeholders at global, regional or country level and facilitated by TDR.	6	Publications, annual reports, interviews, surveys	Measured at the end of biennium, cumulative over 6 years
	9. Evidence of stakeholder engagement in TDR joint initiatives aligned with TDR strategic objectives, including the four global health challenges.	NA	Publications, annual reports, interviews, surveys	Measured annually
Application of core values				
Equity <i>Social and economic equity</i>	10. Proportion of TDR grants/contracts awarded to institutions or individuals in DEC's (total count and total amount) disaggregated by region.	67–90% DEC	GSM financial data, TDR database, eTDR	Measured annually
	11. Proportion of experts from DEC's on TDR external advisory committees disaggregated by region.	50–75%	GSM financial data, TDR database, eTDR	Measured annually
	12. Proportion of peer-reviewed publications supported by TDR with authors from DEC institutions (first author, last author, corresponding author) disaggregated by region.	≥67%	Bibliographic analysis	Measured annually
	13. Number of peer-reviewed publications supported by TDR and percentage published in open/free access.	≥100/year >90%	Bibliographic analysis	Measured annually
<i>Gender equity</i>	14. Proportion of women among grantees/contract recipients (total count and total amount) disaggregated by region.	45–55%	GSM financial data, TDR database, eTDR	Measured annually
	15. Proportion of women on TDR external advisory committees.	45–55%	GSM financial data, TDR database, eTDR	Measured annually
	16. Proportion of women authors of peer-reviewed publications supported by TDR (first author, last author, corresponding author).	45–55%	Bibliographic analysis, TDR database	Measured annually
	17. Proportion of peer-reviewed publications explicitly considering gender and women's issues, vulnerable groups or people with disabilities.	>75%	Bibliographic analysis, TDR database	Measured annually
Effective multisectoral partnerships	18. Resources leveraged as direct contributions (co-funding, services or in kind) to TDR projects (examples).	≥50%	Portfolio reviews, project progress reports, interviews, eTDR	Measured at the end of biennium
Value-for-money	19. Evidence demonstrating value-for-money, cost savings and/or enhanced efficiency or effectiveness.	NA	GSM data, annual reports, TDR Global	Measured at the end of biennium

Expected result	Key performance indicator	Target (2029)	Source of data	Frequency of measurement
Quality of work	20. Proportion of project reports evaluated as satisfactory by external advisory committees.	>80%	Committee meeting minutes and recommendations, eTDR	Measured at the end of biennium
Sustainability of outcomes	21. Number of effective public health tools and strategies developed which have been in use for at least two years	40	Annual reports, publications country assessments	Measured at the end of biennium
Management performance				
Effective resource mobilization	22. Percentage of approved biennial budget successfully funded.	≥100%	TDR JCB-approved budget, WHO financial data	Measured at the end of biennium
	23. Percentage of income received from multi-year, unconditional donor agreements.	≥25%	WHO financial data, TDR agreements	Measured at the end of biennium
Effective management	24. Percentage of staff workplans and performance reviews (including personal development plan) completed on time.	≥90%	WHO BI tool	Measured annually
	25. Proportion of expected results on track.	≥80%	Portfolio review, eTDR	Measured annually
	26. Proportion of significant risk management action plans on track.	≥80%	Portfolio review, risk monitoring tool	Measured annually

PART I: Why do we assess performance and which approach do we take?

1. Performance monitoring and evaluation as an essential element of the 2024–2029 strategy

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

In accordance with this, TDR has defined its mission to “support innovative global health research, strengthen in-country health research systems and promote the translation of evidence to improve interventions that reduce the burden of infectious diseases for the most under-served and 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 strategy, the current framework, through its indicators and targets, 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.

The strategy shows how the activities and results are expected to contribute particularly to SDG3, but also to other SDGs (see illustration). WHO's Thirteenth and Fourteenth General Programmes of Work (2019–2028)¹⁰ prioritizes the work of the Organization towards the SDG targets agreed at global level. TDR's expected results contribute, jointly or individually, to these strategic objectives.

