



monitor
evaluate
improve

TDR Performance Assessment Framework

Measuring results



World Health
Organization



For research on
diseases of poverty
UNICEF • UNDP • World Bank • WHO

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Abbreviations

DEC	Disease endemic country
GSPoA	Global strategy and plan of action on public health, innovation and intellectual property
JCB	Joint Coordinating Board
KPI	Key performance indicator
MDG	Millennium Development Goal
OECD-DAC	Development Assistance Committee of the Organization for Economic Co-operation and Development
SAC	Scientific and Strategic Advisory Committee
SC	Standing Committee
SMG	Senior Management Group
SPT	Special Project Team
STAC	Scientific and Technical Advisory Committee
TDR	The 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
WHO SOs	World Health Organization Strategic Objectives

About the framework

This Performance Assessment Framework is a key element in the implementation of the Ten Year Vision and Strategy¹ of TDR, the Special Programme for Research and Training in Tropical Diseases. It has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making.
- Enhance accountability to stakeholders – both beneficiaries and resource contributors.
- Ensure strategic relevance and coherence of TDR's activities to meet the aspirations expressed in the Vision and Strategy document.
- Ensure TDR's performance assessment is harmonized and consistent with international practices.

The framework builds on the approach to measure TDR's impact as presented in the TDR Business Plan 2008–2013² and has been developed in consultation with TDR staff, WHO research-related programmes and regional offices, 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 (DECs). The framework development process is described in Annex 1.

The framework is a tool for use both by TDR staff and the broad range of stakeholders involved in the governance and implementation of TDR's Ten Year Vision and Strategy. It promotes and guides systematic assessment of TDR's strategic and technical relevance and contribution towards its vision of *'fostering an effective global research effort on infectious diseases of poverty in which disease endemic countries play a pivotal role'*. It clarifies how performance assessment at various levels fits together and the role of different stakeholders.

Assessing performance is an ongoing process and this framework will need to be continuously reviewed and refined in order to address the Programme needs and achieve its objectives. This

document outlines the proposed framework in the context of the current systems in place to review TDR's performance. It is divided into four parts:

- **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 expected results 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. This process remains unchanged in the proposed framework.
- **Part IV** outlines the next steps to be taken to apply this framework at the different Programme levels. It explains how monitoring and evaluation findings is utilized for organizational learning and performance improvement.

Terms adopted by TDR are listed at the end of the document.³ Annex 2 provides a summary of the various reporting instruments. The TDR monitoring and evaluation matrix is presented in Annex 3. It lists, for each key performance indicator: (i) the specific achievement target; (ii) baseline data representing the situation before the start of the activities; (iii) the source of verification; and (iv) when the measurement needs to be made.

1. Ten year vision and strategy. Geneva, WHO/TDR, 2007 (TDR/GEN/06.5/EN/Rev.2) (<http://apps.who.int/tdr/documents/TDR-10-year-vision.pdf>, accessed 6 January 2010).

2. TDR business plan 2008–2013. Geneva, WHO/TDR, 2007 (TDR/GEN/07/EN/Rev.1) (<http://apps.who.int/tdr/documents/TDR-business-plan-2008.pdf>, accessed 6 January 2010).

3. 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.

The framework: an overview

A framework to guide systematic assessment of performance

Until recently, TDR has focused its monitoring and evaluation efforts on *outputs*. The proposed framework expands TDR's performance assessment to TDR's *outcomes and expected impact* on global health. The framework builds upon the existing review process and guides TDR staff and stakeholders through a more systematic way of monitoring and evaluating the Programme's performance.

Towards continuous performance improvement

While enhancing accountability, measurement of the Programme's performance gives an understanding of "what works and what doesn't" and also what the underlying factors are. This leads to organizational learning and informed decision-making, which in turn fosters performance improvement.

Performance is assessed at activity, team and Programme levels

To ensure consistency and coherence, the various measurements are aggregated as much as possible across the Programme.

Performance is assessed against expected results described in the TDR results chain

To guide the performance assessment, the Programme's expected results need to be clearly outlined. The Programme's results chain (Fig. 3, Section 1, Part II) presents these expected results and reflects the Programme's logic to achieving its objectives and in contributing to the broader impact on global health.

Key performance indicators are used to reflect the main performance

At each level, TDR concentrates its performance assessment on three areas: (1) achievement of scientific and strategic objectives; (2) application of core values (disease endemic countries playing a pivotal role; equity; effective partnerships; sustainability); and (3) management performance. Key performance indicators have been developed to reflect performance across the Programme (Annex 3).

PART I: WHY DO WE ASSESS PERFORMANCE AND WHICH APPROACH DO WE TAKE?

1 Performance assessment as an essential element of the TDR Ten Year Vision and Strategy

TDR's vision is to "*foster an effective global research effort on infectious diseases of poverty, in which disease endemic countries play a pivotal role*".

The strategy developed to accomplish this vision was launched on 1 January 2008 and has the following objectives:

- To facilitate the harmonization of global research efforts
- To foster disease endemic countries leadership in research for health
- To enhance access to superior interventions

Three major strategic functions have been established to achieve these objectives:

- Stewardship for harmonizing global research efforts by facilitating research priority setting and knowledge management
- Empowerment of disease endemic countries to assume leadership in research for health at individual, institutional and national/global levels
- Research on Neglected Priority Needs to provide support for innovative research on priority needs which are not adequately addressed.

These three strategic functions have been operationalized through teams. The work of each team is results-oriented and has a supporting business plan.

Previously, TDR's performance assessment focused on monitoring resources invested (inputs), activities implemented (process), and products and services delivered (outputs). With the implementation of TDR's Ten Year Vision and Strategy, there was an increased demand to demonstrate effectiveness, making it necessary to expand the assessment to TDR's outcomes and expected impact on global health. This expansion is important not only in relation to TDR's research portfolio (under the Research strategic function), but also with regard to TDR's Empowerment and Stewardship strategic functions, which need to clearly demonstrate their added value. This proposed framework builds on existing internal and external review processes, developing a more systematic way of monitoring and evaluating TDR's outcomes and its contribution towards realization of its vision.

2 Towards performance improvement

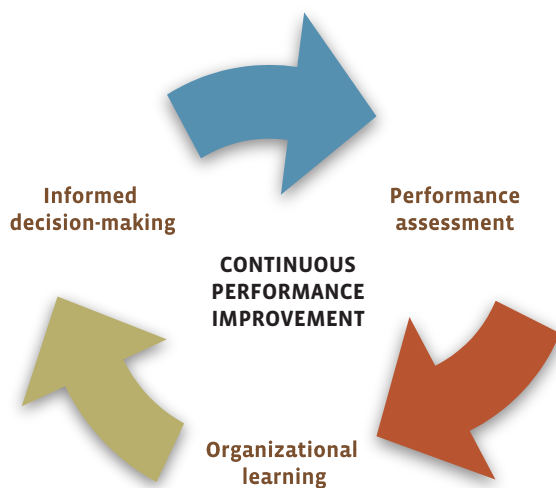
The purpose of assessing performance is to analyse the Programme's added value and to understand the factors that affect the achievement of its objectives.

TDR's performance assessment has the following objectives:

- Promote continuous performance improvement through organizational review, learning and informed decision-making (Fig. 1).

- Enhance accountability to stakeholders – both beneficiaries and resource contributors.
- Ensure strategic relevance and coherence of TDR activities to meet the aspirations expressed in the Vision and Strategy document.

Figure 1. Role of performance assessment in the continuous performance improvement process



Adapted from *Handbook on planning, monitoring and evaluating for development results*. New York, United Nations Development Programme, 2009 (<http://stone.undp.org/undpweb/eo/eval-net/Handbook2/documents/english/pme-handbook.pdf>, accessed on 6 January 2010).

3 Guiding principles to enhance ownership and utilization

The performance assessment, including monitoring and evaluation activities is guided by principles based on TDR's past experiences, principles outlined in international guidelines, and lessons learnt from other international organizations (Annex 1). TDR guiding principles include:

- **Inclusiveness and transparency**

Engaging TDR staff and stakeholders in the development of the monitoring and evaluation 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 user 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 assessment framework has a broad and comprehensive scope when addressing the Programme's scientific and strategic objectives, core values and management performance. These are monitored and evaluated at activity, team and Programme levels, as described below.

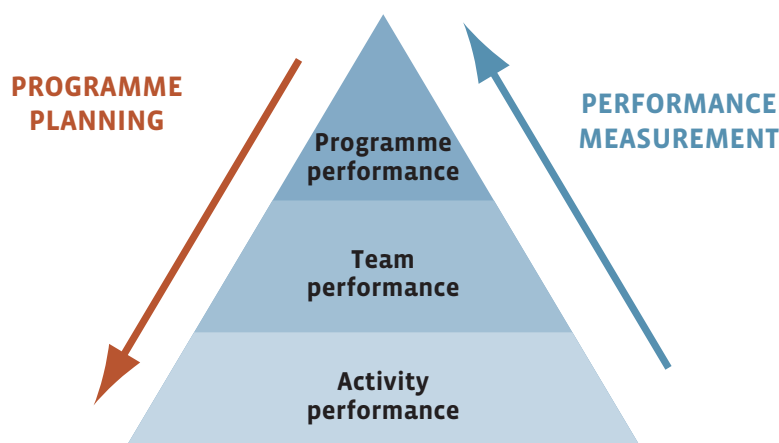
4.1 Assessing performance at activity, team and Programme levels

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

- Activity level (project management and contract management, including research grants)
- Team level
- 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. 2.

Figure 2. Aggregation of Programme performance



4.2 Assessing performance in achieving scientific and strategic objectives, applying TDR core values and management

At each level, TDR concentrates its performance assessment on three specific areas:

- **Achievement of scientific and strategic objectives**

Measuring the extent to which specific objectives: (1) remain strategically relevant and coherent within the global context, and (2) have been achieved. Achievement of objectives is assessed through measurement of outcomes.

- **Application of TDR's core values**

- *Disease endemic countries playing a pivotal role*

Measuring the extent to which disease endemic countries have an influential/critical/leadership participation in TDR research-related activities, ranging from research priority setting and research partnerships to ultimately strengthening policy-making.

- *Equity*

Measuring the extent to which TDR has mainstreamed equity issues, such as gender balance and other social determinants of health, in its portfolio.

- *Effective partnerships*

Measuring the extent to which TDR is working through useful and productive partnerships.

- *Sustainability*

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

- **Management performance**

Measuring the extent to which objectives have been achieved efficiently through contribution from teams, units and individuals.

These assessments will be conducted through systematic monitoring, reporting and evaluation processes.

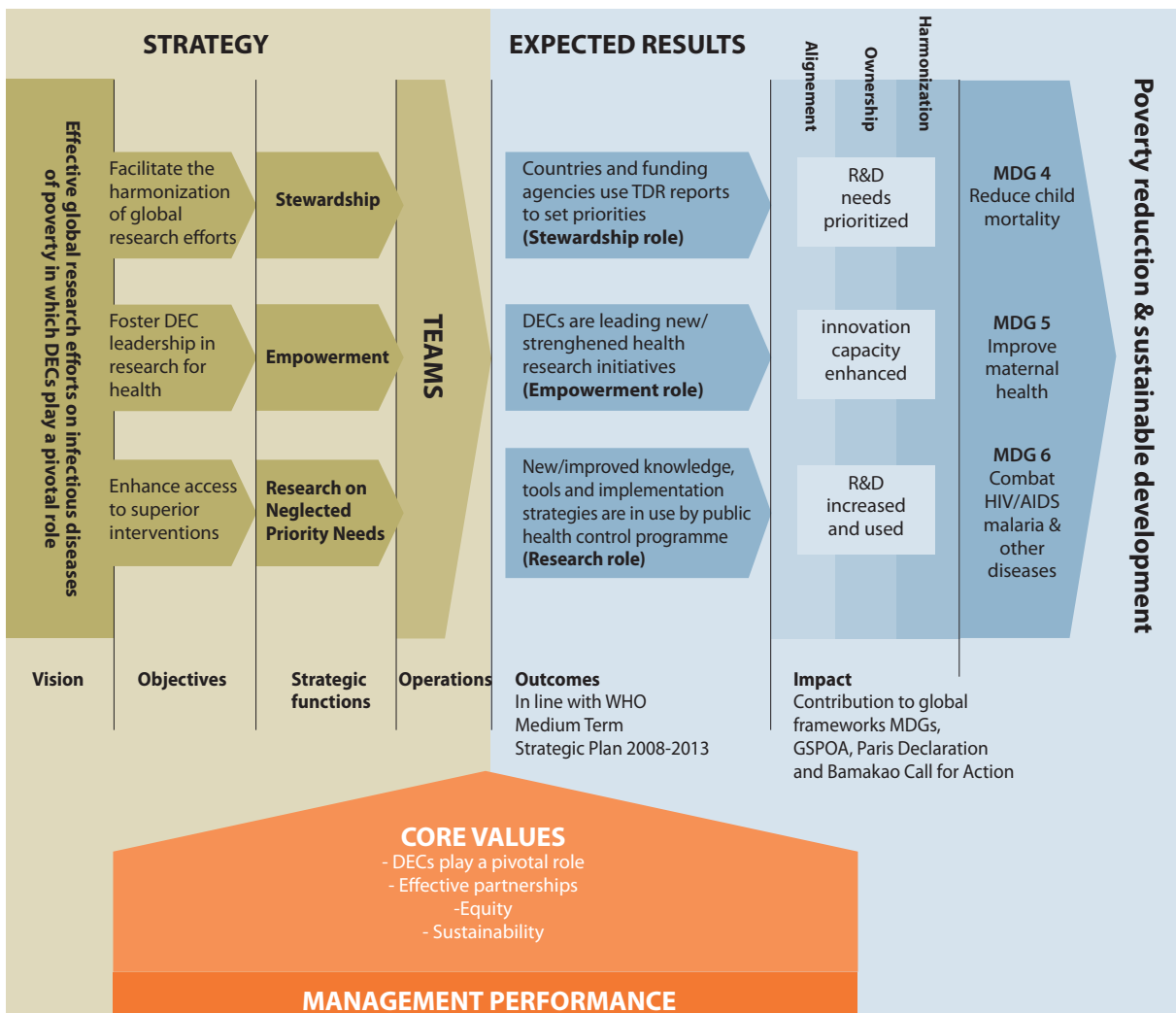
PART II: ASSESSING PERFORMANCE AGAINST EXPECTED RESULTS

1 The TDR expected results guide the assessment of performance at the Programme level

To guide the performance assessment, the Programme's expected results are clearly outlined. The Programme's results chain (Fig. 3) presents these

expected results and reflects the Programme's logic to achieving its objectives and in contributing to the broader impact on global health.

Figure 3. TDR results chain



CORE VALUES

- DECs play a pivotal role
- Effective partnerships
- Equity
- Sustainability

MANAGEMENT PERFORMANCE

Figure 4. Results chain at the team level

Inputs	Process	Results		
		Outputs	Outcomes	Impact
<ul style="list-style-type: none"> Financial, human and material resources used 	<ul style="list-style-type: none"> Activities 	<ul style="list-style-type: none"> Products and services delivered (deliverables) 	<ul style="list-style-type: none"> The likely or achieved short-term and medium-term effects of outputs 	<ul style="list-style-type: none"> Changes at global health level Likely or achieved positive or negative, primary or secondary long-term change – produced directly or indirectly, intended or unintended
Illustrative Example: accessible Quality-assured Diagnostics – The performance of malaria rapid diagnostic tests (RDTs)				
<ul style="list-style-type: none"> Established network of 10 sites, in countries from three continents, with quality-assured specimen collection US\$ 1.5 million funded by six organizations in various countries. 	<ul style="list-style-type: none"> Establishment of specimen collection sites and central repository Engagement of industry (expression of interest) Methodologies for parasite characterization Product testing (round 1 – 41 RDTs) 2007–2009 	<ul style="list-style-type: none"> Report on malaria RDT product testing: (round 1) April 2009 (publication) Advice given to Global Malaria Programme and WHO Procurement Services Q3–Q4 2009 Internal and external consultations on reports Q3–Q4 2009 	<ul style="list-style-type: none"> Quality malaria RDTs included in WHO Bulk Procurement Scheme 2010 National malaria control programmes, United Nations agencies, non-governmental organizations changing and scaling up RDT selection based on the results of WHO Product Testing 2011 (TDR expected outcome 3) 	<ul style="list-style-type: none"> Increased global confirmed cases of malaria Reduction of over-treatment and misdiagnosis of malaria and fever, respectively Improved monitoring capacity of malaria control interventions (Insecticide-treated bednet, indoor residual spray) MDG 4: Reduce child mortality MDG 6: Combat HIV/AIDS, malaria and other diseases 2013–2015
Attribution			Contribution	
Inputs, processes and outputs are directly attributed to TDR			It is expected that TDR outputs will contribute to global benefit	
Monitoring >>>			Evaluation >>>	
Are we on track?			Are we on the right track?	

2 The team's expected results guide the assessment of performance at team and activity levels

Expected results at the team's level are defined and presented in a results chain (Fig. 4), consistent with the overall TDR results chain. This results chain follows the flow from input to impact, and demonstrates how the results fit into TDR's strategy. The example given here as illustration is that of the assessment of rapid diagnostic tests (RDTs) for malaria. The expected outcome "Quality Malaria RDTs included in the WHO Bulk Procurement Scheme and implemented in disease endemic countries" is a specific example of the TDR expected outcome "new knowledge, new or improved tools or implementation strategies, developed with significant contribution from TDR which have been used" (as shown earlier in Fig. 3).

The results chain guides the monitoring and evaluation of the team performance. It highlights how monitoring and evaluation processes help track the team's progress ("are we on track?") while ensuring its strategic relevance ("are we on the right track?"). Monitoring focuses on tracking progress towards results. Evaluation focuses on assessing relevance,

impact, effectiveness, efficiency and sustainability; it helps to understand the role of various underlying factors in the success and failure of activities, teams and Programme 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), as represented in Fig. 4. Periodic external evaluation will ensure the Programme maintains strategic relevance to global issues.