Measuring TDR's contribution to the SDG goals and to universal health coverage is done both at global and country level. Beyond monitoring results of research, capacity strengthening and global engagement activities, we look at TDR's contribution to four major global health challenges affecting infectious diseases of poverty: preparedness for epidemics and outbreaks, control and elimination of diseases of poverty, resilience to climate change's impact on health and resistance to treatment and control agents – using a One Health approach. To measure this at local level, we utilize case studies that look at TDR's role and contribution to co-creating the respective solutions with stakeholders in countries.

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



¹⁰ https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_28-en.pdf

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 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 process¹¹



3. Guiding principles to enhance ownership and utilization

Performance assessment, including monitoring and evaluation activities, is guided by past experience, principles outlined in international guidelines^{12, 13, 14} 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.

¹¹ Adapted from the *Handbook on planning, monitoring and evaluating for development results*. New York, United Nations Development Programme, 2009.

¹² *Principles for evaluation of development assistance*. Paris, OECD Development Assistance Committee, 1991 (<http://www.oecd.org/dataoecd/31/12/2755284.pdf>, accessed on 19 Feb. 2024); *UNEG ethical guidelines for evaluation*. New York, The United Nations Evaluation Group, 2020 (<https://www.unevaluation.org/document/detail/2866>, accessed on 19 Feb. 2024).

¹³ OECD (2021), *Applying Evaluation Criteria Thoughtfully*, OECD Publishing, Paris, <https://doi.org/10.1787/543e84ed-en>

¹⁴ OECD (2023), *Applying a Human Rights and Gender Equality Lens to the OECD Evaluation Criteria*, OECD Publishing, Paris, <https://doi.org/10.1787/9aaf2f98-en>.

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

Seeking to harmonize monitoring and evaluation practices with those of the 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.

- **Organizational learning**

Applying organizational learning to improve the framework and adapt its indicators takes place at every revision, in line with each new strategy. This builds on lessons learnt from previous revisions and means that indicators, targets, sources of data and information, frequency of measurement and monitoring processes are optimized at regular intervals.

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, team 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 (project management and contract/grant management)
- Strategic priority area of work
- Programme (TDR)

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.

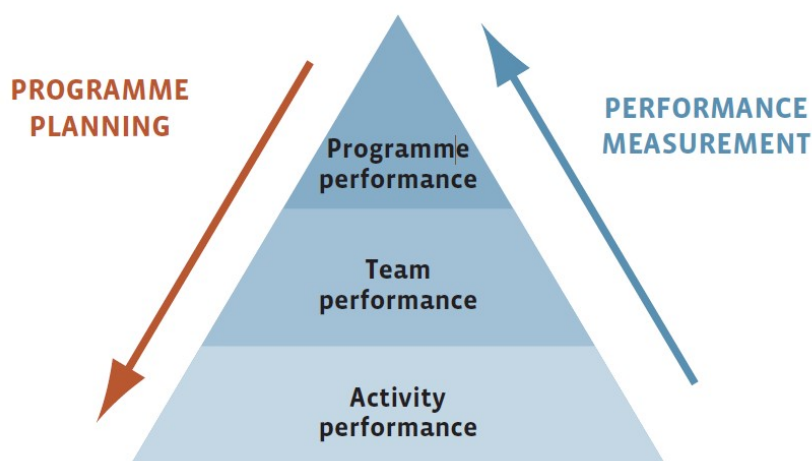


Figure 3. Aggregation of Programme performance

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

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, including at regional and country levels; and (2) have been achieved. Achievement of expected results represents a measure for progress towards the global health impact.

- **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. How achievements benefit women, vulnerable and marginalized groups is part of measuring outcome level performance. Equity also measures the extent to which DECs have an influential/critical/leadership participation in TDR's 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.

Efficiency and value for money

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

Sustainability

Measuring the extent to which utilization and benefits continue after TDR guidance and support have been discontinued and/or products delivered and taken up by beneficiaries.

Quality- and value-based leadership

Measuring the extent to which TDR outputs and project reports 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 teams 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, project and country case studies, documented reporting and evaluation processes.

PART II: Assessing performance against 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 and to the global public health goods in the context of the General Programmes of Work and the SDGs. They are reported to the World Health Assembly in conjunction with other WHO departments, offices and regions that share the same objectives.