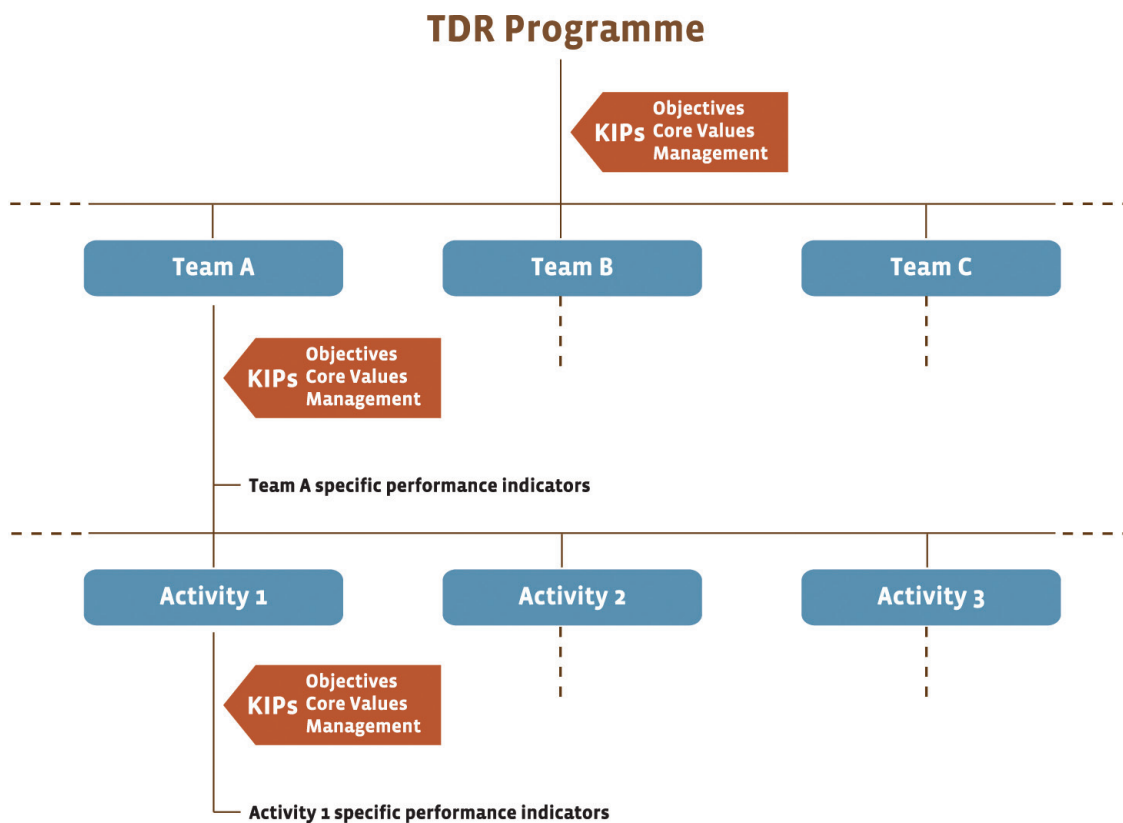
Managerial control of the process is greater during the implementation phase. Delivery of outputs can therefore be clearly attributed to the Programme. However, the Programme cannot achieve expected outcomes and impacts on its own – various stakeholders and external factors contribute to their attainment. While the specific contribution from programmes to outcomes and impacts cannot always be measured, it is possible to demonstrate the link between programme's outputs and the desired/achieved outcomes and impact.

3 Defining performance indicators across the Programme

TDR has developed a limited number of quantitative and qualitative key performance indicators to help measure progress and assess performance at the Programme level (see key performance indicators, Part II, Section 4).

Key performance indicators are selected at the activity and team levels and aggregated up to the Programme level (Fig. 5). Additional performance indicators, specific to the team or activity, may be developed in order to measure the team's performance in a comprehensive way.

Figure 5. Aggregation of key performance indicators (KPIs) across the Programme levels



4 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 realized, however, that the use of indicators has limitations and all aspects of performance cannot be expressed (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 trying to reflect performance that traditionally are hard to quantify and, in some cases, are controversial. All the proposed indicators are SMART (specific, mea-

surable, attainable, relevant, and time bound).

Table 1 presents a list of the key performance indicators which will be used across the Programme to measure and report on the three main performance areas. The indicators will be selected by respective teams as relevant. Additional specific performance areas can be covered at the team level when required.

TDR monitoring and evaluation matrix is presented in Annex 3. For each indicator, it presents (i) the specific achievement target; (ii) baseline data representing the situation before the start of activities; (iii) the source of verification and (iv) when the measurement will be made.

Table 1. TDR key performance indicators

Expected results	Key performance indicators
Achievement of scientific and strategic objectives/outcomes	
1. Countries and major funding agencies use TDR scientific and strategic reports to set research priorities <i>(Stewardship function)</i>	1.a Number and evidence of DEC's using TDR scientific and strategic reports in strategy and priority setting 1.b Number and evidence of major funding agencies using TDR reports in strategy and priority setting 1.c Evidence that TDR reports are perceived as a credible authoritative source of information
2. DEC's are leading new/strengthened health research initiatives <i>(Empowerment function)</i>	2.a Number and evidence of new/strengthened national governance structures for health research in DEC's 2.b Number and evidence of new/strengthened functional networks led by DEC's 2.c Number and evidence of health research institutions that accessed further funding attributable to TDR 2.d Proportion of TDR grantees' publications with first author from DEC institutions
3. New/improved knowledge, tools and implementation strategies are used in DEC's <i>(Research on Neglected Priority Needs function)</i>	3.a Number and evidence of cases of breakthrough scientific knowledge which has advanced the development of new/improved tools and strategies 3.b Number and evidence of use of new/improved drug, diagnostic or vector control tools 3.c Number and evidence of use of new/improved case-management, control or implementation strategies
Application of core values	
4. DEC's are playing a critical leadership role in research related activities <i>(DEC's playing a pivotal role)</i>	4.a Evidence of DEC leadership in research related activities 4.b Proportion of TDR grants/contracts awarded to DEC's (over total number and total funding) 4.c Proportion of DEC experts in TDR advisory committees
5. Promotion of equity in research and activities <i>(Equity)</i>	5.a Proportion of TDR grants/contracts awarded to low-income countries (over total number and total funding) 5.b Proportion of TDR grants/contracts relevant to gender issues and/or vulnerable populations 5.c Proportion of females among grantees/contract recipients (over total number and total funding) 5.d Proportion of females among experts in TDR advisory committees

Table 1. Continuing

Expected results	Key performance indicators
Application of core values (continuing)	
6. Working in partnerships following formal collaborative frameworks <i>(Effective partnerships)</i>	6.a Number and evidence of formal partnerships in line with TDR strategy
	6.b TDR partnerships are perceived as useful and productive
7. Initiatives, tools and strategies incubated and transitioned are sustainable <i>(Sustainability)</i>	7.a Number and evidence of projects transitioned to and sustained by institutions, organizations or agencies for at least two years
	7.b Number of new organizations incubated within TDR
	7.c Number of effective tools and strategies developed which have been in use for at least two years
Management performance	
8. Effective quality assurance	8.a Proportion of new research studies that follow international norms and standards
9. Effective resource mobilization	9.a Financial resources made available for the biennium to cover planned activities (US\$ millions)
10. Efficient management	10.a Proportion of funds spent according to workplans
	10.b Proportion of workplans on track
	10.c Evidence of leadership in responding to opportunities and to managerial challenges
11. Overall satisfaction with management	11.a Proportion of positive satisfaction response from TDR grantees, partners and donors
	11.b Proportion of positive satisfaction response from TDR staff

PART III: HOW DO WE MONITOR AND EVALUATE TDR PERFORMANCE?

Both the TDR secretariat and stakeholders (such as grant and contract managers, advisory committees, partners and governing bodies) carry out regular performance assessment. Frequency of these reviews varies from monthly (internal review) to yearly/twice a year (external). Independent external evaluations are done at least once every six years.

1 Engagement of TDR and stakeholders

1.1 Team and activity levels

1.1.1. Monitoring by team leaders and activity managers

Teams have developed respective results chains and related key performance indicators that they use to monitor progress towards results.

To do this, managers developed the team monitoring and evaluation matrix. For each selected indicator, the matrix provides the following elements: (i) the specific achievement target; (ii) baseline data representing the situation before the start of the activities; (iii) the source of verification and (iv)

when the measurement will be made.

These elements are then reviewed internally at the annual portfolio review and externally by advisory committees and TDR governing bodies.

Performance monitoring activities are conducted according to the respective team monitoring and evaluation matrix (Table 2).

Table 2. Team monitoring and evaluation matrix (illustrative example)

Team performance indicator (output and outcome levels)	Relationship of this indicator to the TDR key performance indicators	Baseline data	Target/timeline	Source/criteria	Measurement: when and by whom	Progress
Output indicator: Report on the performance of malaria Rapid Diagnostic Tests; procurement advice given to WHO	Result expected to contribute to programme indicator 3b (as per Table 1, page 12)	0 (2007)	One report presenting the quality of malaria Rapid Diagnostic Tests tested under standardized methods available by December 2008	Report reviewed by Global Malaria Programme, Roll Back Malaria Partnership secretariat, scientific steering group and external stakeholders	Upon completion by December 2008 Report published April 2009 (World Malaria Day)	Assessment in various sites completed; Report being compiled
Outcome indicator: Etc.....						

Teams also monitor ongoing progress of their activities. The stage towards the completion of respective outputs is illustrated graphically. Key

milestones are highlighted to reflect the main events, achievements or decisions and map out the main steps of respective workplans (Fig. 6).

Figure 6. Progress in reaching key milestones (illustrative example)

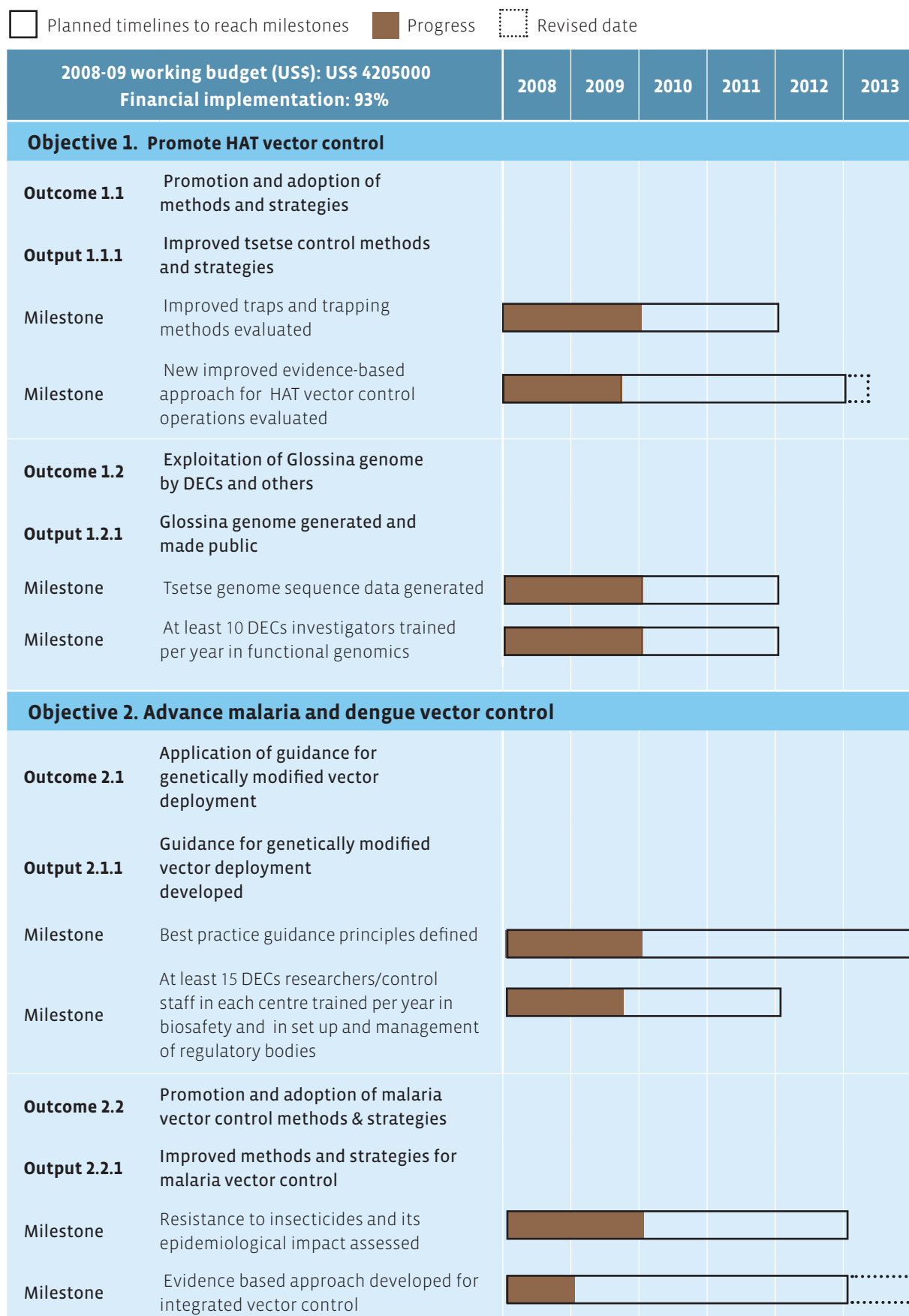
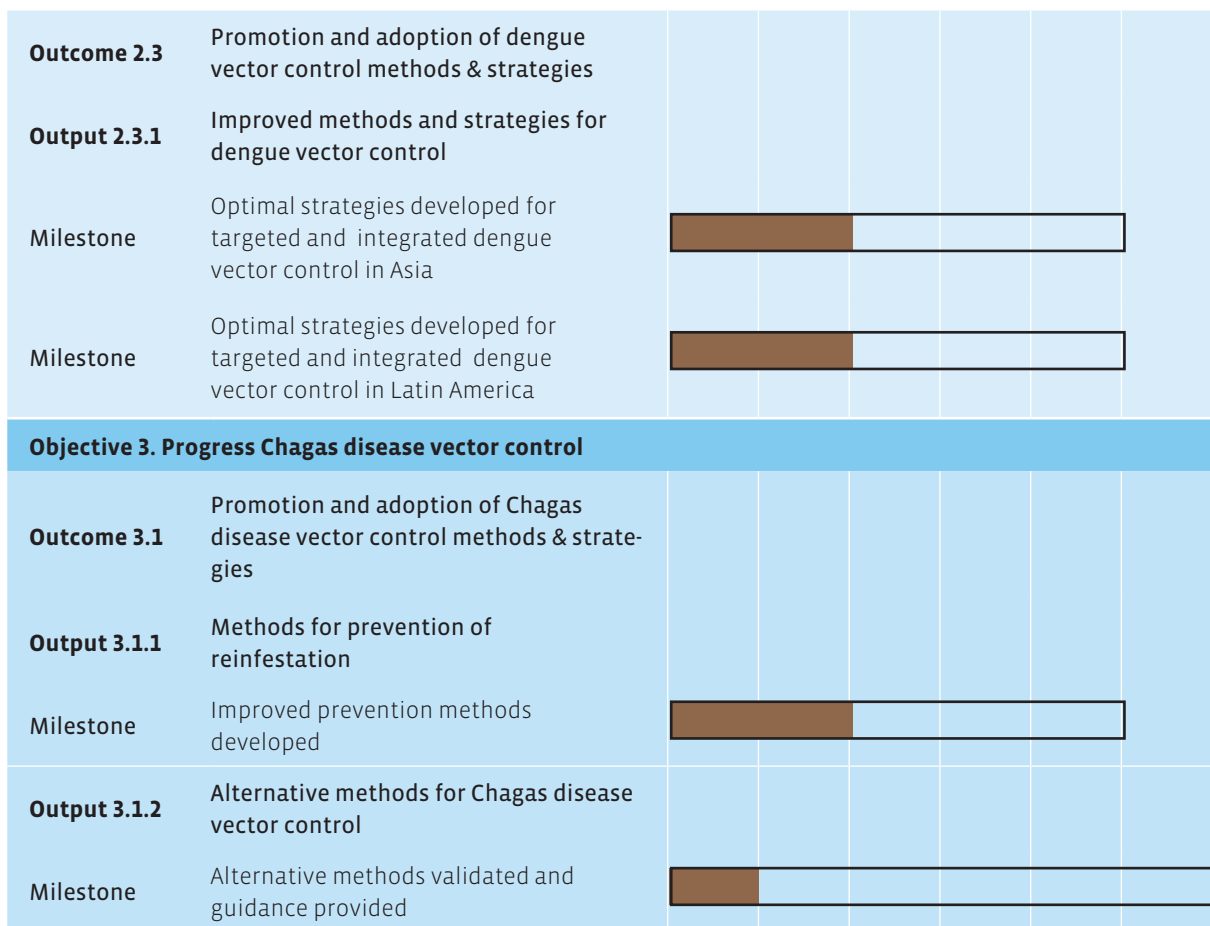


Figure 6. Continuing



1.1.2. Evaluation by advisory committees

Strategic and Scientific Advisory Committees (SAC) have been established to evaluate specific areas of work and their relevance and the quality and performance of its activities. Each SAC provides recommendations to the Director and TDR's Scientific and Technical Advisory Committee (STAC) on the team's strategy, budget and any appointment of sub-committees. These sub-committees, called Special Project Teams (SPTs), support specific activities and provide advice at the operational level to TDR's management and to the respective SAC. SACs meet at least once a year and SPTs meet based on operational need, either in person or by tele- or video-conferencing. These committees review the teams strategies and expected results and evaluate progress based on monitoring and evaluation data collected by the respective manager.

1.1.3. Ad hoc contracted evaluation studies

Evaluation studies to address specific issues or questions related to the team or its activities are conducted as required. They may be requested by TDR managers or advisory committees or, in special circumstances, by one of TDR's governing bodies.

1.2 Programme level

1.2.1. Internal monitoring through monthly review meetings

The progress of teams activities is monitored in monthly review meetings; team progress is compiled in standardized progress reports. At review meetings the aim is to track technical and financial progress, identify critical issues, decide on actions to be taken, and share information and lessons learnt with other teams and with TDR support areas.

1.2.2. Internal evaluation at annual portfolio review

Each team's performance is assessed during an annual portfolio review and is compiled into reports. The reports are internally reviewed before submission to TDR governing bodies (see next page). Workplans, budgets and challenges for the forthcoming year are discussed. The portfolio review provides an opportunity to assess the coherence and relevance of the portfolio to TDR's vision. It is also a forum for sharing experience and organizational learning.

1.2.3. 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 12 countries elected by the six WHO regional committees; 12 resource contributor countries or constituencies; six other cooperating parties and the four co-sponsoring agencies (see Fig. 7). The Board reviews the expected results, performance and relevance of the Programme annually and approves the Programme's budget for the following biennium. This framework guides the Board's review.

Scientific and Technical Advisory Committee – The JCB is 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. STAC reviews the Programme's expected results and performance as presented in progress reports. The present framework guides this review.

Standing Committee – The Standing Committee consists of the four co-sponsoring agencies, with the Chair and Vice-chair JCB and Chair STAC attending in an ex officio capacity. It oversees the overall management and administrative support of the Programme.

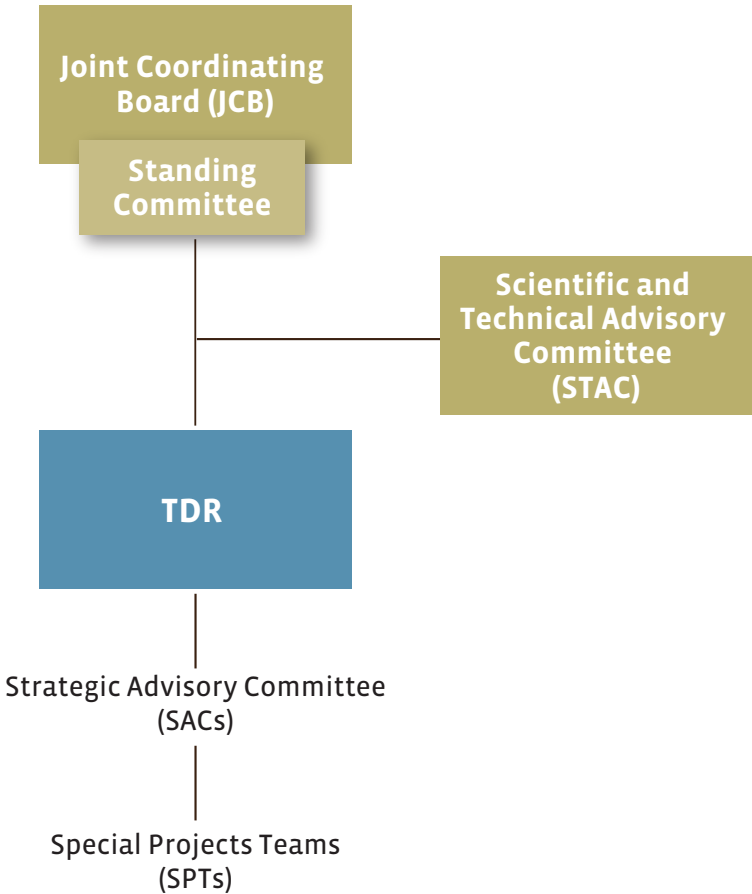
The TDR annual report, highlighting the Programme's performance, is provided to the governing bodies. STAC reviews a draft version and the final report is reviewed by the JCB.