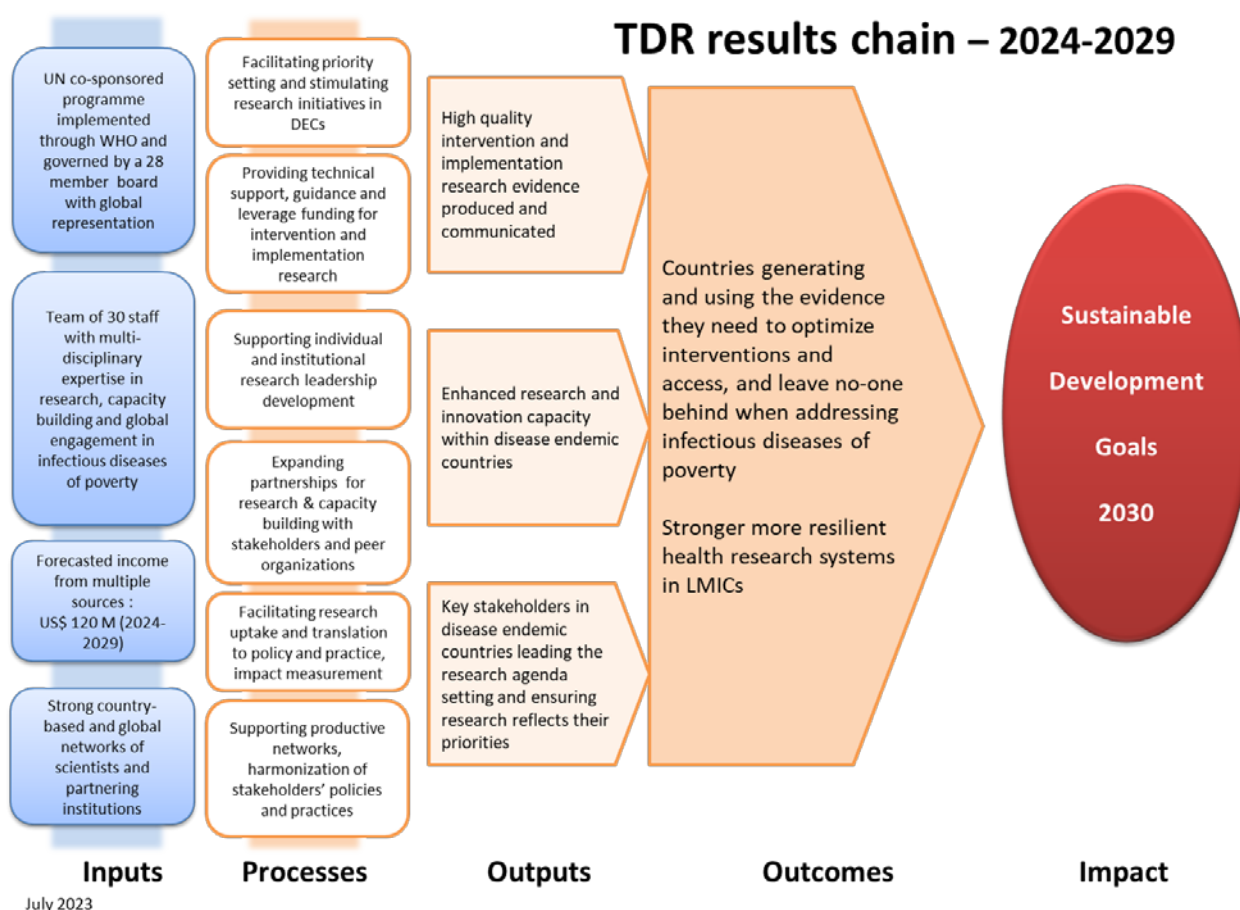


Figure 4. TDR results chain

2. Expected results guide the assessment of performance at work area and activity levels

Each strategic priority area's specific expected results are consistent with the overall TDR results chain and feed into the Programme's outputs and outcomes.

From inputs and processes (activities) to outcomes and impact, the theory of change takes into consideration assumptions validated by our tested working model. To increase the chances that the high-quality health research evidence produced would be utilized and would result in changes to policy and practice, TDR uses models for a structured, stronger dialogue between research and policy from the problem identification stage.

These outputs combine research evidence and capacity built, interacting to build an evidence-informed approach in national and international health policy-making and programme planning. The global convening role of TDR is based on trust and being seen as a neutral player based in the United Nations system, to motivating decision-makers and essential stakeholders to be engaged in an evidence-informed approach.