The oversight review model described in Fig. 7 provides TDR with convening power, legitimacy and access to global expertise and knowledge from multiple disciplines and sectors.

1.2.4. WHO's performance assessment by the World Health Assembly

TDR contributes to two of the thirteen WHO strategic objectives (SOs) highlighted in the Eleventh General Programme of Work 2006-2015 – A Global Health Agenda: (a) SO1 – to reduce the health, social and economic burden of communicable diseases; and (b) SO2 – to combat HIV/AIDS, tuberculosis and malaria. TDR's technical and financial progress towards achieving the specific expected results contributing to these two SOs is compiled in WHO's annual Performance Assessment Report, which is reviewed by the Executive Board and the World Health Assembly.

Figure 7. TDR oversight review model



1.2.5. 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 schedules 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 team responsible for portfolio management facilitates the performance assessment process in consultation with the Director, the Senior Management Group and stakeholders. It fosters the utilization of monitoring and evaluation findings for continuous improvement through portfolio analysis, policy advice and as the basis for decision-making. This team facilitates organizational learning and information management in close collaboration with the team responsible for programme management and other relevant teams.

The Senior Management Group is engaged in the development and implementation of the Performance Assessment Framework. The Senior Management Group has a critical role in promoting and leading continuous performance improvement at all levels of the Programme, utilizing the monitoring and evaluation data and contributing to organizational learning.

Team leaders and project managers are responsible for effective management of team activities. They lead the development and implementation of the team monitoring and evaluation matrix. Team leaders and the project managers are also responsible for integrating systematic performance assessment within the activities of the teams.

Stakeholders will increasingly be engaged in the development and implementation of the Performance Assessment Framework. Principle investigators, consultants and institutions under contract to WHO/TDR manage activities, monitor their progress and evaluate results prior to independent review. Partners assist TDR in identifying collective outcomes and impact, and help develop the means with which they may be jointly measured. External advisers, e.g. advisory committee members, evaluate relevance, quality and achievements at the activity, team and the Programme levels.

Governing bodies, including representatives from disease endemic countries, review programme expected results and performance and request periodic external review and ad hoc independent evaluations on specific issues as required.

2 Independent programme evaluation

2.1 External and independent review

The JCB regularly requests an independent external review of TDR. These reviews have been instrumental in guiding TDR's development. The current strategy was developed following the last external review in 2005.

2.2 External audits

In addition to WHO internal audits, TDR's operational, administrative and financial procedures and practices are subject to a separate, independent external audit every two years. The report and statement of the external auditor is made available to the World Health Assembly the year following the financial end of a biennium. Any references to TDR are made available to the JCB.

PART IV: HOW APPLYING THE FRAMEWORK AFFECTS TDR?

1 Optimizing the framework as needed

Implementation of the framework is an incremental process starting at the Programme level, then being integrated, step-by-step, at team and activity levels. The framework builds on systems that

already exist. As the framework is tested and then implemented at the team and activity levels, it is optimized to facilitate its application and to fit the needs of the Programme.

2 Doing what is already done in a systematic and standardized way

The internal and external review systems established as the TDR strategy was launched (see Part III) are used to facilitate a systematic TDR monitoring and evaluation processes. During the first two years of the strategy implementation, teams developed their respective results chains and

defined related performance indicators. These indicators have been reviewed in the context of the framework.

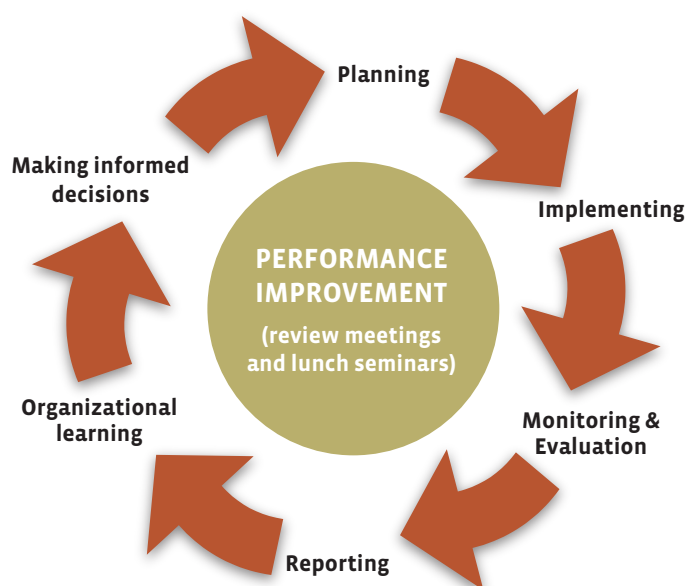
3 Utilizing monitoring and evaluation findings to learn, share and improve

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

Fig. 8 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 indi-

vidual and organizational levels. 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.

Figure 8. Use of monitoring and evaluation findings for organizational learning



Described below are various opportunities at TDR to discuss collectively the monitoring and evaluation findings.

Internal review meetings provide a good opportunity to discuss progress and issues and share experience. Based on progress made, the spending plan is reviewed and adapted periodically in order to optimize fund allocation and enhance financial implementation.

Lunchtime seminars are regularly organized to discuss technical issues and share lessons learned.

At the *annual portfolio review meeting*, the performance of teams and units are internally peer-reviewed. This review is based on criteria and indicators presented in the framework. The portfolio review allows for reflection and discussion on past experiences.

The *governance structure* and *peer review process-*

es through the advisory committees greatly facilitate performance improvement. Recommendations are carefully analysed and addressed.

Follow up on recommendations is coordinated at the internal review meetings. Innovative processes and systems to facilitate organizational learning are being investigated. Proposals include development of a TDR intranet and an integrated information management system. This will provide an optimal opportunity to further adjust the strategy if it is needed.

4 Main challenges

Performance assessment and the related monitoring and evaluation activities are recognized as a critical element 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 specific outcomes and impact of a single programme is challenging, as improvements made in global health are often synergistic among stakeholders and seldom achieved by a single programme.

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 assessment process is critical for its success. Expanding the focus to outcomes and impact requires a major culture change within TDR. The Programme's research portfolio diversity and the focus on two 'open-ended' strategic functions, Empowerment and Stewardship, make the assessment of outcomes and impact challenging. In this context it is essential to keep the monitoring and evaluation system as simple and user friendly as possible.

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 organizations.

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.

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. For newly introduced areas of activities such as stewardship, the baseline level is set as zero. 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.

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-income or least developed country in which

infectious diseases (whether endemic or epidemic) contribute to the overall burden of disease or mortality and/or a major public health problem.

Empowerment – Empowerment of researchers and public health professionals from DECs is a process moving beyond traditional research training and technical capacity building. It aims to build leadership at individual, institutional and national levels so that DECs can better initiate and lead research activities, develop a stronger presence in international health research and effectively use research results to inform policy and practice.

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 project, 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 – Performance indicator that is shared across the Programme and can be aggregated from the activity level to the team level and from the team level to the Programme level.

Milestone – Performance indicator related to processes and used to track progress towards achievements of outputs. Milestones are key events, achievements or decision in work plans. 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, as proposed in the TDR results chain (Fig. 3), 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 control.

Output – Products and services resulting from activities. Products and services resulting from activities were called 'end-products' in the TDR Business Plan 2008–2013. In view of harmonizing terminologies at TDR with those adopted internationally, the term 'end-product' is now replaced by 'output'.

Partnership – Formalized relationship with a sign agreement between TDR and one or more country, region, organization, institution, company or foundation around an activity or set of activities in which there are well-defined common objectives and shared benefits, where both TDR and the strategic partner make continuing contributions in one or more strategic area, such as technical expertise, financial contribution, technology or product.

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.

Pivotal role – Influential/critical/leadership participation of individuals, institutions and national programmes in disease endemic countries in research-related activities, ranging from research priority setting and research partnerships to strengthening policy-making.

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 objectives. The team's results chain reflects the causal sequence of the team's expected results to achieve the team's objectives.

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.

Stewardship – Role as a facilitator and knowledge manager to provide a neutral platform for partners to harmonize their research activities and up-to-date analysis on global research needs, activities and progress; facilitate the identification of

evidence-based research priorities through a process in which disease endemic countries play a leading role and that specifically addresses gender issues; advocate for research on infectious diseases of the poor; and help focus the global research effort on priority needs in disease endemic countries.

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

Target – The targets provide a desirable level of achievement at a given time. Outcome targets are proposed for 2015 allowing for a span of two years after the current strategy period (2008–2013). Targets for the application of TDR core values and management performance are set for 2013 as they are expected to be achieved within the current strategy period. Targets for the TDR key performance indicators have been set and discussed through stakeholders consultations and validated by TDR governing bodies. Specific targets for teams performance indicators have been set by managers and validated by advisory committees and TDR governing bodies.

Related documents

Organization for Economic Co-operation and Development (OECD) - Development Assistance Committee, Working Party on Aid Evaluation - *Glossary of Key Terms in Evaluation and Results Based Management*, 2002. http://www.oecd.org/findDocument/0,2350,en_2649_34435_1_119678_1_1_1,00.html (accessed on 25 January 2010)

Organization for Economic Co-operation and Development (OECD) - Development Assistance Committee, *Principles for Evaluation of Development Assistance*, 1991, reprinted in 2008. <http://www.oecd.org/dataoecd/31/12/2755284.pdf> (accessed on 25 January 2010)

Organization for Economic Co-operation and Development (OECD) - Development Assistance Committee, *Evaluation Quality Standards*, 2006. http://www.oecd.org/document/30/0,3343,en_21571361_34047972_38903582_1_1_1_1,00.html (accessed on 25 January 2010)

United Nations Development Programme (UNDP) - *Handbook on Monitoring and Evaluation for Results*, 2002 up-dated in 2009. <http://stone.undp.org/undpweb/eo/evalnet/Handbook2/documents/english/pme-handbook.pdf> (accessed on 25 January 2010)

United Nations Development Programme (UNDP) – *RBM in UNDP: Selecting Indicators*, 2002. http://www.undp.org/cpr/iasc/content/docs/MandE/UNDP_RBM_Selecting_indicators.pdf (accessed on 25 January 2010)

United Nations Evaluation Group (UNEG) – *Ethical Guidelines for Evaluation*, 2007. <http://www.unevaluation.org/ethicalguidelines> (accessed on 25 January 2010)

United Nations Evaluation Group (UNEG) – *Principles of Working Together*, 2007. http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=96 (accessed on 25 January 2010)

United Nations Evaluation Group (UNEG) – *Standards for Evaluation in the UN System*, 2005. http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4 (accessed on 25 January 2010)

United Nations Evaluation Group (UNEG) – *Norms for Evaluation in the UN System*, 2005. http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4 (accessed on 25 January 2010)

United Nations Children's Fund (UNICEF) – *Programme policy and procedures manual: programme operations*, chapter 6. Programming tool, section 06. Integrated Monitoring and evaluation plan.

http://www.ceecis.org/remf/Service3/unicef_eng/module2/part1.html (accessed on 25 January 2010)

United Nations Children's Fund (UNICEF) – *Understanding Results Based Programme Planning and Management*, Evaluation Office and Division of Policy Planning, 2003. http://www.unicef.org/evaluation/files/RBM_Guide_20September2003.pdf (accessed on 25 January 2010)

United Nations Joint Inspection Unit – Implementation of Results-Based Management in the United Nations Organizations, Part I - *Series on Managing for Results in the United Nations System*. http://www.unjiu.org/data/reports/2004/en2004_6.pdf (accessed on 25 January 2010)

The World Bank, *Ten Steps to Results-Based Monitoring and Evaluation System*, A Handbook for Development Practitioners; Jody Zall Kusek, Ray C. Rist, 2004. http://extop-workflow.worldbank.org/extop/ecommerce/catalog/product-detail?product_id=3688663& (accessed on 25 January 2010)

The World Bank, *Annual Report on Operations Evaluation - Appendix A: Overview of Monitoring and Evaluation in the World Bank*, 2006. <http://web.worldbank.org/WBSITE/EXTERNAL/EXTOED/EXTAN NREPOPEVAL/0,,contentMDK:21123422~menuPK:4635630~pagePK:64829573~piPK:64829550~theSitePK:4425661,00.html> (accessed on 25 January 2010)

The World Bank, *Sourcebook on Emerging Good Practices – Emerging Good Practice in Managing For Development Results*, 2006. <http://www.mfdr.org/Sourcebook.html> (accessed on 25 January 2010)

World Health Organization (WHO) – *11th General Programme of Work 2006-2015*. http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf (accessed on 26 January 2010)

World Health Organization (WHO) – *Medium-Term Strategic Plan 2008-2013*. http://apps.who.int/gb/e_e_amtsp3.html (accessed on 26 January 2010)

Annexes

Annex 1 – Engaging stakeholders in the Development of this framework

Annex 2 – Reporting

Annex 3 – TDR Monitoring And Evaluation Matrix

Annex 4 – Indicators Glossary

ANNEX 1 Engaging stakeholders in the development of this framework

The development of the TDR Performance Assessment Framework has been conducted through a collective effort involving TDR staff and stakeholders. The process (Fig. 9) was facilitated by TDR's Portfolio Policy and Development unit (PAD) in consultation with TDR's Director and Senior Management Group and was undertaken in several drafting and reviewing steps. 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. This group was supported by four additional internal groups to help develop key performance indicators which are used to measure and reflect TDR's performance.

The groups 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 for Human Reproductive Health co-sponsored by UNDP, UNFPA, WHO and the World Bank
- WHO regional offices for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific
- 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; University of Dundee, UK
- Research funding institutions and development agencies including the Wellcome Trust, UK; Fogarty International Center, USA; National Research Foundation, South Africa; the

Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; International Development Research Centre in Canada, Academy for Educational Development, USA; Department for International Development, UK; 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

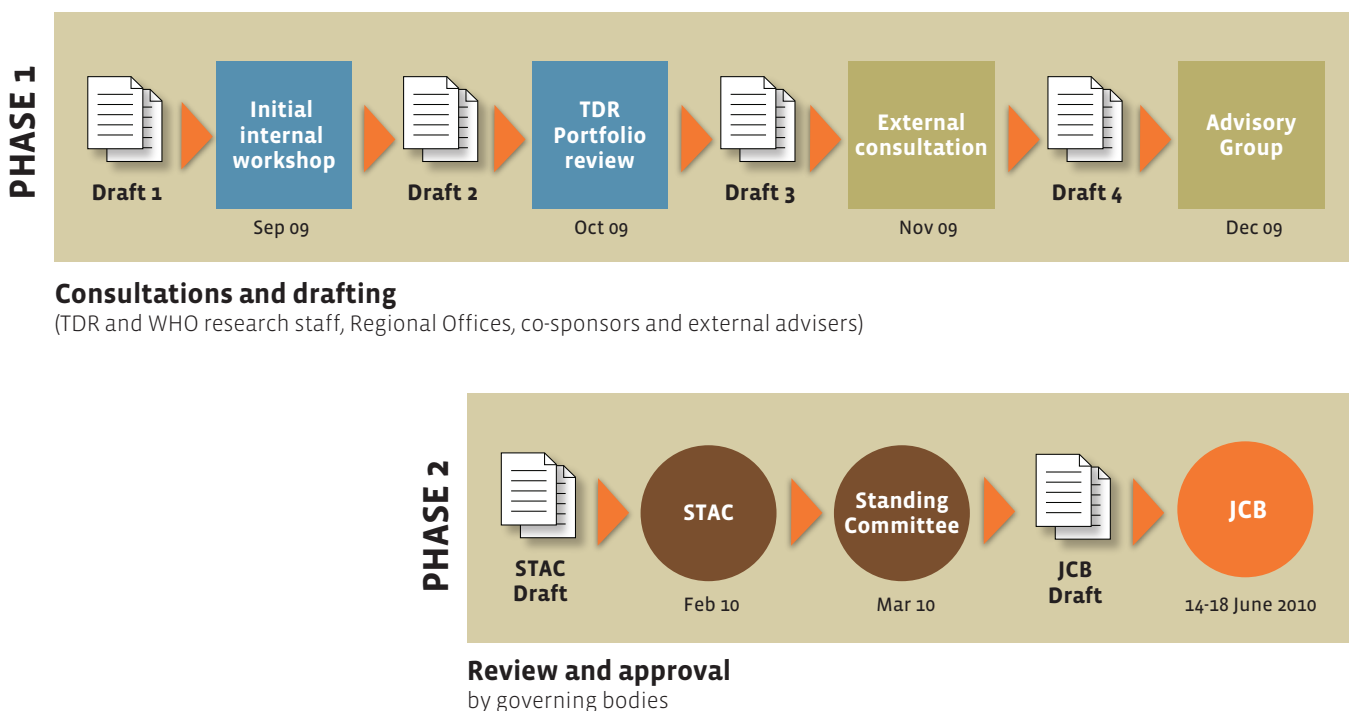
An external advisory group with representation from research and training funding programmes, development agencies, research institutions in disease endemic countries and individual researchers, met in December 2009 to review the TDR Performance Assessment Framework and made recommendations to TDR's 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, UK
- Dr Linda KUPFER, Acting Director Division of International Science Policy, Planning & Evaluation, NIH/Fogarty International Centre, Bethesda, USA
- Professor Mary Ann D LANSANG (Chair), University of the Philippines, Manila, Philippines; seconded as Director, Knowledge Management Unit, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva, Switzerland
- Ms Jo MULLIGAN, Health Advisor, Department for International Development, London, UK
- 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, Brazil
- Dr Ana RABELLO, Laboratory of Clinical Research, Leishmaniasis Reference Centre, Centro de Pesquisas René Rachou, Fundação Oswaldo Cruz (FIOCRUZ), Belo Horizonte, Brazil
- Dr Daisy SELEMATSELA, Executive Director, Knowledge Management & Evaluation, National Research Foundation, Pretoria, South Africa
- Dr Val SNEWIN, International Activities Manager, The Wellcome Trust, London, UK
- 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 (Fig. 9).