An important assumption that supports the logical step between outputs and outcomes is that country-level policies and programmes will use the good quality evidence generated by the implementation research projects. This evidence shows which health interventions work, and how to make them accessible to those in need, and will support the intended impact of the programme of improved health, in particular of vulnerable populations.

Technical progress is measured in parallel with financial implementation, both at activity and work area levels, against initial or revised targets (agreed with donors where applicable) for deliverables. Monitoring milestones and addressing delays and other issues that may appear during project implementation are part of the monitoring and reporting at work area level. Projects have Gantt charts with clear timelines for activities and milestones.

Financial implementation is measured by comparing the amount spent or contractually committed against the planned cost for each output and outcome (at work area level). This information is available in quasi real time to project managers and, together with information on technical implementation, helps inform decision-making, management review and reporting.

3. Monitoring and evaluation

Monitoring activities focus on tracking progress towards results (Fig. 5). Evaluation activities focus on assessing relevance, impact, effectiveness, efficiency and sustainability, helping to understand the role of various underlying factors in the success or failure of activities and work areas. Although both monitoring and evaluation are ongoing processes from input to impact, monitoring is more relevant during implementation (from input to output), while evaluation is more relevant to results and expected changes (from output to impact). Periodic external evaluation will ensure the Programme maintains strategic relevance to global issues.

Managerial control of the process is greater during the implementation phase. Delivery of outputs can therefore be clearly attributed to the Programme. However, we cannot achieve expected outcomes and impacts on our own – various stakeholders and external factors contribute to their attainment. While the specific causal link between outputs, outcomes and impacts cannot always be measured, it is possible to provide evidence on the difference the Programme's outputs are making with regard to its desired/achieved impact.

For each indicator, the KPI matrix in Table 1. presents:

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

In addition, in Annex 2 the detailed KPI matrix includes annual or biennial targets that guide the performance assessment over the duration of the strategic period.

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 teams 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. Deliverables, indicators and their targets are elaborated for each Expected Result in the Biennium Programme Budget and Workplan document for the two-year periods, are validated by STAC and approved by the Standing Committee and the JCB. Any project's contribution to achieving the approved deliverables is monitored routinely by the project teams.

Review by the Scientific Working Group

An established, independent Scientific Working Group (SWG) will 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 SWG are substantiated in terms of reference and may include: advice on strategic direction, priority setting for activities under expected results, screening and selection of projects, recommendations for funding, follow-up of progress and evaluation of results. The SWG can request the creation of ad hoc review groups as necessary, to assist, for example, with calls for proposals and principal investigator grant application reviews. The ad hoc groups are appointed by Director TDR.

Scientific Working Group members are proposed by the Director to STAC, which appoints a chair from among 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 (outputs, outcomes) and financial (funds spent and obligated versus planned costs) side of projects and activities. Any issues encountered, as well as risk mitigation measures, are discussed in these biannual portfolio reviews.

These 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 JCB, consisting of resource contributor individual WHO Member States and constituencies; Member States elected by the six WHO regional committees; 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 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 strategic directions. STAC reviews the Programme's expected results and performance as presented in the Results Report and in the respective annual technical reports. The performance 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). The Standing Committee reviews the overall management of the Programme.

Processes – The annual technical reports (by strategic priority area), the 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 then reviewed by the Standing Committee and the final drafts 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.

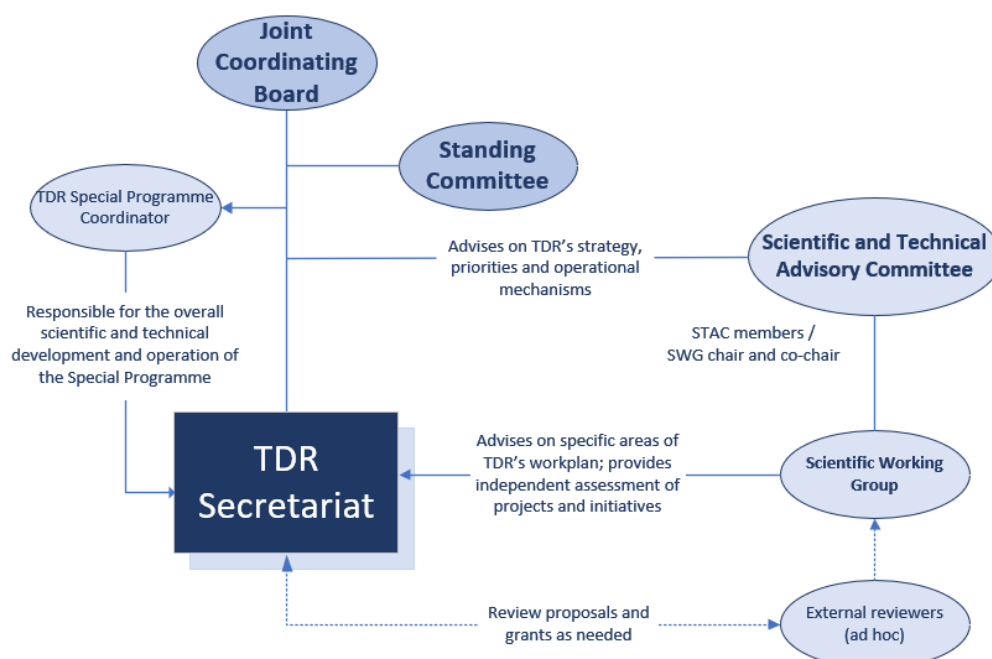


Figure 6. TDR governance oversight and prioritization mechanisms

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 2023, and as part of the Science Division, TDR has contributed mainly to Output 4.1.3 of WHO's workplan (Research, innovation and data), with a separate Output (14.1.1) specific to TDR for budget planning. TDR's technical and financial progress towards achieving the specific expected results contributing to WHO outputs and outcomes is compiled in WHO's annual output assessment exercise and the biennial WHO Results Report, which are 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

Director TDR 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 of technical units 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 teams.

Stakeholders actively participate 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 under contract to implement activities routinely monitor 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 activity results, and performance at team and Programme levels.

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. The new strategy was developed following the external review of 2022. The 2018–2023 Performance Framework was instrumental in the conduct of 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.

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 team and activity levels. The framework builds on systems that already exist. As it 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. Advice was taken from the recommendations of the Seventh External Review of the Programme, regarding indicators and their targets. While an exhaustive list of metrics would have been difficult to implement due to cost and human resources limitation, 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 Expected Result includes deliverables, indicators and targets, which are linked to specific TDR Key Performance Indicators and therefore reported each year in the 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 TDR management group meetings discuss progress made and any issues encountered that need special attention. These meetings also provide an opportunity 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.

At the *Portfolio Review meetings*, which usually take place in February and October, the performance of teams and 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. These 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 in October allows for revision of the current year's planned costs and fine-tuning the plans for the next year or biennium. The annual review in 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, with recommendations being carefully analysed and addressed.

Follow-up on recommendations is coordinated at the TDR management group 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 showcase their results and 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. Over time, expanding the focus from process and immediate deliverables to outcomes and impact has required a major culture change within TDR.

Adopting common terminologies

This section provides the definitions of common terms adopted by TDR. It is proposed that the monitoring and evaluation terms used in this document be aligned with those adopted by TDR's co-sponsors and other international organizations.¹⁵

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 team, including contracting for research grants and services.

¹⁵ OECD (2023), Glossary of Key Terms in Evaluation and Results-based Management for Sustainable Development (Second Edition), OECD Publishing, Paris, <https://doi.org/10.1787/632da462-en-fr-es> accessed on 19 Feb. 2024.

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

Baseline data – Indicator data that describes the situation at the beginning of the strategy's 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- or middle-income¹⁶ country in which infectious diseases (whether endemic or epidemic) contribute to the overall burden of disease¹⁷ or mortality and/or a major public health problem.

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 team, 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.

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 achievement 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.

¹⁶ As per the World Bank classification (<http://data.worldbank.org/about/country-classifications/country-and-lending-groups> accessed on 19 Feb. 2024).

¹⁷ World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO, <https://www.who.int/publications/i/item/9789240074323>, accessed 19 Feb. 2024.

Outcome – The likely or achieved short- and medium-term effects of an activity's output. Outcomes are short- and medium-term changes derived from outputs. Outcomes are often changes in the institutional and community behavioural capacities for development conditions that occur between the completion of outputs and the achievement of impacts. 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, team 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 – Refers to the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases.

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

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

Review – An assessment of the performance of activities, team 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 once 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 1. Reporting

Types of report	Scope	Frequency	Target Audience
Portfolio progress report	Each team presents: progress on technical and financial implementation towards expected results; 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, Feb and Oct	TDR staff and management
Grant progress report (grants/contracts)	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; the Scientific Working Group, if relevant
Strategic Priority Area Annual Report	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 contributors and stakeholders with an update on achievements, strategic direction and planned activities	Annually	TDR management; STAC; JCB; resource contributors; stakeholders
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	TDR's operational, administrative and financial procedures and practices are reviewed by WHO internal auditors.	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 independent auditor as part of the WHO external audit.	Ad hoc	WHA, JCB
Special use reports	Some metrics such as those monitoring geographical and gender diversity of TDR staff will be measured at longer intervals and be reported separately.	Every 5–7 years	TDR management, STAC, JCB

Annex 2. Monitoring and Evaluation - Key Performance Indicators Matrix with yearly milestones

Expected results	Key performance indicators	Baseline (2023)	Target 2024	Target 2025	Target 2026	Target 2027	Target 2028	Target (2029)	Source of data	Frequency of measurement
Outcome:										
Infectious disease knowledge, solutions and implementation strategies translated into policy and practice in disease endemic countries^[1]	1. Number and evidence when innovative knowledge or new/improved solutions/tools developed with TDR support are applied in disease-endemic countries and communities, disaggregated by region	0	16-18	32-36	48-54	64-72	80-90	96-100	Publications, annual reports, interviews, surveys, eTDR, case studies	Measured annually, cumulative over 6 years
	2. Number and evidence when new tools and reports are used to inform policy and/or practice of global/regional stakeholders or major funding agencies	0	2	5	8	11	13	15	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	3. Evidence demonstrating the benefits of TDR outputs on women, gender, equity, vulnerable groups, including people with disabilities, used to inform policy and/or practice	NA	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Publications, annual reports, interviews, surveys, case studies	Measured annually
Research outputs:										
High quality intervention and implementation research evidence produced in response to global and country needs	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	0	6-7	12-14	18-21	24-28	30-35	40	Publications, annual reports, interviews, surveys, eTDR	Measured annually, cumulative over 6 years
	5. Proportion of outputs (innovative knowledge, new/improved solutions, implementation strategies, publications) addressing at least one of the global health challenges outlined in the strategy	tbc	40-50%	45-55%	45-60%	50-65%	50-75%	50-80%	Annual reports, thematic reports, eTDR	Measured annually
Capacity strengthening outputs:										
Enhanced research and knowledge transfer capacity within disease endemic countries	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 or related to TDR support.	0	2	3	5	7	9	10	Publications, annual reports, interviews, surveys	Measured annually, cumulative over 6 years
	7. Number of TDR trainees and fellow disaggregated by gender and WHO region: i. long courses and postgraduate education (LC); ii. proportion demonstrating career progression and/or increased scientific productivity; and iii. short courses and MOOC (SC)	0	i. 150 ii. NA iii. 1500 W 45-55%	i. 300 ii. NA iii. 3000 W 45-55%	i. 450 ii. NA iii. 4500 W 45-55%	i. 600 ii. NA iii. 6000 W 45-55%	i. 750 ii. NA iii. 7500 W 45-55%	i. 900 ii. 280% iii. 9000 W 45-55%	eTDR, interviews, surveys, annual reports, TDR Global	Number measured annually, cumulative over 6 years; Proportion measured on cohorts 3-5 years after LC training ended
Global engagement outputs:										
Key stakeholders engaged in harmonizing agenda and practices and in new initiatives	8. Number and evidence of research-related agendas, recommendations and practices agreed by stakeholders at global, regional or country level and facilitated by TDR	0	2			4		6	Publications, annual reports, interviews, surveys	Measured at the end of biennium, cumulative over 6 years
	9. Evidence of stakeholder engagement in TDR joint initiatives aligned with TDR strategic objectives, including the four global health challenges.	NA	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Publications, annual reports, interviews, surveys	Measured annually

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

Application of core values

Expected results	Key performance indicators	Baseline (2023)	Target 2024	Target 2025	Target 2026	Target 2027	Target 2028	Target (2029)	Source of data	Frequency of measurement
Equity	10. Proportion of TDR grants/contracts awarded to institutions or individuals in DEC countries (total count and total amount) disaggregated by region.	85% count 88% amount	67-90%	67-90%	67-90%	67-90%	67-90%	67-90% DEC	GSM financial data, TDR database, eTDR	Measured annually
<u><i>Social and economic equity:</i></u>	11. Proportion of experts from DEC countries on TDR external advisory committees disaggregated by region.	57%	50-75%	50-75%	50-75%	50-75%	50-75%	50-75%	GSM financial data, TDR database, eTDR	Measured annually
	12. Proportion of peer-reviewed publications supported by TDR with authors from DEC countries (first author, last author, corresponding author) disaggregated by region.	FA: 77% LA: 57% CA: 72%	≥67%	≥67%	≥67%	≥67%	≥67%	≥67%	Bibliographic analysis	Measured annually
	13. Number of peer-reviewed publications supported by TDR and percentage published in open/free access	179 97%	≥100 90-95%	≥200 90-95%	≥300 90-95%	≥400 90-95%	≥500 90-95%	≥600 90-95%	Bibliographic analysis	Measured annually
<u><i>Gender equity:</i></u>	14. Proportion of women among grantees/contract recipients (total count and total amount) disaggregated by region.	47% count 49% amount	45-55%	45-55%	45-55%	45-55%	45-55%	45-55%	GSM financial data, TDR database, eTDR	Measured annually
	15. Proportion of women on TDR external advisory committees	67%	45-55%	45-55%	45-55%	45-55%	45-55%	45-55%	GSM financial data, TDR database, eTDR	Measured annually
	16. Proportion of women authors of peer-reviewed publications supported by TDR (first author, last author, corresponding author)	FA 42% LA: 31% CA: 36%	45-55%	45-55%	45-55%	45-55%	45-55%	45-55%	Bibliographic analysis, TDR database	Measured annually
	17. Proportion of peer-reviewed publications explicitly considering gender and women issues, vulnerable groups or people with disabilities	62%	>75%	>75%	>75%	>75%	>75%	>75%	Bibliographic analysis, TDR database	Measured annually
Effective multisectoral partnerships	18. Resources leveraged as direct contributions (co-funding, services or in-kind) to TDR projects (examples)	\$ 1:1 (\$ TDR : \$ partners) People 1:50 (TDR : in the field)	≥50%	≥50%	≥50%	≥50%	≥50%	≥50%	Portfolio reviews, project progress reports, interviews, eTDR	Measured at the end of biennium
Value-for-money	19. Evidence demonstrating value-for-money, cost savings and/or enhanced efficiency or effectiveness	NA	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	Evidence provided	GSM data, annual reports, TDR Global	Measured at the end of biennium
Quality of work	20. Proportion of project reports evaluated as satisfactory by external advisory committees	100%	>80%	>80%	>80%	>80%	>80%	>80%	Committee meeting minutes and recommendations, eTDR	Measured at the end of biennium
Sustainability of outcomes	21. Number of effective public health tools and strategies developed which have been in use for at least two years	0	6-7	12-14	18-21	24-28	30-35	40	Annual reports, publications country assessments	Measured at the end of biennium

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

Management performance										
Expected results	Key performance indicators	Baseline (2023)	Target 2024	Target 2025	Target 2026	Target 2027	Target 2028	Target (2029)	Source of data	Frequency of measurement
Effective resource mobilization	22. Percentage of approved biennial budget successfully funded	96% of the US\$ 40 million budget scenario		≥100%		≥100%		≥100%	TDR JCB-approved budget, WHO financial data	Measured at the end of biennium
	23. Percentage of income received from multi-year, unconditional donor agreements	35%		≥25%		≥25%		≥25%	WHO financial data, TDR agreements	Measured at the end of biennium
Effective management	24. Percentage of staff workplans and performance reviews (including personal development plan) completed on time	96%	≥90%	≥90%	≥90%	≥90%	≥90%	≥90%	WHO BI tool	Measured annually
	25. Proportion of expected results on track	84%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	Portfolio review, eTDR	Measured annually
	26. Proportion of significant risk management action plans that are on track	100%	≥80%	≥80%	≥80%	≥80%	≥80%	≥80%	Portfolio review, risk monitoring tool	Measured annually

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