Figure 9. Process for the development and review of the TDR Performance Assessment Framework



ANNEX 2 Reporting

Types of report	Scope	Frequency	Target Audience
Annual report of activities (grants/contracts)	Progress towards the achievement of the grant/contract objectives (technical and financial); progress on performance in adhering to TDR core values and in management. If relevant, specific plans and budget for future years.	Annually	TDR management; Related SAC, and SPT if relevant
Team and units monthly reports	Technical and financial progress of teams and units and identification of issues to be discussed	Monthly	TDR management; TDR staff
Individual team reports (Published on TDR website)	Progress towards the achievement of objectives (technical and financial implementation); strategic relevance and coherence with external partners; application of TDR core values and efficiency in management. Plans/budget for the following year. This report includes a description of performance using key performance indicators and related qualitative description.	Annually at portfolio review	TDR management; STAC; JCB; resource contributors; stakeholders
Programme Annual Report (Published on TDR website)	Annual consolidation of the Programme's progress towards the achievement of objectives (technical and financial); strategic relevance and coherence with external partners; 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	STAC; JCB; resource contributors; stakeholders
WHO Programme Budget Performance Assessment Report (Published on TDR website)	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. TDR provides input on WHO strategic objective 1 and WHO strategic objective 2.	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 a WHO internal auditor.	Ad hoc	WHO Director-General; WHA
External audit report	TDR's operational, administrative and financial procedures and practices are reviewed by an external and independent auditor as part of the WHO external audit.	Biennial	WHA, JCB

ANNEX 3 TDR monitoring and evaluation matrix*

Expected results	Key performance indicators	Baseline (2007)	Target	Source	Measurement** timelines
Achievement of scientific and strategic objectives/outcomes					
1. Countries and major funding agencies use TDR scientific and strategic reports to set research priorities (Stewardship function)	1.a Number and evidence of DECs using TDR scientific and strategic reports in strategy and priority setting	---	10 (2015)	TDR survey 1 ; interpretive analysis; references	2013, 2015
	1.b Number and evidence of major funding agencies using TDR reports in strategy and priority setting	---	3 (2015)	TDR survey 1 ; interpretive analysis; references	2013, 2015
	1.c Evidence that TDR reports are perceived as a credible authoritative source of information	---	Positive assessment	TDR survey 1 ; interpretive analysis; references	2013, 2015
2. DECs are leading new/strengthened health research initiatives (Empowerment function)	2.a Number and evidence of new/strengthened national governance structures for health research in DECs	---	5 (2015)	TDR reports	Annually
	2.b Number and evidence of new/strengthened functional networks led by DECs	---	10 (2015)	TDR reports; network documentation	Annually
	2.c Number and evidence of health research institutions that accessed further funding attributable to TDR	---	10 (2015)	TDR survey 2; interpretive analysis	Every biennium
3. New/improved knowledge, tools and implementation strategies are used in DECs (Research on Neglected Priority Needs function)	2.d Proportion of TDR grantees' publications with first author from DEC institutions	59% for the year 2007	65% (2015)	Pub Med/TDR repository	Annually
	3.a Number and evidence of cases of breakthrough scientific knowledge which has advanced the development of new/improved tools and strategies	---	6 (2015)	TDR reports; evidence	Annually
	3.b Number and evidence of use of new/improved drug, diagnostic or vector control tools	---	12 (2015)	WHO/country documentation and policies; evidence	Annually
	3.c Number and evidence of use of new/improved case-management, control or implementation strategies	---	12 (2015)	WHO/country documentation and policies; evidence	Annually

ANNEX 3 TDR monitoring and evaluation matrix*

Expected results	Key performance indicators	Base-line (2007)	Target	Source	Measurement** timelines
Application of core values					
4. DECs are playing a critical leadership role in research related activities (DECs playing a pivotal role***)	4.a Evidence of DEC leadership in research related activities	NA	NA	Reports; case studies; references	Annually
	4.b Proportion of TDR grants/contracts awarded to DECs (over total number and total funding)	74% (n) 55% (\$) (2008)	80% 65% (2013)	TDR/WHO database	Annually
	4.c Proportion of DEC experts in TDR advisory committees	57% (2009)	55% (2013)	TDR/WHO database	Annually
5. Promotion of equity*** in research and activities (Equity)	5.a Proportion of TDR grants/contracts awarded to low-income countries (over total number and total funding)	28% (n) 23% (\$) (2008)	30% 26% (2013)	Grant proposals TDR/WHO database	Annually
	5.b Proportion of TDR grants/contracts relevant to gender issues and/or vulnerable populations (over total number and total funding)	---	Tbd (2013)	TDR/WHO database	Annually
	5.c Proportion of females among grantees/contract recipients (over total number and total funding)	34% (n) 26% (\$) (2008)	50% 50% (2013)	TDR/WHO database	Annually
	5.d Proportion of females in experts in TDR advisory committees	36% (2009)	50% (2013)	TDR/WHO database	Annually
6. Working in partnerships*** following formal collaborative framework (Effective partnerships)	6.a Number and evidence of formal partnerships in line with TDR strategy	---	Tbd (2013)	Signed agreements	Annually
	6.b TDR partnerships are perceived as useful and productive	---	Positive assessment	TDR survey 3; interpretive analysis; references	Annually

7. Initiatives, tools and strategies incubated and transitioned are sustainable (Sustainability)	7.a	Number and evidence of projects transitioned to and sustained by institutions, organizations or agencies for at least two years	7	Tbd (2015)	Signed agreements	Every biennium
	7.b	Number of new organizations incubated within TDR	3	6 (2015)	Legal establishment	Every biennium
	7.c	Number of effective tools and strategies developed which have been in use for at least 2 years	56	65 (2015)	Consultation with disease control programmes	Every biennium
Management performance						
8. Effective quality assurance	8.a	Proportion of new research studies that follow international norms and standards	---	100% (2013)	Quality plan, monitoring reports, audit reports, study reports	Annually
	9.a	Financial resources made available for the biennium to cover planned activities (US\$ millions)	74.3 (2006–07)	100 (2012–13)	TDR financial contributions	Every biennium
10. Efficient management	10.a	Proportion of funds spent according to workplans	86% (2006–07)	90% (2012–13)	TDR/WHO database	Every biennium
	10.b	Proportion of workplans on track	---	Tbd (2012–13)	TDR reports	Every biennium
	10.c	Evidence of leadership in responding to opportunities and to managerial challenges	---	---	TDR annual report	Annually
11. Overall satisfaction with management	11.a	Proportion of positive satisfaction response from TDR grantees, partners and donors	---	Tdb (2012–13)	TDR surveys 2, 3 and 4; interpretive analysis	Every biennium
	11.b	Proportion of positive satisfaction response from TDR staff	---	Tbd (2012–13)	TDR survey 5; interpretive analysis	Every biennium

--- Not available

Tbd: To be determined based on the first measure in 2011

NA: not applicable

* Definitions, methodologies and timelines are further defined in the Indicators Glossary (Annex 4)

** Measurements will be validated by STAC

*** As defined in adopted terminologies section

ANNEX 4 indicators glossary

About this glossary

This glossary provides a conceptual and operational description of the proposed TDR key performance indicators as presented in the TDR monitoring and evaluation matrix (Annex 3). A description of the scope, terminology, measurement methods and examples (as appropriate) are provided for each indicator.

Monitoring and evaluation activities are the responsibility of respective individual teams and units with support from the team responsible for portfolio management.

A Programme performance report will be presented annually to STAC for review and validation.

TDR key performance indicators

Achievement of scientific and strategic objectives/outcomes

Outcomes 1 to 3 express achievements from the three major functions of TDR (Stewardship, Empowerment and Research on Neglected Priority Needs, respectively). They are quantified through specific measurements as described below:

1) Countries and major funding agencies use TDR scientific and strategic reports to set research priorities (Stewardship function)

Indicators 1a, 1b and 1c quantify and document the utility of TDR stewardship reports: the Global Report on Infectious Diseases of Poverty, the ten related disease-specific and thematic reports and other TDR technical reports. These indicators are expected to provide credible evidence on how TDR reports are used by DECs and funding agencies on their health policy and priority setting, and how reports are perceived by stakeholders. Data are collected through TDR survey 1 (see the performance assessment surveys section below), and through review of citations.

1a) Number and evidence of DECs using TDR reports in strategy and priority setting

Information is collected by interviewing a sample of collaborating research institutions and

public health programmes in disease endemic countries with regard to endorsement and adoption of TDR's recommendations on established health strategies and priorities.

1b) Number and evidence of major funding agencies using TDR reports in strategy and priority setting

Information is collected by interviewing a sample of funders/donors both at national and global levels with regard to TDR's analytical reports as a basis for establishing research priorities.

1c) Evidence that TDR reports are perceived as a credible authoritative source of information

Information is collected by surveying a wide range of stakeholders, enquiring about the added value of TDR publications beyond and above information already available from printed and electronic sources.

2) DECs are leading new/strengthened health research initiatives (Empowerment function)

Indicators 2a, 2b and 2c quantify and document the expected outcome resulting from TDR's Empowerment function achieved through funding, technical support, and/or by creating/strengthening disease endemic countries institutions. It addresses the strengthening of national research governance, development of networks, access to funding, and scientific publications.

2a) Number and evidence of new/strengthened national governance structures for health research in DECs

This indicator describes evidence of strengthening health research systems, programmes, legislations and national priority setting mechanisms.

2b) Number and evidence of new/strengthened functional networks led by DECs

This indicator refers to formally established networks that have further developed at least one new partnership with a signed agreement.

2c) Number and evidence of health research institutions that accessed further funding attributable to TDR

Information on further access to research funding by TDR grantees is collected through TDR survey 2 (see performance assessment surveys section below).

2d) Proportion of TDR grantees' publications with first author from DEC institutions

This indicator reflects the ability of DEC investigators to successfully conduct and publish research results in scientific peer-reviewed journals as a proportion of the total number of publications acknowledging TDR support.

3) New/improved knowledge, tools and implementation strategies are used in DEC (Research on Neglected Priority Needs function)

Indicators 3a, 3b and 3c quantify and document scientific advancement in knowledge, drug and diagnostics discovery and development, vector control and control strategies in use in DEC as a result of TDR's functional area "Research on Neglected Priority Needs".

3a) Number and evidence of cases of breakthrough scientific knowledge which has advanced the development of new/improved tools and strategies

This indicator documents scientific advances across the research pipeline as the result of TDR technical and/or financial support.

Example: TDR supported screening programmes have identified a number of hits and discovered a number of lead compounds for further development into potential drugs.

3b) Number and evidence of use of new/improved drug, diagnostic or vector control tools developed

This indicator documents the application of new or improved quality assured drugs, diagnostics or vector control tools in DEC developed with TDR technical and/or financial support. Evidence of application includes, for example,

references in the WHO Essential Medicine List, WHO Bulk Procurement Scheme, WHO or national treatment policy and guidelines, etc.

Example: Available malaria rapid diagnostic tests that have been quality assured with technical and financial support from TDR and later included in the WHO Bulk Procurement Scheme as relevant.

3c) Number and evidence of use of new/improved case-management, control or implementation strategies developed

This indicator consolidates the practical application (including policy guidelines) of new or improved strategies for case-management, disease control or implementation of new or improved drugs, diagnostics or vector control tools by DEC developed with TDR technical and/or financial support.

Example: Adequate treatment dosage for schistosomiasis with praziquantel was reassessed in a multi-county study coordinated by TDR involving Brazil, Mauritania, Philippines, and the United Republic of Tanzania. The results provided evidence for treatment policy revision.

Application of core values

4) DEC are playing a critical leadership role in research related activities (DECs playing a pivotal role)

Indicators 4a, 4b and 4c quantify and document evidence that TDR strategy is promoting a critical role for low and middle income countries investigators and institutions in research and research management.

4a) Evidence of DEC leadership in research related activities

This indicator documents evidence of TDR influence, through funding or technical support, on enabling individuals, institutions or governments in DEC to play a leadership role in research related activities ranging from research priority setting and research partnerships to strengthening policy-making.

Example: Through technical and funding leverage from TDR the International Centre of Medical research (CIDEIM), Cali, has played a leading role as a Reference Training Centre in Project Planning and Evaluation in Latin America; the institute has been able to access additional support from international funding agencies for this purpose.

4b) Proportion of TDR grants/contracts awarded to DEC's (over total number and total funding)

This indicator quantifies the weight of DEC investigators in the TDR research portfolio. It estimates the proportion of grants and contracts (technical service agreements and agreements of performance of work) and proportion of funding awarded to DEC investigators out of the total awarded by TDR, during a given period of time.

4c) Proportion of DEC experts in TDR advisory committees

This indicator estimates the proportion of DEC experts engaged in TDR review committees (STAC, SACs, SPTs) and working groups (TRGs, DRGs, others).

5) Promotion of equity in research and activities (Equity)

Indicators 5a, 5b, 5c and 5d present evidence on how TDR is promoting principles of equity throughout the process of selection of grants, composition of committee membership and targeting vulnerable and minority populations.

5a) Proportion of TDR grants/contracts awarded to low-income countries (over total number and total funding)

This indicator reflects TDR's focus on the poorest countries. It estimates the proportion of grants and contracts (technical service agreements and agreements of performance of work) and proportion of funds awarded to investigators based in low-income countries institutions out of the total awarded by TDR during a given year.

5b) Proportion of TDR grants/contracts relevant to gender issues and/or vulnerable populations

This indicator reflects TDR focus on vulnerable population and/or issues related to gender. It estimates the proportion of grants and contracts (technical service agreements and agreements of performance of work) and proportion of funds awarded addressing gender and/or issues of vulnerable populations (e.g. pregnant women, children, and migrants) out of the total awarded during a given year. Grant application forms have been adapted to capture this information.

5c) Proportion of females among grantees/contract recipients (over total number and total funding)

This indicator reflects TDR's effort to promote gender balance when awarding grants. It estimates both the proportion of grants and contracts (technical service agreements and agreements of performance of work) and proportion of funds awarded to female investigators out of the total awarded during a given year.

5d) Proportion of females in experts in TDR advisory committees

This indicator reflects TDR's effort to promote gender balance in the composition of membership of advisory committees. It estimates the proportion of female experts in TDR advisory committees (STAC, SACs and SPTs) and working groups.

6) Working in partnerships following formal collaborative framework (effective partnerships)

Indicators 6a and 6b present evidence on how TDR promotes and supports research partnerships.

6a) Number and evidence of formal partnerships in line with TDR strategy

This indicator documents formal TDR partnerships based on collaborative agreement with agreed objectives and common implementation plan.

Example: Partnership with the pharmaceutical company Wyeth to carry out clinical trials in view of registration of moxidectin, for the treatment of onchocerciasis. The partnership is based on a legal agreement.

6b) TDR partnerships are perceived as useful and productive

The added value of TDR partnerships is reflected through the perception of TDR partners on the usefulness and productivity of partnerships. Data are collected at the end of every biennium through a TDR survey 3 (see the performance assessment surveys section on page 44).

7) Initiatives, tools and strategies incubated and transitioned are sustainable (Sustainability)

Indicators 7a, 7b and 7c present evidence on TDR strategy to ensure sustainability of the research process, knowledge generation and global investment on Research on Neglected Priority Needs.

7a) Number and evidence of projects transitioned to and sustained by institutions, organizations or agencies for at least 2 years

This indicator refers to research and development projects initiated by TDR and which have been appropriately transitioned (due to technical or strategic reasons) to a host organization under signed agreement for further development for at least 2 years.

Example: The mefloquine-artesunate fixed-dose combination malaria therapy was initiated in TDR and successfully transitioned to the Drugs for Neglected Diseases initiative (DNDi), leading to registration in Brazil in 2009.

7b) Number of new organizations incubated within TDR

This indicator documents TDR's engagement in nurturing the development of new organizations up to their official and legal establishment.

Example: The concept and negotiations for establishment of the Medicines for Malaria Venture (MMV) was developed under TDR

leadership over the years 1998–2000. MMV was launched in Switzerland in 2000.

7c) Number of effective tools and strategies developed which have been in use for at least 2 years

This indicator documents the lifespan use of any new or improved tools and strategies developed with technical and/or financial support from TDR (including drugs, diagnostics, vector control, case management, control and implementation strategies)

Example: The card agglutination diagnostic test for trypanosomiasis (CATT) was developed in 1983 with TDR's support and has been used for the control of African trypanosomiasis since then.

Management performance

8) Effective quality assurance

8a) Proportion of new research studies that follow international norms and standards

This indicator estimates the proportion of new funded research projects involving human subjects that complies with international norms and standards. This will be ensured through the establishment of quality plans, external monitoring and audit reports, etc.

9) Effective resource mobilization

9a) Financial resources made available for the biennium to cover planned activities (US\$ millions)

This indicator refers to TDR's ability to raise the funds needed to cover for planned activities in a given biennium.

10) Efficient management

Indicators 10a, 10b and 10c document the financial and technical position of the programme and its ability to seize opportunities for further development and to respond to managerial challenges.

10a) Proportion of funds spent accordingly to workplans

This indicator reflects TDR's ability to comply financially with original technical workplans.

It estimates the proportion of funds spent according to original budget allocation.

10b) Proportion workplan on track

This indicator reflects TDR's ability to implement the workplans in a timely manner. It estimates the proportion of planned milestones met in a given biennium as per original plans.

10c) Evidence of leadership in responding to opportunities and to managerial challenges

This indicator documents evidence of TDR management leadership in responding to new opportunities for development and to managerial challenges. This information is compiled collectively and provided in the TDR annual report.

Example: TDR has effectively engaged in the discussions and development of the Global Strategy and Plan of Action for Innovations, Public Health and Intellectual Property (GSPoA). In this context TDR is leading the efforts to consolidate the African Network for Drugs and Diagnostic Innovation (ANDI).

11) Proportion of positive satisfaction response from TDR staff, grantees, partners and donors

Indicators 11a and 11b estimate levels of satisfaction by both TDR clients and staff.

11a) Proportion of positive satisfaction response from TDR grantees, partners and donors

This indicator estimates the proportion of positive response of clients (grantees, partners and donors) to a satisfaction survey with respect to TDR professional and administrative interactions and with TDR's performance overall (see TDR surveys 2, 3 and 4 in the performance assessment surveys section below).

11b) Proportion of positive satisfaction responses from TDR staff

This indicator estimates the proportion of positive response of TDR staff to a survey (survey 5) covering the nature of the work, workload, working environment and personal development.

Performance assessment surveys

Five surveys are conducted on a regular basis to reflect TDR performance through stakeholders' perception.

TDR survey 1 – Assessing the influence of TDR reports (measuring indicators 1.a, 1.b and 1.c)

This survey covers a sample representation of partner institutions in disease endemic countries and major funding agencies among those involved with research, control and funding activities in neglected infectious diseases. This survey aims to assess whether partner institutions and funding agencies have accessed, read and used TDR stewardship and specific technical reports for decision-making. The survey will be conducted in 2013 and 2015 (two and four years after the launch of the TDR global report for research on infectious disease and poverty and the related disease-specific and thematic reports).

TDR survey 2 – Assessing TDR's leveraging to institutional capacity strengthening for research and training and TDR grantee satisfaction (measuring indicators 2.c and 11.a)

This survey is directed at DEC research and training institutions which have received TDR financial and technical support from TDR during the period of the current strategy of 2008–13. It aims to assess the number of institutions that were able to access additional funding that they consider attributable to TDR's initial support, and their experience and satisfaction with TDR technical and administrative interaction.

TDR survey 3 – Assessing usefulness and productivity of TDR partnerships and partner satisfaction (measuring indicators 6.b and 11.a)

This survey is directed at institutions with which TDR has signed a collaborative agreement with specific objectives and a common implementation plan. It aims to assess and document the extent to which partners consider their collaboration with TDR useful and productive. The survey is conducted every biennium.

**TDR survey 4 – Assessing donor's satisfaction
(measuring indicator 11.a)**

This survey is directed to all TDR's donors. It aims to assess the extent to which donors are satisfied with TDR performance and with their interactions with the Programme. The survey is conducted every biennium.

**TDR survey 5 – Assessing TDR staff satisfaction
(measuring indicator 11.b)**

This survey is directed to all current and previous year TDR staff. It aims to assess the extent to which members of staff are satisfied with working in TDR (nature of the work, workload, working environment, personal development).



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The Special Programme for Research and Training in Tropical Diseases (TDR) is a global programme of scientific collaboration established in 1975. Its focus is research into neglected diseases of the poor, with the goal of improving existing approaches and developing new ways to prevent, diagnose, treat and control these diseases. TDR is sponsored by the following organizations:

