

Evaluation of the Pan American Health Organization results-based management framework implementation

Volume I Final Report

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

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Abbreviations and acronyms

AMRO	Regional Office for the Americas
BWP	Biennial Work Plans
CCS	Country Cooperation Strategies
CCT	Cross-cutting themes
CO	Country Office
COVID-19	Coronavirus disease 2019
DoD	Director of Department
DPM	Director of Program Management
ECC	Eastern Caribbean Countries (Office)
GPW	General Program of Work
HQ	Headquarters
IC	Individual Contributor
IES	(The Office of) Internal Oversight and Evaluation Services
IPC	International PAHO Consultant
JIU	Joint Inspection Unit
KII	Key Informant Interviews
KPI	Key Performance Indicators
MoH	Ministry of Health
MS	Member State
NPC	National PAHO Consultant
OSER	Office-Specific Expected Result
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PB	Program Budget
PBE	Planning, Budget, and Evaluation Department
PCM	Project Cycle Management
PMA	Performance Monitoring and Assessment
PMIS	PASB Management Information System
P/S	Products and Services

PWR	PAHO/WHO Representative
RBM	Results-Based Management
RER	Regional Expected Results
SDGs	Sustainable Development Goals
SHAA2030	Sustainable Health Agenda for the Americas 2018 to 2030
SO	Strategic Objective
SP	Strategic Plan
SPMS	Strategic Plan Monitoring System
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
WHO	World Health Organization

Executive summary

As the specialized public health agency of the Inter-American System, the Pan American Health Organization (PAHO) is at the center of efforts to combat diseases, respond to emergencies and disasters, and strengthen national and local health systems. To underscore efforts and amplify regional results in these areas, PAHO adopted an Organization-wide results-based management (RBM) approach since its 2008–2012 Strategic Plan (SP) and presented its RBM framework in 2010.

Given these strides toward a more comprehensive integration and utilization of RBM in PAHO's portfolio of work, the Organization moved forward with an assessment of its RBM efforts to determine its achievements and challenges experienced thus far and to identify useful and strategic recommendations for moving forward more effectively and efficiently on its RBM journey.

Purpose and objectives

This report is the first of its kind – a comprehensive external evaluation of the PAHO RBM framework. It was commissioned to examine the implementation of RBM, including its functioning, value-added to the work of PAHO, good practices and lessons learned, and details around any improvements that could be made. The evaluation covered all four components of the RBM framework: 1 – Strategic and Operational Planning, 2 – Implementation, Performance Monitoring, and Assessment, 3 – Independent Evaluation and Learning, and 4 – Accountability; and considered the period from January 2008 to December 2022 within all levels of PAHO entities (regional, subregional, and country offices).

The specific objectives of the evaluation were to:

- Objective 1: Document key achievements, good practices, enabling factors, challenges, gaps, obstacles, areas for improvement, and lessons learned in RBM implementation.
- Objective 2: Identify challenges and opportunities to foster a culture of results and enhance the capacity for improved decision-making in PAHO.
- Objective 3: Produce actionable recommendations to improve RBM implementation and use at the three levels of PAHO (country, subregional, and regional) and with key partners.
- Objective 4: Derive constructive lessons learned that can inform PAHO's 2026–2031 SP.

Methodology

The evaluation was designed to support enhancing RBM implementation and utilization within PAHO, while also providing valuable insights for future planning. Following a practical and use-oriented approach, the external evaluation team worked closely with PAHO staff to ensure a collaborative and iterative process. The evaluation team collected data via document review, 44 key informant interviews with a range of stakeholders, 2 online surveys targeting both PAHO personnel and Member States representatives (with around 900 participants in total), and 3 field visits in Barbados and the Eastern Caribbean Countries (ECC), Colombia, and Guatemala, reaching around 50 additional stakeholders in person. Overall, almost 1000 people were engaged during the 3 months of data collection.

The data were triangulated and analyzed against the evaluation matrix and international good practices. Findings, conclusions, and recommendations below are presented along the lines of the four RBM components noted above.

Key findings

PAHO's RBM framework

- 1.** PAHO has developed a relevant, results-oriented planning and programmatic framework, which provides an important foundation for RBM implementation.
- 2.** PAHO's RBM framework is not based on a theory of change (ToC) that would articulate the expected benefits from that RBM framework. Similarly, PAHO's results and performance monitoring framework is not based on a comprehensive ToC that would describe how PAHO's products and services (P/S) contribute to higher development results.

Planning

- 3.** PAHO's planning and programmatic framework contains some weaknesses to be addressed, such as a lack of strategic focus for the SP and planning rigidity induced by the Program Budgets (PBs).
- 4.** The Country Cooperation Strategies (CCS) are, in principle, relevant tools to ensure that country-level work is aligned with the SP. In practice, however, the asynchrony of CCS' and PAHO's planning cycle, and limited scope of CCS implementation, contribute to CCS having not been able to be used to their potential.
- 5.** The budgeting framework and PB process aim to link various levels of planning. The Hanlon prioritization process has contributed only to the efficient allocation of the PB. However, additional resources are not included in the programming framework, hindering overall coordination and efficiency of resources.

6. There is alignment between PAHO's RBM framework and the World Health Organization (WHO) at the planning and strategic levels. However, further harmonization in implementation and in particular at the country level are needed for RBM to work more effectively and for both organizations to gain efficiencies.

Implementation, performance monitoring, and assessment

7. The design of PAHO's Performance and Monitoring Assessment (PMA) process allows for tracking of Biennial Workplan (BWP) implementation, as well as the reporting of budgetary expenditures against SP outcomes, and fulfills an important function related to monitoring.

8. A focus on the rate of budget utilization rather than performance, and weak feedback loops to strategic planning, prevent the PMA process, and monitoring and reporting more broadly, from fulfilling all its potential.

9. Not enough attention has been paid to the efficiency of monitoring processes of the RBM framework.

10. Voluntary Contribution projects are not well integrated into PAHO's monitoring and reporting framework and processes.

Independent evaluation and learning

11. Systematic evaluation has not been given sufficient space or integration within PAHO as a key tool of the RBM framework.

12. The learning aspects of an RBM culture need to be deepened and improved across the Organization.

Accountability

13. PAHO's accountability/reporting framework includes two types of reports to inform Member States, but does not easily aggregate Pan American Sanitary Bureau (PASB) contributions to SP outcomes.

Cross-cutting considerations: capacity, sustainability, and cross-cutting themes (CCTs)

14. There are diverse levels of understanding of RBM across the Organization. This limits the opportunities to build an RBM culture and to increase the effectiveness of PAHO's operations, especially at the subregional and country levels. The lack of a comprehensive training program has contributed to this uneven understanding.

15. PAHO's RBM framework responds to the expectations of the majority of Member States.

16. Limited capacities in some Member States prevent them from meaningfully participating in RBM-related processes.

17. PAHO has announced its commitment to RBM implementation. However, in practice, inadequate financial and human resources are a challenge for sustainability.

18. CCTs have been included in most of the planning instruments, such as the SP and its ToC, and most of the recent CCS. However, there is limited evidence on how they have been mainstreamed throughout other RBM activities and processes.

Conclusions

Implementing an RBM framework within PAHO has been a long-term process with notable successes and considerable challenges – both technical and organizational. The evaluation confirmed that:

1. For Planning, PAHO's strategic planning practices are strong and contain good practices. The lack of a comprehensive and explanatory ToC hampers the full integration and implementation of an RBM framework.

2. For Implementation, performance monitoring, and assessment, the design of PAHO's PMA process is noteworthy and monitoring overall facilitates the tracking and reporting of tasks and budgetary expenditures within BWPs and against objectives within the SP. However, a focus on the rate of budget utilization rather than on the performance of Member States or the outcomes of work done at the country level detracts from the value of overall monitoring.

3. For Independent evaluation and learning, the formal adoption of evaluation at PAHO is more recent (2021) and independent evaluation and learning functions have not been sufficiently integrated into PAHO's RBM framework. The learning aspects of an RBM culture also need to be deepened and improved.

4. For Accountability, there have been clear efforts and some successes in advancing accountability within RBM. However, reporting mechanisms, the main vehicle for facilitating accountability, remain limited.

5. For cross-cutting considerations: capacity, sustainability, and CCTs, the integration of RBM as a culture at PAHO is limited by various levels of capacity in personnel to understand and implement concepts. Inadequate financial and human resources are a challenge for sustainable RBM processes. The mainstreaming of CCTs has been limited even though it is included in most of the planning instruments.

6. Overall, PAHO's progress related to the implementation of RBM has added significant value in many areas related to programming in the Region of the Americas. The use of RBM has contributed to PAHO's work in varying and significant ways.

Key recommendations

The following recommendations are based on the findings and conclusions of the evaluation. These recommendations were discussed and validated with the Evaluation Reference Group. They appear with additional explanation and detail in the body of the report.

1. To enhance the conceptual underpinning of PAHO's RBM framework and document recent or new changes:

- a.** Develop a ToC, or at minimum detail a Plan of Action, to describe the key outputs, outcomes, and impact expected from PAHO's RBM framework, together with important assumptions, so that there is greater clarity among stakeholders.
- b.** Revisit the latest definitions adopted for P/S, outputs, and outcomes.
- c.** Update the RBM conceptual framework to reflect more than changes in terminology, but also recognition of the role of evaluation and learning, complementing monitoring, and providing PAHO with a deeper understanding of performance and its contribution to results.

2. To ensure that the strategic planning, monitoring, and reporting frameworks are more coherent and provide a better foundation for tracking the work of the PASB and its contribution to development results in the Region, as well as the measurement of its performance in delivering its program of work:

- a.** Develop a comprehensive ToC for PAHO's SP showing how by using all financial sources available and its delivery mechanisms, PASB's entities will deliver a number of standard P/S (i.e., "outputs"), that will, in turn, achieve certain immediate and intermediate results (i.e., "outcomes") and contribute, ultimately, to higher-level results (i.e., "impact").
- b.** Based on this comprehensive ToC, distinguish between immediate outcomes (i.e., the direct and immediate results after P/S delivery and use by Member States), and medium-term or intermediate outcomes, (leading ultimately to impact), and streamline the number of outcomes.

3. To ensure that the outcome of the strategic planning process is fully relevant to address the needs and priorities of Member States and remains relevant throughout the SP period:

- a.** Introduce a formal process for the adaptation of PAHO's SP or PBs considering new, emerging priorities and needs (e.g., a new pandemic or health emergency).

b. Maximize the potential of the CCS process by better ensuring that they account for all country programming, have clear and traceable results, and align with both PAHO's plan and planning cycle and WHO, while also bearing specific Member States capacities in mind.

c. Revisit the rationale and the role of next SP vis-à-vis the Sustainable Health Agenda for the Americas 2018 to 2030 (SHAA2030) document and reflect on the conceptual value-added of the next SP.

4. To ensure that PAHO's monitoring and reporting frameworks are useful for measuring and reporting on the work of the PASB, its contribution to development results in the Region, and its overall efficiency in delivering its program of work:

a. Develop a three-tier results and performance monitoring framework, aligned with the to-be-developed ToC behind PAHO's SP (please also see recommendation 2.a).

5. To ensure that budgeting and monitoring moves toward being more focused on results:

The Budget Unit of PBE should further explore processes and systems that would support a transition to results-based budgeting and monitoring and have decision-making processes be based on progress made towards expected P/S (outputs) targets and not just on disbursement/budget utilization aspects).

6. To enhance the efficiency and effectiveness of PAHO's monitoring processes and ensure that PAHO can more adequately measure its contribution to development results:

a. Consider measuring and reporting against outcome and impact indicators at the end of each biennium only, considering that it takes time for delivered P/S to turn into outcomes and impacts.

b. Ensure that the PMA process (and monitoring processes more broadly) can measure the immediate outcomes resulting from the utilization of the P/S delivered by the PASB in Member States through the identification of Specific, Measurable, Achievable, Realistic, Time-Bound (SMART) Tier 2 outcome indicators (please also see recommendation 3.a), and further ensure that there is a direct feedback mechanism to planning and programming from the PMA process.

c. Adapt or develop a special module in PASB Management Information System (PMIS), or develop a new IT tool, to capture the results frameworks of Voluntary Contributions (VC) - funded projects, with the quantification of targets for key expected P/S 4.5; and record related achievements as frequently as required by each donor.

d. Introduce quality assurance mechanisms to control the reliability of reported information in PMIS and ensure that the process leading to the preparation of entity-level progress reports has more focus on the quality of delivered P/S and how they are being used by Member States (or their outcomes).

e. Ensure greater complementarity between the content of end-of-biennium reports and the content of the quinquennial report of the Director, also ensuring that the latter report describes all the P/S delivered by the PASB through technical cooperation, VC-funded projects, and procurement funds and how they may have contributed to measured outcomes and impact.

f. Enhance the use of the evaluation function as a key tool to measure the contribution of PAHO toward measured outcomes, using for example tools such as Contribution Analysis.

7. To ensure the proper measurement and monitoring of organizational performance and efficiency:

a. Reflect on the opportunity to introduce an electronic tracking system for key processes that require approvals from Headquarters (HQ) or subregional offices, so as to measure the time elapsed between request initiation and approval granting.

b. Deepen the integration of the Strategic Plan Monitoring System (SPMS) into PMIS or find ways to harness the strengths of both systems in a coherent and complementary fashion – or explore other systems – to ensure that strategic and results-based monitoring and reporting takes place at all levels, for all programming, and is part of the continuous feedback learning cycle.

8. To harness opportunities for improved coordination and coherence with WHO:

a. Streamline data collection of indicators for WHO and PAHO at the country level, by establishing common indicators and fostering data sharing between organizations. Whenever possible, aim for a synchronization of reporting and planning cycles between the two organizations to consolidate efforts and avoid duplication of work.

b. Look for opportunities to share systems between WHO and PAHO for monitoring and reporting.

c. Seek out joint evaluations and common training and learning opportunities between WHO and PAHO to strengthen capacity, learning, and exchange within and between the two organizations.

9. To ensure the utilization of evaluation findings in decision-making, and ensure that future initiatives are informed by evidence and good practices:

- a.** Develop a systemic approach to translating evaluation recommendations into actionable insights aligned with organizational results and priorities.
- b.** Incorporate evaluation by conducting regular evaluations at key milestones, such as formative evaluations (conducted in the implementation phase to obtain real-time feedback and inform adaptive RBM) and summative evaluations (conducted at the end of projects as a comprehensive assessment and basis for learning and accountability) to gather insights into the soundness of plans, effectiveness of interventions, and to identify areas of improvement.
- c.** Ensure that corporate-, regional-, and country-level evaluation plans are developed and scheduled to incorporate the ability to periodically evaluate and report on the impact of PAHO's activities and their contribution to results achieved.
- d.** Include activities and resources to conduct lessons learned exercises that will include partners and other key stakeholders.
- e.** Foster an evaluative culture and create opportunities and spaces for learning through asking evaluative questions in planning, performance reviews, and learning events.

10. To incorporate learning into the planning process and enhance learning within the Organization:

- a.** Create a knowledge-sharing culture that values lessons learned, in alignment with the principles articulated in the PAHO Knowledge Management Strategy.
- b.** Establish communities of practice, regular knowledge-sharing forums, and use digital platforms for information exchange, as emphasized in the PAHO Digital Health Strategy.
- c.** Ensure that staff at all levels have the capacity and resources to effectively plan, implement, and utilize RBM. This involves training on data collection and analysis, utilization-focused evaluation, and knowledge management.
- d.** Further and expand the After-Action Reviews, where teams regularly meet to evaluate their actions and identify opportunities for improvements – to ensure that follow-up is being implemented and monitored. Enhanced PMAs could be considered for this.
- e.** Incorporate reflective practice – the process of systematically reviewing and analyzing past experiences, actions, and outcomes – to identify insights, lessons learned, and opportunities for improvement. Enhanced PMAs could be considered here as well.

f. Facilitate innovation and experimentation, creating the process and guidelines for teams to experiment and innovate to find new approaches to improve PAHO's work in the areas related to RBM.

11. To further the strengthening and utilization of systematic evaluation as a key tool to support RBM:

a. Update the RBM conceptual framework to recognize the role of evaluation, complementing monitoring, and providing PAHO with a deeper understanding of performance and its contribution to results.

b. Continue to ensure that the evaluation function is further enabled to have a strong focus on the measurement of the “contribution of PAHO to the achievement of outcomes.”

c. Ensure that the evaluation function is fully integrated into the RBM framework and cycle, including for VC-funded projects.

d. Consider the need for evaluation human resources in the field – for example, (sub)Regional Evaluation Specialists (RES). PAHO should consider developing a model that would allow for this thorough creation and resourcing of RES and the training and development of Evaluation Focal Points at a country level, among other potential resources to consider.

12. To develop and implement an RBM training program – a series of courses designed for different roles and responsibilities in the RBM process. PAHO should consider the following:

a. A mandatory course on the fundamentals of RBM. This will ensure there is a common understanding of the RBM language and terminology used by PAHO in its RBM framework. The course should include the four phases/elements of RBM – planning, monitoring and reporting, evaluating, and learning.

b. An advanced course for staff with RBM responsibilities. This course builds on the fundamentals course and expands on the detailed use of tools, systems, and processes used by PAHO. With emphasis on the application of RBM, quality control, development of solutions to address challenges, process improvements and innovation in the use of new approaches and tools of RBM.

c. A course for managers (leadership positions) on their roles in the RBM cycle. With the objective of understanding the enabling environment they need to create to facilitate the use of RBM practices such as learning, reflective practice, innovation, adaptation, and continuous improvement. The course should emphasize their role in leading teams and nurturing the growth of an RBM culture.

13. To improve coordination and foster more common understanding on RBM across PAHO:

- a.** Pursue more active and consistent communication mechanisms between various organizational levels, departments, and units regarding roles and responsibilities in the RBM framework.
- b.** Enhance internal and external communication on PAHO's achievements and contributions to outcomes and impact, to motivate and guide staff.

14. To continue and deepen RBM's prioritization across the Organization, via stronger leadership:

- a.** Senior PAHO leadership should use the occasion of this evaluation, and the development of the new PAHO SP, to signal to the Organization its continued commitment to a results culture and managing for results as the continued PAHO management philosophy in going forward. The need for strong leadership in communicating on PAHO's RBM implementation, including the use of RBM champions, needs to be supported by the necessary training, orientation, and resourcing across all levels of the Organization.
- b.** Senior managers should visibly, regularly, and consistently lead and support RBM through their words and actions; for example, expecting results information, supporting RBM with resources, fostering peer RBM champions, and managing the expectations for RBM.

Moving forward

This report, although detailed in its assessment of the current state of PAHO's RBM framework, including its functioning, implementation mechanisms, value-added, and areas where improvements are necessary, does not detail all of the specific pathways to change for PAHO as an organization beyond the recommendations proposed above. How changes within RBM are to take place specifically will be the purview of PAHO's management and will require concerted effort on the part of leadership and key internal stakeholders. Considering this, the evaluation team has created a roadmap, presenting recommendations for ways forward in three phases which are detailed in Section 7 of this report.

1 Introduction

This report presents the results of the external evaluation of the Pan American Health Organization results-based management framework implementation (ERBM). The evaluation covered the results-based management (RBM) approach implementation from 2008 to December 2022, at the three levels of Pan American Health Organization (PAHO) entities (regional, subregional, and country offices). The evaluation was carried out between late April and December 2023 by an external team of consultants. The report is structured as follows:

- Section 1: Background and history of RBM at PAHO.
- Section 2: Evaluation objectives, approach, and methodology.
- Section 3: Evaluation findings (per the PAHO RBM framework) with cross-references to questions in the Evaluation Matrix (Annex 1).
- Section 4: Conclusions of the evaluation.
- Section 5: Lessons learned.
- Section 6: Recommendations of the evaluation.
- Section 7: An RBM roadmap for PAHO – a phased approach.
- Annexes (Volume II).

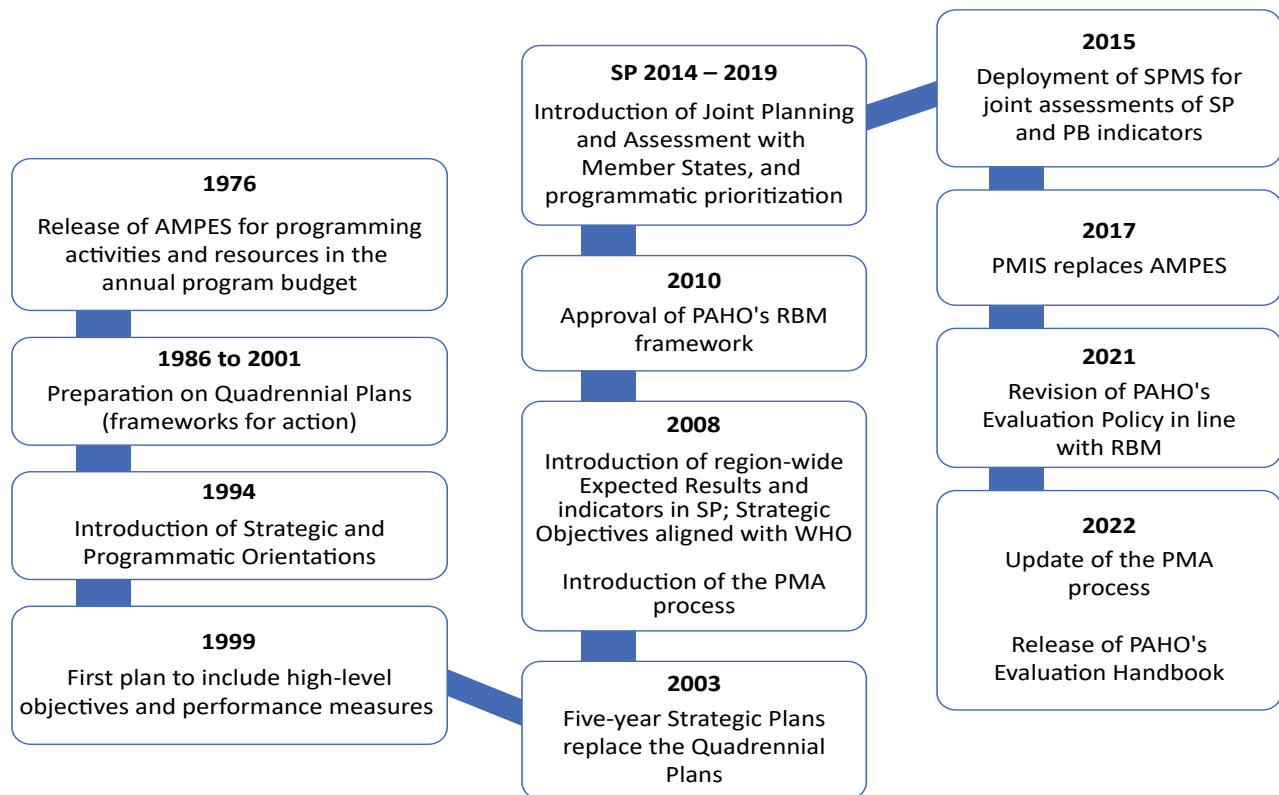
1.1 Background of PAHO's RBM framework

Many elements of PAHO's current RBM framework, particularly related to strategic planning, existed before the formal adoption, in 2010, of PAHO's RBM framework. Since 1976, PAHO has had a programming, budgeting, and monitoring system (AMPES) that allowed for the tracking of activities, resources, and annual program budgets. Since the late 1980s, PAHO started to prepare quadrennial plans conceived as frameworks for action by its Member States and the Pan American Sanitary Bureau (PASB).¹ In 1994, PAHO introduced strategic and programmatic orientations in its Quadrennial Plans, and in 1999, the Organization started to define high-level objectives and performance measures. In 2003, PAHO introduced a new and improved strategic planning process based on predefined criteria and the definition of measurable objectives and strategies in its new Strategic Plans (SP) that replaced the Quadrennial Plans. Thereafter, the 2008 – 2012 SP was the first plan to include expected results and indicators, while the planning process was further improved to allow the full integration of entity-level Biennial Workplans (BWPs) with the SP and biennial Program Budgets (PB) using common indicators.

¹ The Pan American Sanitary Bureau (PASB) is the Secretariat of the Pan American Health Organization (PAHO).

A key milestone was the release of the PAHO RBM framework in 2010, which formalized four interlinked components: (a) planning; (b) implementation and performance monitoring and assessment (PMA); (c) independent evaluation and learning; and (d) accountability. Since then, implementation of RBM at PAHO has gone through various other milestones that have been the result of both internal and external reflection. These key milestones are presented in Figure 1, and some of them will be further discussed in the Findings section.

Figure 1. Results-based management (RBM) at PAHO – a timeline



Note: AMPES, a programming, budgeting, and monitoring system; PAHO, Pan American Health Organization; PB, Program Budget; PMA, performance monitoring and assessment; PMIS, PASB Management Information System; SP, Strategic Plan; SPMS, Strategic Plan Monitoring System; WHO, World Health Organization.

Source: Data from Hennis A. Analysis of PAHO's 25-Year Program of Work. PowerPoint Presentation to the Senior Advisory Group, November 2022.

1.2 Description of PAHO's RBM framework

As described in PAHO's RBM framework (2010), its purpose is to allow the Organization to better “ensure that its processes and activities contribute to the achievement of the areas of action of the Health Agenda for the Americas, and the Strategic Objectives (SOs) and region-wide Expected Results (RERs) of PAHO's Strategic Plan.” PAHO's RBM framework has four interlinked components as shown in Figure 2.

The first component, namely planning, revolves around strategic and operational planning, with operational planning outlining how PAHO will achieve commitments made in the SP and PB. PAHO's planning framework is a four-tier system comprised of: (i) high-level strategic directions or long-term results for the Organization (impact results), and a series of Regional Expected Results (RER, now called outcomes) and their indicators, described in PAHO's Strategic Plans; (ii) Country Cooperation Strategies (CCS) that outline country-level strategic priorities and focus areas for PAHO's technical cooperation; (iii) PAHO's biennial PB that define outputs and output indicators, baselines, targets, and budgetary requirements for these results which contribute to achieving SP targets; and (iv) entity-level biennial workplans (BWP) which identify the products and services (P/S) that each entity plans to deliver against each relevant PB output, together with the required budgetary and human resources, with the latter defined in a distinct Human Resources Plan. Resource Mobilization Plans are developed for Voluntary Contributions (VC) that complement flexible funds to satisfy budgetary needs.

Figure 2. PAHO's results-based management components



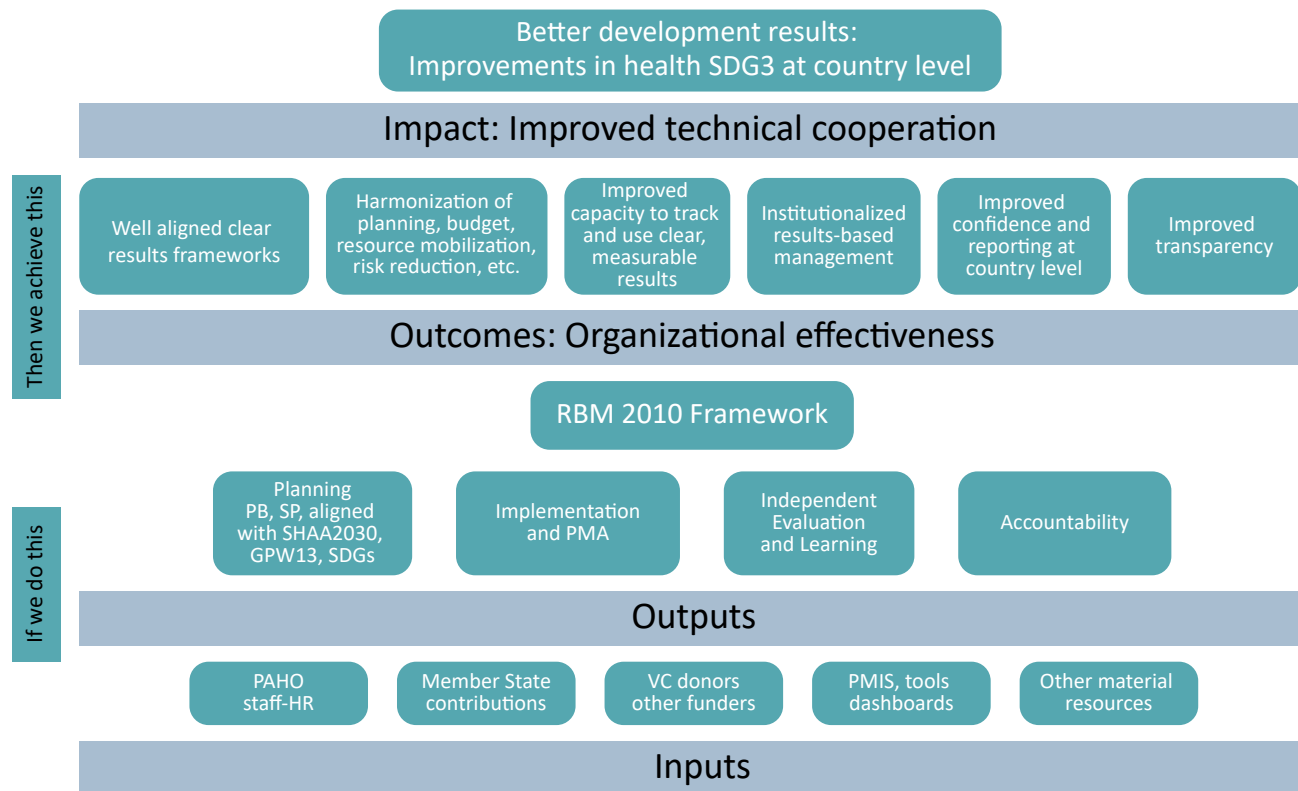
Related to the second component (implementation and performance monitoring and assessment), the tracking of entity-level BWP, as well as the Performance Monitoring and Assessment (PMA) review every six months, is done using the PASB Management Information System (PMIS). It also includes, once a year, a review of the implementation of PAHO's Strategic Plan, and the biennial Program Budget done using the Strategic Plan Monitoring System (SPMS). The PMA process is the basis for the preparation of end-of-biennium reports, which also serve as interim and eventually final reports on SP implementation. Since 2014 – 2015, end-of-biennium assessments are done jointly with Member States.

With regard to the third component (independent evaluation and learning), the new Evaluation Policy (2021) provides for the conduct of centrally managed corporate thematic, programmatic, and organizational evaluations. Other evaluation tools are the decentralized evaluations managed by PAHO's country offices and regional office technical departments. In addition to these tools, donors can request evaluations of specific projects, which can also contribute to learning.

PAHO's accountability is a key element across the other components, and defines external accountability lines to Governing Bodies, as well as internal accountability lines, within PAHO's entities and among relevant staff, for planning, monitoring, and reporting.

The 2010 document that establishes PAHO's RBM framework does not describe the theory of change (ToC) behind the design of PAHO's RBM framework. During the inception phase of this evaluation, the Department of Planning, Budget, and Evaluation (PBE) attempted to develop this ToC post facto to aid the evaluation firm as a preparation for the present evaluation to describe the key outputs expected to be delivered under the four key RBM functions and a set of organizational outcomes (see Figure 3).

Figure 3. PAHO’s results-based management framework: theory of change developed in collaboration with the Department of Planning, Budget, and Evaluation (PBE)



Note: GPW; General Program of Work; HR, human resources; PB, Program Budget; PMA, performance monitoring and assessment; PMIS, PASB Management Information System; SDG, Sustainable Development Goal; SHAA2030, Sustainable Health Agenda for the Americas 2018–2030; SP, Strategic Plan; VC, Voluntary Contributions.

While this ToC clearly shows the medium- and longer-term results expected from the RBM framework, it does not articulate the linkages between specific outputs and the outcome level, nor does it describe the key assumptions or enabling factors underlying the logic model. This will be further discussed in Section 3 Findings, while a more comprehensive ToC is proposed by the external evaluation team in Annex 2.

After over a decade of implementation, being able to embed and sustain a sound RBM framework in the Organization still requires time, commitment, and resources. PAHO has faced challenging circumstances in recent years due to the COVID-19 pandemic and a financial crisis, triggering a review of the Organization’s priorities. Given these and other changes, the present evaluation is a timely opportunity to understand how RBM has grown and developed in PAHO and how existing tools, practices, and processes may further improve in the future to meet expected objectives.

2 EVALUATION PURPOSE, SCOPE, AND METHODOLOGY

2.1 Evaluation purpose and objectives

The present evaluation was commissioned to examine the implementation of RBM in PAHO, based on questions of primary interest to the Organization and on the evaluation criteria of relevance, effectiveness, efficiency, coherence, and coordination. The purpose was to examine whether RBM is functioning as intended, to what extent it is being implemented, whether it is adding value to the work of PAHO, and what can be improved. More precisely, the specific objectives were to:

- Document key achievements, good practices, enabling factors, challenges, gaps, obstacles, areas for improvement, and lessons learned in RBM implementation.
- Identify challenges and opportunities to foster a culture of results and enhance the capacity for improved decision-making in PAHO.
- Produce actionable recommendations to improve RBM implementation and use at the three levels of PAHO (country, subregional, and regional) and with key partners.
- Derive constructive lessons learned that can inform PAHO's 2026–2031 SP.

During the inception period for the evaluation, the external evaluation team reviewed and refined the evaluation questions provided in the terms of reference (ToR) in the context of initial information gathering from documents and discussions with PAHO. The final set of questions, validated by the evaluation reference group (ERG)² can be found in the evaluation matrix in Annex 1.

The scope of the evaluation included a review of PAHO's RBM implementation from January 2008 to December 2022. It covered the four components of the RBM framework (strategic and operational planning, implementation and PMA, independent evaluation and learning, and accountability), at PAHO entities at all levels: regional, subregional, and country offices, as well as the relationships with key partners. Still, throughout the document, references to some of the developments in 2023 are included.

² The Evaluation Reference Group (ERG) is an advisory group composed of PAHO Directors, PAHO/WHO Representatives (PWRs), and Unit Chiefs or managers that provide guidance and advice on PAHO Corporate Evaluations.

2.2 Overview of methodology

The evaluation was designed to support enhancing RBM implementation and utilization within PAHO, while also providing valuable insights for future planning. The external evaluation team was committed to a practical and use-oriented approach for the conduct of the evaluation. The process was participatory, collaborative, and iterative, interacting with PAHO and its stakeholders.

2.2.1 Data collection

A combination of qualitative and quantitative data collection methods and analysis techniques were used during the evaluation to ensure the validity and reliability of data and both triangulate and cross-check corresponding evaluation findings. Content analysis helped to guide qualitative data analysis, while quantitative data allowed for some descriptive statistics and basic correlation analysis.

The selection criteria to identify stakeholders and Member States during data collection, discussed and agreed on during the inception phase, included program size, geographic balance, presence of both a country and subregional office, potential successful or challenging studies in the implementation of RBM, and availability of PAHO staff, among others. Further details on the methodology, including the sampling strategy and distribution of responses, are offered in the methodological Annex 3.

The evaluation used the following methods for data collection between July and September 2023, and reached approximately 1000 stakeholders in total. These methods allowed for primary and secondary collection of both qualitative and quantitative data.

- **The document review** involved the comprehensive analysis of relevant documents aimed at identifying supporting information and evidence aligned with the evaluation criteria and questions. The review started during the inception phase to inform the understanding and refinement of the evaluation and continued throughout the evaluation process. It facilitated the synthesis of data around the evaluation themes, including triangulation with interview and survey data. See Annex 6 for a full list of the documents that were reviewed.
- **Key informant interviews (KIIs)** were conducted by the external evaluation team with a range of stakeholders with varying perspectives, using question guides prepared in advance to form the basis for semi-structured interviews on an individual basis. A total of 44 in-depth, in-person, and virtual interviews were conducted with a sample of Executive Management, country and subregional office personnel, PBE members, ERG members, and other PAHO Headquarters (HQ) staff, as well as other key partners (including donors), as depicted in Table 1. A few additional KIIs were carried out during October after the second ERG meeting with stakeholders from the first round that could provide more details and information needed. Additional KIIs were conducted as part of the field visits (see below). See Annex 5 for the KII list.

Table 1. Distribution of key informant interviews (KII)

Stakeholder category	No. of KII
Executive Managers (HQ)	3
PBE Staff (HQ)	6
Other HQ staff	6
Country office personnel from seven different countries (including management, technical, and administrative areas)	17
Government representatives from six countries (most from ministries of health and one from the Ministry of Foreign Affairs)	7
Development partners	5
Total	44

- **Two online surveys** were also conducted to gain feedback on several important evaluation questions. One targeted PAHO personnel under the following categories: Employee, Ministry of Health assigned staff Professional (MINP), Ministry of Health assigned staff General (MING), National PAHO Consultant (NPC), and International PAHO Consultant (IPC).³ It was administered through PAHO’s internal software (Gallup), and in total received 840 responses, with a response rate of 36%.

The second survey targeted representatives of national governments (ministries of health) of all 35 PAHO Member States. It was administered through Qualtrics and distributed with the support of the PAHO country offices. It received responses from 13 countries, with a response rate of 37%. The results of both surveys are found in Annex 7.

It should be noted that current response rates for evaluation surveys often average between 20% and 40%,⁴ especially after the global pandemic. As such, surveys with 36% and 37% response rates are above average, particularly when considering the total number of people reached (almost 900).

- **Field visits** were organized in three countries (Barbados and the Eastern Caribbean Countries (ECC), Colombia, and Guatemala) to allow for a more in-depth assessment of the experiences of PAHO’s country and subregional offices and other stakeholders in the use and application of RBM. The three countries were selected during the inception phase and discussed with both the PBE and the ERG. During these visits, face-to-face interviews and group discussions were held with 52 stakeholders across the three countries, including with PAHO personnel at the country and subregional level, development partners, and Ministry of Health (MoH) representatives. Case studies prepared to summarize field visit findings are presented in Annex 4.

³ These categories were provided by personnel from PAHO’s Human Resources. However, Gallup does not take these categories as reporting groups, but instead gives data per level of leadership in the three following categories: 1) department directors, PWR, center directors, and office directors; 2) supervisors; and 3) individual contributors. The external evaluation team did not have any control over reporting groups.

⁴ According to the external evaluation team’s experience and involvement in numerous evaluation networks.

2.2.2 Data analysis

Several data analysis techniques were employed to comprehensively assess the implementation and effectiveness of RBM in PAHO. The main methods included document review and textual analysis, case-study analysis, and descriptive statistical analysis.⁵

To ensure the credibility and validity of the research process, a system of methodological triangulation was used to cross-reference data in search of consistencies and differences. The findings were therefore compared and contrasted across the various data sources for validation and depth. This helped to provide a rich and detailed base upon which the data were analyzed and insights garnered. The process drew on multiple data collection methods, including focus group interviews, semi-structured interviews, desk reviews, and surveys. Evidence supplied by these different lines of inquiry were, in some cases, centralized using an evidence matrix (see a sample of the triangulation table used in Annex 3).

While the typical evaluation criteria and questions needed to be covered (please see the Evaluation Matrix in Annex 1), the external evaluation team also wanted to ensure that useful and strategic findings, and therefore analysis and conclusions, would emerge. Therefore, the team used PAHO's RBM framework (2010) components that would cross-reference and overlay findings, conclusions, and recommendations with PAHO's own noted RBM components and good practice RBM standards. Please see Table 5 in Annex 3.

2.2.3 Reporting and next steps

Following the collection of data in July and August and then data analysis in September and into October, the team undertook the following steps as part of the reporting and presentation activities within the ERBM:

- Preparing a set of preliminary findings for ERG – in September, just as data collection closed.
- Debriefing the ERG – providing a presentation of emerging findings to the ERG – in early October.
- Preparing the full Draft Evaluation Report – in October/early November.
- Undertaking quality assurance of the Draft Evaluation Report – in November.
- Conducting an Evaluation Validation Workshop with ERG – in early December.
- Preparing the Final Evaluation Report – in December.
- Preparing a stand-alone Executive Summary – in December.

⁵ A Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis was also used to summarize preliminary findings for the ERG around the components of PAHO's RBM framework (2010).

2.3 Limitations

Several limitations were discussed during the inception phase. Table 2 outlines some key limitations along with corresponding strategies to mitigate them. In general, maintaining a collaborative and transparent relationship with PAHO representatives while adhering to the ethical standards and guidelines played a crucial role in preventing these risks from significantly affecting the outcomes of the evaluation.

Table 2. Limitations and mitigating measures

Limitations	Mitigation measures
The number, diversity of categories, and range of PAHO's stakeholders could make it challenging to ensure that a full range of voices are represented in the process.	<ul style="list-style-type: none"> • Use of an online survey to reach a broad range of stakeholders. • Worked with the Evaluation Reference Group (ERG) on sampling to select representative and informative stakeholders for interviews or other consultation, keeping in mind issues of diversity and inclusion, and ensuring access to those with positive experiences as well as those with potentially more critical views. • Use secondary sources where possible to canvas stakeholder perspectives.
Potential difficulties in scheduling or communicating with some stakeholders, including potentially low survey response, due to language, time zone, connectivity, holidays, or other barriers.	<ul style="list-style-type: none"> • Engage larger samples of respondents. • Begin planning and scheduling interviews early, providing stakeholders with advance notice of consultations and scheduling options. • Seek PAHO's support for introductions, dissemination, and follow-up as needed. • Keep surveys brief and include mostly short Likert scale questions.
Lack of access to relevant documentation in a timely manner.	<ul style="list-style-type: none"> • Timely request to PAHO to ensure documents, reports, and data are available (especially in electronic format) and reach the external evaluation team on time.
Very tight timeline for data collection and analysis.	<ul style="list-style-type: none"> • Adherence to the agreed timeline table. • Maximizing interviews, field visits, and surveys within the 2–3-month data collection timeframe. • Accepting some limits to time for analysis, focusing on a somewhat smaller set of matrix questions around the RBM Conceptual Framework and SWOT and not addressing every indicator of the matrix exhaustively.
Inability of external evaluation team to directly manage the survey tool.	<ul style="list-style-type: none"> • Requests for disaggregated raw data files (however, this was inefficient and time-consuming as it implied multiple requests and did not allow for further exploration of data). • Accepting the data disaggregation limits.
Lack of direct access to Ministry of Health counterparts for Member States survey distribution.	<ul style="list-style-type: none"> • Request support to country offices through the Manager of the Evaluation at the Department of Planning, Budget, and Evaluation (PBE), for survey distribution. • Accepting response rate since follow-up was not possible.

2.4 Presentation of findings

The evaluation has noted the international good practices and conceptual model of international experts regarding RBM. According to the revised benchmarking framework developed by the Joint Inspection Unit (JIU) of the United Nations (UN),⁶ a sound RBM framework is organized around the following management areas or pillars:

- An RBM conceptual foundation comprised of an RBM strategy, an accountability framework, and a change management framework.
- Planning, programming, and budgeting framework comprised of a corporate strategic results framework; a results framework or programs and projects; a results measurement system; and results-based budgeting.
- Monitoring, evaluation, and reporting framework comprised of performance monitoring, results reporting, evaluation, and management information system.
- Fostering a culture of results through internalization of RBM, leadership, and the use of results information for decision-making.
- Mutual accountability: clear responsibilities between the Organization and other partners for outcome achievement and results reporting.

Along similar lines, international experts note that RBM implementation in various organizations has led to the drawing of lessons and the identification of good practices,⁷ including:

- The need for senior-level leadership in RBM.
- Promoting and supporting a results culture among managers and staff and giving managers the autonomy to manage for results, while promoting an accountability regime that recognizes the challenge of managing for outcomes.
- Building indicators-based results frameworks with ownership at all levels, with a two-tier RBM framework to reflect organizational-level objectives (Tier 1) and program-level results (Tier 2).
- Measuring and analyzing the results being achieved through user-friendly RBM information systems, while using evaluations to complement ongoing performance measurement.
- Using results information for learning and managing, and for reporting and accountability.
- Building an adaptive RBM regime through regular review and update.

⁶ United Nations. Joint inspection unit of the United Nations system. Reports 2017. New York: UN; 2024. Available from: <https://www.unjiu.org/content/reports>

⁷ Mayne (2007, 2010, 2015); Lahey & Nielsen (2013); Nielson & Hunter (2013); Nielsen & Montague (2023).

These key elements of a sound RBM framework and international good practices dovetail with PAHO's four RBM components, as described above. Table 3 demonstrates the connections and coherence between PAHO's four RBM components and the other important RBM framework fundamentals and good practices. Sections on Findings (Section 3), Conclusions (Section 4), and Recommendations (Section 6) are presented along the lines of these four RBM components, as it was less duplicative and more coherent to gather and present them in this manner.

Table 3. Results-based management (RBM) components

PAHO RBM components (2010)	Joint Inspection Unit of the United Nations System sound RBM system elements (2015)	International good practices
Planning	<ul style="list-style-type: none"> • An RBM conceptual foundation comprised of an RBM strategy, an accountability framework, and a change management framework. • Planning, programming, and budgeting framework comprised of a corporate strategic results framework; a results framework or programs and projects; a results measurement system and results-based budgeting. 	<ul style="list-style-type: none"> • Building indicators-based results frameworks with ownership at all levels, with a two-tier RBM framework to reflect organizational-level objectives (Tier 1) and program-level results (Tier 2). • Building an adaptive RBM regime through regular review and update.
Implementation and performance monitoring and assessment	<ul style="list-style-type: none"> • Planning, programming, and budgeting framework comprised of a corporate strategic results framework; a results framework or programs and projects; a results measurement system and results-based budgeting. • Monitoring, evaluation, and reporting framework comprised of performance monitoring, results reporting, evaluation, and management information system. 	<ul style="list-style-type: none"> • Building indicators-based results frameworks with ownership at all levels, with a two-tier RBM framework to reflect organizational-level objectives (Tier 1) and program-level results (Tier 2). • Measuring and analyzing the results being achieved through user-friendly RBM information systems, while using evaluations to complement ongoing performance measurement.
Independent evaluation and learning	<ul style="list-style-type: none"> • Monitoring, evaluation, and reporting framework comprised of performance monitoring, results reporting, evaluation, and management information system. 	<ul style="list-style-type: none"> • Using results information for learning and managing, and for reporting and accountability. • Building an adaptive RBM regime through regular, systematic evaluation, review, and update.
Accountability	<ul style="list-style-type: none"> • An RBM conceptual foundation comprised of an RBM strategy, an accountability framework, and a change management framework. • Planning, programming, and budgeting framework comprised of a corporate strategic results framework; a results framework or programs and projects; a results measurement system and results-based budgeting. • Fostering a culture of results through internalization of RBM, leadership, and the use of results information for decision-making. • Mutual accountability: clear responsibilities between the Organization and other partners for outcome achievement and results reporting. 	<ul style="list-style-type: none"> • The need for senior-level leadership in RBM. • Promoting and supporting a results culture among managers and staff and giving managers the autonomy to manage for results, while promoting an accountability regime that recognize the challenge of managing for outcomes.

3 FINDINGS

3.1 PAHO's RBM framework

Finding 1. PAHO has developed a relevant, results-oriented planning and programmatic framework, which provides an important foundation for RBM implementation.⁸

As recommended by the JIU of the UN,⁹ key dimensions of a sound RBM system include: (i) a clear conceptual framework for the development of the system; (ii) long-term results and objectives to be pursued by the Organization; (iii) programs and interventions, as well as resources, that are aligned with these objectives; (iv) an effective performance monitoring system; and (v) the use of evaluation findings for performance improvement and learning. The ultimate objectives of RBM systems are commonly defined as to improve performance and the achievement of results. In other words, “managing for results.”¹⁰

The evaluation found that, since 2010 and the adoption of its first RBM framework,¹¹ PAHO has had a formal conceptual framework that has been used to better articulate its preexisting planning practices and instruments,¹² and to develop new processes, responsibilities, and instruments related to the other three “components” of PAHO RBM framework: implementation and PMA, independent evaluation and learning, and accountability. This is not only reflected in documents but echoed in KIIs as well.

Interviews with PAHO personnel and Member States have confirmed other data sources that point to a strong and relevant feature of PAHO's high-level strategic planning process: its participatory, consultative, and iterative nature. The elaboration of the SP is the result of the work of an SP Advisory Group composed of Member States.¹³ This consultative process is thus fully relevant to creating Member States ownership over PAHO's SP. Its strong features include the consultative and iterative process of SPs and PBs at the strategic level, and the BWPs at the operational level.

8 Responding to questions A and F.

9 Overview of the series of reports on managing for results in the UN system, JIU, 2004, Available from: <https://www.unjiu.org/content/reports>

10 Overview of the series of reports on managing for results in the UN system, JIU, 2004, Available from: <https://www.unjiu.org/content/reports>

11 Pan American Health Organization. PAHO Results-based Management Framework. Washington, D.C.: PAHO; 2010. Available from: <https://iris.paho.org/handle/10665.2/33960>

12 This document superseded the 2004 Regional Program Budget Policy that had been driving the planning process until 2010 and had been introduced allow for a more equitable distribution of resources among countries with needs-based criteria.

13 Twenty-one Member States, or 60% of Member States, were part of the SPAG for the elaboration of the SP 2020–2025, which involved three face-to-face meetings and a series of virtual meetings.

Finding 2. PAHO's RBM framework is not based on a ToC that would articulate the expected benefits from PAHO's RBM framework. Similarly, PAHO's results and performance monitoring framework are not based on a comprehensive ToC that would describe how PAHO's P/S contribute to higher development results.¹⁴

Theory of change

The evaluation did not find evidence that PAHO's RBM framework was developed based on a detailed ToC that would articulate how the key outputs and services delivered under each of the four RBM functions would produce a series of short- and longer-term outcomes,¹⁵ together with the key assumptions or enabling factors underlying the logic model. This would strengthen the conceptual underpinning of PAHO's RBM framework and would enhance the implementation of RBM across PAHO. A Plan of Action, even if not an official ToC, would have been a useful undertaking.

Similarly, the evaluation did not find any evidence that PAHO has developed a comprehensive, explicit ToC underpinning its results and performance monitoring framework. Such a ToC would provide conceptual clarity as to how the Organization may ultimately contribute to development results through its various interventions and activities, and also describe the PAHO impact pathway. The fact that each level of results is defined in a different, stand-alone document¹⁶ makes it difficult to understand what the implicit ToC behind PAHO's results framework may be,¹⁷ i.e., how standard P/S ("outputs"¹⁸) may lead to outcomes and contribute, ultimately, to high-level impact. This renders it more challenging, then, to ensure that the P/S identified in the individual entity-level BWPs will be adequate to achieve SP outcomes and impacts. In sum, this is a gap in the foundation of the PAHO RBM conceptual model itself. This gap could mean that not all results are adequately identified, or that the relationship across "results" are not well thought out or understood. In addition, the underlying assumptions and enabling factors may not be well understood or even identified by managers.

14 Responding to questions A, D, and H.

15 For example, that PAHO's SP and PBs are expected to lead to a greater harmonization of operations planning, budgeting, and resource mobilization (short-term outcome), leading to enhanced coherence, alignment, and budgeting within PAHO (medium-term outcome).

16 PAHO's results and expected outcomes, and related indicators and targets, are identified in the SP; outputs and related outputs indicators and targets are defined in the PB; and P/S are defined in entities' BWPs. The review did not find a document that would reconcile the three levels to describe how P/S may lead to intended outcomes in the pursuit of high-level objectives.

17 Annex A of SP 2020–2025 mentions that "outcomes may contribute toward the achievement of several impact indicators," but fails to conceptualize these relationships, which would help understand the implicit ToC behind proposed outcomes.

18 Here, the term "outputs" is given the standard definition, and not the one currently in use in PAHO, according to which "outputs" are one level above the P/S level, and therefore actually correspond to an outcome (see section RBM terminology).

RBM terminology

Another challenge is that PAHO's RBM framework document (2010) uses complex terminology that is not commonly found in other UN organizations, namely the Office-Specific Expected Results (OSER) and RERs.¹⁹ The external evaluation team noted that the terms OSER and RER were only used in the SP 2008–2013 and have been abandoned in successive SPs. Further, each new SP since 2003 has used different terminologies to reflect the SO and outcome levels. For a clear evolution of this terminology, see table in Annex 10. This challenge, initially evident in the document review, was also mirrored in other data collection from key stakeholders.

Moreover, the “outputs” defined in successive PBs do not correspond to the original definition provided in the PAHO RBM framework (2010). This document provides a similar definition used in many other organizations (see table in Annex 10) – describing outputs as immediate and tangible goods or services resulting from a set of activities – which implies that they are fully within the control of the Organization. However, the review of PAHO's latest PB shows that most outputs are expressed as “countries enabled to...,” which implies a change in Member States capacities,²⁰ and most indicators relate to changes in Member States systems and policies, or to actions taken by Member States that are beyond the PASB's control. This reflects the new output definition found in the SPs 2014–2019 and 2020–2025, according to which outputs reflect changes “derived from the collaboration between PASB and PAHO Member States for which they are jointly responsible.” This is a departure from the original definition of outputs and is more in line with globally accepted definitions of an outcome. This terminology also does not align with WHO's current definition.²¹

In addition, and even though the SP 2020–2025 acknowledges that Member States have greater accountability at the impact level, the notion of “joint responsibility” comes into question between Member States and the PASB for the achievement of impact indicators. It would be practical to conceive that achieving regional impact indicators is the responsibility of Member States with support from the PASB (and other development actors) as opposed to this being a completely joint exercise as indicated in the most recent SPs. So again, this level of ambiguity could be addressed through the development of a more comprehensive ToC.

19 RERs represent the aggregation of OSERs rather than being two specific results levels in an imaginary results chain. For example, at country level, PAHO will monitor if the country has implemented a certain policy or program, and at the regional level, PAHO will report on the number of countries that have implemented that policy or program.

20 Given that “enabled” implies a change from a situation where the country is not “able,” a more appropriate wording to reflect the “real” outputs delivered may have been “countries supported in...” as this wording does not imply any change (i.e., the fact that a country has been supported does not necessarily mean that the country's capacities were actually strengthened and the country enabled; a number of reasons may explain why, despite the support provided, intended outcomes have not materialized). Measuring outcomes will then require other methodologies than just tracking output delivery (e.g., surveys, or the measurement of proxy indicators).

21 WHO's impact and accountability framework explicitly mention that the Organization should strive to “define outputs which clearly state what WHO will deliver” and that outputs are within WHO's Secretariat responsibility. (Source: Thirteenth General Program of Work 2019–2023, WHO).

As such, PAHO's current RBM framework is not primarily oriented toward the monitoring of PASB contributions to changes in Member States capacities or health sector developments and is primarily oriented toward the monitoring of changes in regional health sectors indicators. Data from the Member States survey, KIIs at the country office and subregional office levels, as well as from focus group discussions during the field visits, strongly suggest that there is no clear distinction between what a country does as part of its national work and what PAHO's main contribution is.

Finally, the review of PAHO's SP 2020–2025 shows a complete alignment to the SHAA2030. It has adopted all 11 results and targets of the SHAA2030, which will remain valid until 2030. Conceptually, this raises the question of the value-added of PAHO's strategic planning process, beyond setting intermediary targets.

3.2 Planning

Finding 3. PAHO's planning and programmatic framework contains some weaknesses, such as lack of strategic focus of the SP and planning rigidity induced by the PB.²²

High-level strategic planning

Several PAHO staff and Member States representatives pointed out that the prioritization of outcomes is a challenging exercise. The latest SP comprised 11 high-level objectives, 26 technical outcomes, and 2 managerial outcomes,²³ showing a large spread and a possible lack of strategic focus. As echoed in some KIIs and survey data, PAHO's SP may also be overambitious, aiming at addressing all the health needs of Member States. In comparison, WHO's General Program of Work 13 (GPW13) has only 3 higher-level objectives, 10 technical outcomes, and 2 organizational outcomes. Some interviews with PAHO staff highlighted that the structure and description of SP outcomes is driven by PAHO's organigram, which shows that the various departments are organized by "outcome clusters" (or the six "categories" identified in PAHO SP 2014–2019), and many units correspond to a given SP outcome. Data collected via KIIs and document review does not make it clear, however, whether the SP was influenced by the organigram or vice versa.

Further, while the benefits of a clear strategic framework are many, the relevance of setting long-term objectives may also be questioned considering the need for PAHO to remain agile and respond to emerging issues and changing regional or country contexts. During KIIs, country office (CO) staff and Member States have highlighted that the SP and PB can sometimes be too rigid for planning and implementation. Although in theory it is flexible enough, it seems that, in practice, if a specific Member States need or priority is not reflected in one of the SP outcomes, it is more difficult for PAHO's CO to be able to engage. Moreover, a (potentially less grounded) link would need to be established between that Member States need and one of the 28 outcomes, thereby undermining

²² Responding to questions A, F, and H.

²³ Outcomes 27 and 28 concern PAHO's organizational efficiency.

the integrity of the results-based budget. Finally, PAHO's strategic planning framework does not provide for the adaptation, through the SP period, of expected outcomes and/or related indicators and targets, to respond to changing regional needs. The End-Of Biennium (EOB) or mid-term assessments could represent an opportunity to revise the SP, provided that statutory requirements and procedures are revisited.

At the country level, PAHO's RBM framework also provides for the preparation of Country Cooperation Strategies (CCS) which are expected to provide a medium-term vision for PAHO/WHO's technical cooperation with a given country, aligned with PAHO's SP, and to orient BWP preparation. However, the CCS process is not formally part of PAHO's PMA and is solely integrated into its strategic planning framework (further discussion of the CCS can also be found under Findings 8 and 15).

Operational planning level

PAHO's documentation shows that the processes and instruments developed by PAHO are relevant for the operationalization of PAHO's SP, and the sum of the entities' BWPs represents PAHO's planned contributions to the achievement of PB targets and, ultimately, SP objectives. This is a relevant outcome of a results-oriented planning and programming process.

However, KIs and documentation both suggest that PAHO's BWPs, and the main PB itself, can be considered more "aspirational" in nature, rather than a solid frame for operational planning, given the uncertainty at the beginning of each biennium regarding exact resources that will be mobilized in the next two years. This is a hindrance for RBM, given that the review of the budgetary resources available to address needs is usually the foundation of a realistic strategic planning and prioritization process, and an important element to help ensure that planned activities will be implemented at the right time. In other words, the BWPs appear to be more useful as resource mobilization (and budget requisition tools when resources become available) rather than work planning tools. PAHO staff from HQ and COs noted via both the survey and in interviews that the unpredictability of resources is indeed one of the key obstacles for the application of RBM within PAHO. According to some, PAHO can miss opportunities because of this unpredictability, and only 18% of PAHO's personnel strongly agree that there is a good synchronization between the implementation cycle and the resource mobilization cycle and processes.

The external evaluation team found that the design of the BWPs module in PMIS is set up to ensure the monitoring, at entity-level, of BWPs' completed tasks and

Good Practices Guatemala Country Office

Representatives from the Ministry of Health have all praised the value of planning and focusing on priorities. The PAHO office has constantly been communicating about the importance of following the strategic plan and achieving the objectives that were agreed. The strategic planning process has been recognized as of high value and helped make decisions from the frequent changes in priorities.

incurred expenditures, and therefore fulfills a useful RBM function. However, whereas the tool has the potential to allow the region-wide monitoring of a set of standardized outputs linked to specific PB outcomes, this potential is not currently being exploited for several reasons. First, the review of a selection of BWPs showed that the “tasks” described are a mix of project budget elements as well as real tasks that describe the P/S intended to be delivered (e.g., “Develop and disseminate information and communication materials on antimicrobial resistance (AMR); Develop information, education and communication (IEC) materials to sensitize the public and health care workers on AMR prevention and control”). Secondly, although each task must be linked to specific P/S (and related PB output and outcome), the current list of standard P/S is too long (over 350) to allow for an easy aggregation and subsequent reporting on the sum of P/S delivered annually by all entities. Furthermore, if the same task is to be financed from multiple sources, in the PMIS actual report it is presented multiple times (one entry for each financing source). Overall, the BWP/PMIS tools are more relevant and useful for budget planning and monitoring than for results planning and subsequent monitoring.

Finding 4. The CCS are, in principle, relevant tools to ensure that country-level work is aligned with the SP. In practice, however, the asynchrony of CCS and PAHO’s planning cycle, and limited scope of CCS implementation, contribute to CCS having been unable to fulfill their potential.²⁴

PAHO’s RBM framework (2010) provided few details on the content or development process of CCS and did not provide for the inclusion of a results matrix that would attempt to capture key PAHO deliverables against country-level objectives. Nonetheless, a review of some recent CCS documents found that they now include an annex describing how focus areas are related to 2020–2025 outcomes. Given that CCS are also supposed to be considered in the elaboration of future SPs, there is potential for the CCS to be an effective country-level planning instrument.

However, the analysis of the period covered by the 41 CCS developed since 2014 (covering 34 countries and whose duration spans from 2 to 6 years) demonstrates that the CCS objective to help align PAHO’s work in country to an ongoing SP, or underpin the development of a future SP, is challenged in practice. As shown in Table 4, only 12 CCS designed/started in 2018 may have usefully informed the SP 2020–2025 development process, given that the CCS designed before this date were not recent enough for that purpose. Further, reportedly in part due to the COVID-19 pandemic, only seven CCS were developed since the start of the current SP, which means that the eight CCS which are still ongoing as of 2023 are not reflecting the latest strategic directions of the Organization. As of 2023, 21 countries do not have an ongoing CCS, which leads to a vacuum for the development of the next BWPs (which will be the last of the SP 2020–2025 period). These data are substantiated by some Member States survey respondents, who also noted this disconnection and pointed out that in such cases, country-level strategic planning does not move along aligned to strategic results.

²⁴ Responding to questions F, I, J, and L.

Table 4. Coverage of Country Cooperation Strategies (CCS) since 2010

Category	No. of countries/ territories	Member States
Countries/territories whose CCS was developed and ended prior to the current Strategic Plan (SP) start date; and was not updated as of 2023.	5	Costa Rica, Guyana, Mexico, Peru, Sint Maarten.
Countries/territories whose CCS was developed prior to the current SP start date and ended during the current SP period (as of 2023), and was not updated.	15	Argentina, Anguilla/ Bermuda/ British Virgin Islands/ Cayman Islands/ Montserrat/ Turks and Caicos Islands, ²⁵ Aruba, Belize, Ecuador, Honduras, Jamaica, Nicaragua, Paraguay, Trinidad and Tobago.
Countries whose CCS was developed prior to the current SP start date and will end at around the same time as the current SP.	8	Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname (2018 – 2024), Suriname 2023 – 2025.
Countries whose new CCS was developed after the current SP start date and will end during the next SP.	7	Bolivia (Plurinational State of) 2023 – 2027, Chile 2024 – 2028, Cuba 2023 – 2027, El Salvador 2023 – 2027, Guyana 2023 – 2027, Panama 2023 – 2028, Uruguay 2023 – 2027.

Overall, the external evaluation team found that the CCS has greater potential to effectively provide directions for in-country work in line with SP objectives and to inform the SP preparation process.

Finding 5. The budgeting framework and PB process aim to link various levels of planning. The Hanlon prioritization process has contributed only to the efficient allocation of the PB. Moreover, additional resources are not included in the programming framework, hindering overall coordination and efficiency of resources.²⁶

The external evaluation team found that PAHO’s operational planning process and instruments, in theory, allow for results-based budgeting, as links are systematically established between BWP tasks, P/S, PB outputs, and budgetary requirements by all entities in PMIS. This is one of the key strengths of PAHO’s RBM framework design, and a feature not often present, or sufficiently developed, in other UN organizations as per the experience of the external evaluation team.

The team also found that the consultative process leading to the preparation of the SP/PB, using the Hanlon method, is relevant to ensure transparency for the prioritization exercise and to promote ownership of PAHO’s SP/PB among Member States. The review of PAHO’s PB 2020–2021 provides evidence that the Hanlon prioritization process has also allowed the Organization to narrow its strategic focus with the classification of about 31% of its 26 operational outcomes as “high priority” outcomes, 35% being classified as “medium priority,” and the remaining 35% as “low priority.” Additionally, the external evaluation team found that PAHO has attempted to allocate larger budget shares to “high priority” outcomes, which represent 83% of the outcomes that have each received

²⁵ These countries and territories are regrouped in a single CCS.

²⁶ Responding to questions A, G, J, I.

between 3.1% and 5% of the total budget and are underrepresented in the category “share of budget less than 2%” (see Table 5). Overall, “medium priority” outcomes were allocated 47% of the base budget in 2020–2021 (against 38% only for “high priority” outcomes). This suggests that aligning the budget with a few highly strategic priorities remains a challenge.

Table 5. Budget allocations, by outcome priority

% of total budget allocated in Program Budget (PB) (range)	Number of outcomes, by priority level									
	PB 2020–2021					PB 2022–2023				
	Low	Medium	High	Total	%	Low	Medium	High	Total	%
Between 0.1% and 1%	4	3	1	8	31%	5	4	0	9	33%
Between 1.1 % and 3%	5	2	2	9	35%	4	3	1	8	30%
Between 3.1% and 5%	0	1	5	6	23%	1	2	6	9	33%
Between 5.1% and 10%	0	3	0	3	12%	0	0	1	1	4%
Total	9	9	8	26	100%	10	9	8	27	9%

Furthermore, a fundamental design issue is that PAHO’s PB does not encompass the entire spread of PAHO’s activities and only covers around 25% of PAHO’s expenditures. Table 6 shows that procurement funds accounted for the largest share of PAHO’s expenditures in 2020 (70%).

Table 6. PAHO revenue (USD million)

Main components of PAHO revenue	2020	
Program Budget budget	338.7	25%
Procurement Funds	936.2	70%
National Voluntary Contributions	57.2	4%
Special Funds	8.0	1%
Total	1 340.1	100%

Source: Pan American Health Organization. Financial Report of the Director and Report of the External Auditor: 1 January 2020–31 December 2020 [Official Document 362]. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/54488>.

Procurement Funds, whose purpose is to support Member States in the acquisition of vaccines, medicines, and health supplies, while avoiding their direct engagement with suppliers, contribute directly to address health needs in the Region and account for the largest expenditures. It is therefore surprising that they are not part of PAHO’s programmatic framework²⁷ and that their use is not governed by PAHO’s SP, although clear linkages can be established with specific Outcomes.²⁸

²⁷ The only output indicator found in PB 2022–2023 to reflect PAHO’s procurement activities (OPT Indicator 28.4.a: Percentage of requested vaccines and supplies delivered to Member States within the planned time frame) is formulated under Outcome 28 (Management and administration), which is not a programmatic outcome.

²⁸ For example, the Revolving Fund for access to Vaccines has clear linkages with Outcome 24 (Epidemic and pandemic prevention and control) or Outcome 17 (Elimination of communicable diseases).

Finding 6. There is alignment between PAHO's RBM framework and WHO at the planning/strategic level. However, further harmonization at the implementation and country level is needed for RBM to work more effectively for both organizations to gain efficiencies.²⁹

Because PAHO is also the WHO Regional Office for the Americas, coherence between the SOs of both organizations occurred gradually over several planning cycles.³⁰ Since the SP 2008–2013, SOs are aligned with those of WHO. Both in the SP 2014–2019 and the SP 2020–2025, the Plan has been broadly aligned to the GPW13 of WHO, as well as the Health Agenda for the Americas. In the most recent SP, there have been systematic efforts to link the existing regional results chain and their indicators to the GPW13 Impact Framework, the Sustainable Development Goals (SDGs), and the SHAA2030. The availability of the GPW13 (that covers 2019–2023) during the planning process of the SP 2020–2025 also contributed to these synergies. Since the SP aims to find the right balance between regional (SHAA2030) and global priorities (the SDGs and GPW13), SP's outcomes were developed to capture regional needs and specificities, while providing clear aggregation for global outcomes. This means that the two sets of outcomes and indicators are not identical, and in some cases, PAHO's indicators only capture indirect contributions to WHO outcomes. Nonetheless, the evaluation noted the alignment of PAHO and WHO at the PB level (as well as the SP level) and PAHO's contributions to WHO's Results Report are noted as well.

Experiences Colombia Country Office

During reporting periods, personnel must input data into two different systems (PAHO's and WHO's) since indicators are not the same. For some of them, it seems like double-work for similar information.

3.3 Implementation, performance monitoring, and assessment

Finding 7. The design of PAHO's PMA process allows for tracking of BWP implementation, as well as the reporting of budgetary expenditures against SP outcomes and fulfills an important function related to monitoring.³¹

An effective performance monitoring system is a key element of any sound RBM framework to allow the measurement and analysis of the results achieved, and of the costs for achieving these results, considering performance expectations. Good practice is also for performance monitoring systems to assess the contribution of programs/activities to observed results,³² through self-assessments or independent evaluations.

²⁹ Responding to questions L, N, O, P.

³⁰ Still, PAHO and WHO maintain two separate RBM frameworks. A recent RBM evaluation in WHO (2022) was thoroughly revised for this evaluation.

³¹ Responding to questions A, F, G, H, and J.

³² Mayne (2007, 2010, 2015); Lahey & Nielsen (2013); Nielson & Hunter (2013); Nielsen & Montague (2023).

Good Practices Guatemala Country Office

Based on the experience gained through the development of a COVID-19 vaccination dashboard, the office provided support to use the system to help track and report on the vaccination program (*Tablero Virtual de Cobertura de Vacunación*). This dashboard represents a significant advance in monitoring vaccination coverage at the national level and is vital to improve the planning and execution of vaccination activities.

Against these criteria, PAHO's RBM framework (2010) establishes that the monitoring of ongoing progress toward achieving set targets for a particular biennium and SP shall be performed during the PMA process. At the entity level, BWP is the main instrument for the implementation and performance monitoring of P/S linked to specific PB outputs (therefore also to specific SP outcomes), and P/S assessment is captured in PMIS every six months. The PMA process also involves a formal review of expenditure and budget gaps. Entity managers are responsible for leading their teams in conducting the assessment of BWPs,

Human Resources (HR) Plans, and resource mobilization efforts during the biennium. The second PMA exercise of each biennium (PMA2) serves as the mid-term review of the biennium PB, and the fourth PMA exercise (PMA4) is the basis for the preparation of the end-of-biennium report, which also serves as the interim progress report on SP implementation. Both the PMA2 and PMA4 exercises thus involve the measurement of progress against PB outputs and SP outcomes and impact indicators. The PMA4 serves to launch joint assessment consultations with Member States to obtain required data and information, with Member States directly accessing SPMS to complete their assessments.

Conceptually, the six-month frequency for reflecting on performance and reporting against BWP deliverables is relevant to allow for periodic reporting of progress on BWP implementation and expenditures. There is also evidence from interviews with PAHO's technical personnel and managers that they value the discipline of regular reporting on progress. The external evaluation team considers the PMA process as a good practice being executed by PAHO in RBM.

Some COs have shared that they have established more frequent (i.e., weekly or monthly) staff meetings to discuss implementation challenges and remedial actions related to BWPs. As such, the six-monthly frequency for ongoing progress monitoring could be found insufficient for some entities for more proactive portfolio management.

One interesting departure from the strength of the reporting process concerns the PMA information-gathering process. The PMA process involves the collection of data and information related to SP impact and outcome indicators, and therefore this process is also relevant to monitor PAHO's SP targets through Member State consultations. However, for the measurement of SP outcome and impact indicators, the annual measurement and reporting frequency is deemed by some stakeholders as inappropriate. Given that there is evidence that biennium resources tend to be available in the latter part of the biennium, this timeframe is too

Good Practices Colombia Country Office

Personnel from all levels appreciate the weekly monitoring meetings (*seguimiento*), which allow them a clear overview of progress and challenges related to the implementation of BWPs.

short for the translation of most P/S into measurable outcomes, let alone impacts. This potentially excessive measurement and reporting on outputs and outcomes may also be evidenced in the significant staff resources invested in these processes, as highlighted by data from PAHO's staff survey.

Finding 8. A focus on the rate of budget utilization rather than performance and weak feedback loops to strategic planning prevents the PMA process from fulfilling all its potential.³³

Evidence from KIs, at country and subregional levels, suggests that the process pays insufficient attention to qualitative aspects or how well reported results were achieved. Moreover, the external evaluation team found that performance assessments focus too heavily on the rate of budget utilization. In this regard, some stakeholders highlighted that financial expenditure has effectively become the measure of progress for achieving results. Furthermore, the external evaluation team found that the PMA process does not adequately include specific quality assurance to ensure that the information and data emerging from the PMA process, as recorded in PMIS and SPMS,³⁴ are reliable and validated. This was substantiated by some findings of PAHO's staff survey: 18% of PAHO personnel strongly agree with the statement that there are efficient quality assurance processes in place to ensure PMA data quality. Lastly, the team found that the feedback loop/mechanisms from the PMA to strategic planning are insufficient to enable that critical RBM function. The external evaluation team noted, however, that PMA implementation can vary across COs, and can depend on management styles of the PAHO/WHO Representatives (PWRs) and other managers, among other factors, and so it is also evident that PMAs are being done slightly differently in different locations, with different impacts on PAHO and its operations.

Finding 9. Not enough attention has been paid to the efficiency of monitoring processes within the RBM framework.³⁵

General findings around PMA efficiency

This assessment was constrained by the lack of documentation on the efficiency of the various RBM components and tools, including implementation and monitoring processes. Other than a few external audit reports and internal studies, it appears that PAHO has insufficiently assessed the efficiency of its monitoring processes, and that it has insufficiently measured the efficiency gains derived from the use of new tools or processes.

³³ Responding to questions A, C, H, and K.

³⁴ The external evaluation team was informed during the preparation of the final evaluation report that the PM3 review process was, in the meantime, expanded to allow for a review of SPMS data by a team led by EXM/CSC.

³⁵ Responding to questions A, J, K, L, M, N, R, and S.

PAHO has only tracked a small number of indicators to measure its organizational performance and the delivery of its program of work. PAHO's latest SP and PB show that there are only a few indicators pertaining to organizational performance, which is one of the aspects expected from an RBM system. This is currently being done through Outcome 27 "Strengthened PASB leadership, governance, and advocacy for health" and Outcome 28 "Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources." A quick review of these as well as a comparison with WHO are presented in Annex 10, Table D.

PAHO's Outcome 28 has only 4 output indicators, compared with 12 indicators in WHO PB 2022–2023, which is an insufficient scope to cover key managerial and administrative functions of the Organization, and is unlikely to be a relevant foundation for ensuring economy, efficiency, and effectiveness in the delivery of PAHO's program of work. In this regard, an external audit (2021) had recommended that Outcome 28 should include indicators to promote and track cost-savings measures. Further, even when PAHO has actually broadly adopted the same outcomes and outputs included in the WHO PB 2022–2023, it is tracking different output indicators, thus making this comparison impossible. Consequently, PAHO's reports to its Governing Bodies include only limited discussions on PAHO's efficiency.

Technological resources

With the operationalization of PMIS in 2017, the Organization has taken a big step to streamline several business processes and data management, to "enable efficiencies in how work is accomplished."³⁶ PMIS was thus expected to reduce the number of business processes steps by 26%, but there is no information on whether this was achieved. The external evaluation team found that continuous efforts have been made since 2017 to enhance system functionality and to enhance the efficiency of management oversight with new reports and dashboards developed to support decision-making. During the COVID-19 pandemic, PMIS was also adapted to support

teleworking and remote access to core administrative systems, and robotic process automation technology was acquired to accelerate the procurement process for vaccines, inter alia. KII data suggests that staff value the visibility that PMIS gives them over allocated and spent funds, but they also noted that they need more training on the newly introduced functionalities. There was also feedback that PAHO's various systems (PMIS and SPMS) are still insufficiently linked to each other, which generates duplication of efforts, and access to certain PMIS data or reports is not authorized for all categories of staff. Further, several country-level personnel interviewed complained that there is no IT

Practices Colombia Country Office

Since the personnel agrees that PMIS reports are not easy to understand/follow, the administrative staff is developing a tool through Power BI to make this information clear and easy to understand. This tool is still in the pilot phase.

³⁶ Pan American Health Organization. Status of the PASB Management Information System (PMIS). Washington, D.C.: PAHO; 2017. Available from: <https://iris.paho.org/handle/10665.2/34214>

system for the monitoring of VC projects or to support the preparation of donor reports. PMIS was thus conceived as a transactional IT system focused on the tracking of tasks, and their costs.

Cross-cutting factors

PAHO's staff survey results show that there are several factors hindering efficiency. Key among them is PAHO's "excessive bureaucracy" and an institutional environment "heavily governed by rules," in which the approvals from HQ and/or PAHO's Legal Department are perceived as creating unnecessary delays. This was further confirmed in KIIs and field visits, where the perception of many people is that revisions and approvals from the regional office are not efficient and limit their autonomy to make decisions. Survey data also suggest that Department Directors and managers do not have the latitude, flexibility, and authority to use resources for achieving results.

Some interviewees both at the regional and country level referenced the siloed nature of PAHO's work where each unit is focused on its technical programs and does not pay enough attention to finding synergies among programs and technical cooperation initiatives. Likewise, evidence from interviews and field visits hint at a disconnection between staff working on delivering technical cooperation ("technical staff" or "program officers"), and personnel working on enabling functions ("administrative staff" or "administrators"). There seems to be insufficient clarity about how units and offices can contribute in relation to RBM, and how RBM can be complementary to their work. Still, the extent to which silos exist within PAHO varies greatly among countries and at regional level.

Another important perceived obstacle to efficiency is the high turnover of staff in COs, and the difficulty related to retention of trained local personnel or consultants after four years of employment due to an HR rule³⁷ was noted in survey and KII data. One HQ respondent reported that "there is no stability for temporary workers [...] [PAHO] loses human resources that it has already trained and by letting them go, [PAHO] loses training time and knowledge of the needs of the departments." (The effect of human resources on RBM is discussed further under Finding 16). In addition, survey respondents and KIIs pointed to heavy workloads to perform all administrative work on top of the other technical and more substantive tasks.

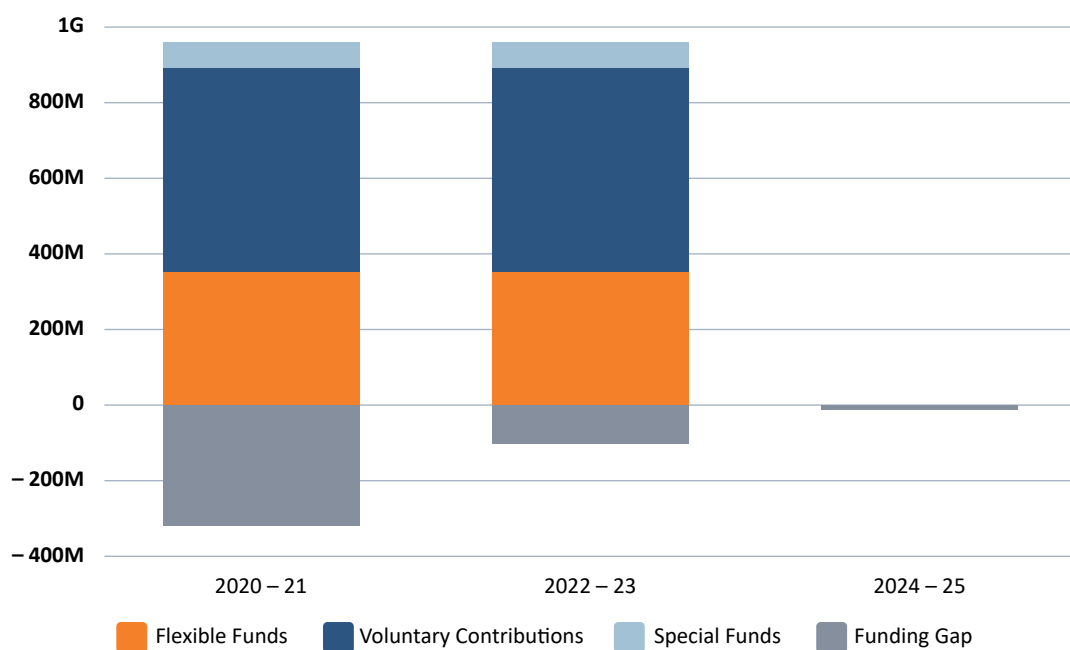
Finally, some elements of organizational inefficiency were also reported via KIIs with PAHO's development partners. Several of them complained about the lengthy process for obtaining financial information related to contract extension requests, noting that these requests were systematically submitted late, showing poor project cycle management (PCM), in their view. Several development partners also regretted the prolonged process and high transaction costs involved during contract negotiations.

³⁷ According to personnel, HR does not allow hiring a consultant for more than four years in a row.

Finding 10. Voluntary Contribution projects are not well integrated into the monitoring and reporting framework.³⁸

VC projects refer to all technical cooperation initiatives funded by resources additional to the regular PAHO budget. These projects should contribute to achieving the Outcomes of the SP through the support of biennial workplans. As seen in Figure 4, taken from PAHO’s portal, VC funding has contributed over half the funds for the implementation of the two biennia of the SP 2020–2025 so far.

Figure 4. Funding of the PAHO Strategic Plan (by source) 2020–2025



Source: PAHO Program Budget Portal. Available from: <https://open.paho.org/2022-23/budget-and-financing>

According to the RBM framework document, VC-project management is implicitly linked to RBM and contributes to all components (planning, monitoring and performance assessment, independent evaluation and learning, and accountability). However, the external evaluation team found some limitations in monitoring and performance assessment.

Regarding monitoring, entities must report on implementation and budget execution both internally and externally to the donor. However, in most of the COs, these are two parallel processes, leading to duplication of work. Since most of the VC projects are guided by the performance measurement frameworks and reporting templates of donors, most CO project managers shared that they had designed their own tracking tools to facilitate donor reporting. All data confirm that PMIS is not being used to support VC monitoring or (donor) reporting on P/S delivered. The complexity of the tools varies

³⁸ Responding to questions I, J, M, N and R.

according to the office, the donor, and the project size, with some using a simple Excel spreadsheet, and others using alternative software systems such as Kobo Toolbox. So, project results information being tracked varies widely across VC projects and is difficult to consolidate in meaningful ways with various parameters being used. Furthermore, the internal parallel monitoring tools to collect such data are mostly manual and may be prone to errors. More importantly, it means that most monitoring and reporting related to VCs remains outside PAHO monitoring and reporting processes.

Additionally, as explained in the Project Management Standard Operating Procedures (SOPs) for Voluntary Contributions (2020), VCs need to be reported internally to feed into quarterly monitoring reports,³⁹ but there is no corporate IT or central monitoring system to support the tracking of P/S delivered. CO staff noted that reporting to HQ varies depending on whether external funds have been raised at the local level, through the CO, or with support

of the External Relations, Partnerships and Resource Mobilization Department (ERP) at the regional level. There is greater independence in monitoring and tracking when the fundraising process has been done directly with national development partners. A few interviewees pointed out that despite efforts, donors' project information is fragmented both at the CO and regional level and not always available for decision-making. Some stakeholders noted that they do not see the final version of the reports that are submitted to donors, which provides further evidence of weaknesses and gaps in the feedback loops from monitoring.

Good Practices Grenada (Part of ECC)

A monitoring tool has been developed in Microsoft Excel to manage and monitor projects (VCs) and to simplify data analysis, aggregation, and reporting.

3.4 Independent evaluation and learning

Finding 11. Systematic evaluation has not been given sufficient space or integration within PAHO as a key tool of the RBM framework.⁴⁰

PAHO's RBM framework includes an independent evaluation and learning component that recognizes the significant role that the evaluation function plays in complementing the PMA process, and the link between evaluation and learning. However, it is only very recently (2021) that a formal Evaluation Policy has been revised according to the RBM standards in PAHO. In effect, systematic evaluation and the evaluation function has not been given sufficient space or integration within PAHO as a key tool of the RBM framework.

³⁹ Project Management SOPs for Voluntary Contributions (2020).

⁴⁰ Responding to questions A, F, and I.

Over the period 2010–2023, there have been 29 corporate evaluations – most of these have been WHO evaluations that included PAHO as its Regional Office for the Americas. During the same period, 25 PAHO decentralized evaluations were conducted.⁴¹ The recent release of PAHO’s Evaluation Policy, and the limited number of evaluations conducted, attest to insufficient attention being paid to the learning gained through systematic evaluation for the period under review. Moreover, the ERBM did not find evidence that recommendations made in evaluations conducted were followed up on or their implementation monitored. This is also reflected in the lack of shared perceptions around the role evaluations should play.

Originally located, but not staffed, within the Office of the Director where it did not enjoy full independence, the Evaluation function became part of oversight in 2008/2009, following the signing of an agreement with WHO’s Internal Audit and Oversight. There is not enough evidence on all elements of the evolution of the role of the Evaluation function between 2005 and 2021, but some KIIs have indicated that during that time, the Evaluation function had an advisory role, supervising evaluations commissioned to external providers, some of which were decided internally and some to meet donor requests; the function included assisting WHO with the Regional Office for the Americas (AMRO) aspects of some of its assignments. In February 2020, the Director of PAHO transferred the evaluation function to the PBE office.

Further, there is evidence from KIIs with PAHO personnel that there is a certain lack of clarity about how PAHO evaluations may complement and strengthen the performance assessments conducted during the PMA process (and which are entirely self-assessing processes, with the notable exception of the joint assessment with Member States). This also means that the Evaluation function was not conceived, until recently, as having the potential to support a greater understanding of the efficiency and effectiveness of PAHO’s operations, both at HQ and country level.⁴²

Since the release of the 2021 Evaluation Policy, PBE commissions and manages corporate evaluations according to Evaluation Workplans that cover two years on a rolling basis and that are approved by PAHO’s Executive Management, although the approval frequency has not yet been systematized. It is too soon to assess how effective recent changes will be in strengthening the RBM framework through a revitalized and resourced Evaluation function. PAHO’s survey data highlighted that more than half of respondents (56%) strongly disagree with the statement that PAHO “produces independent, evidence-based evaluations of its programs and organizational performance.”

⁴¹ The number of donor-led evaluations was not tracked centrally but this could be investigated further.

⁴² The evaluation focused more on the progress achieved with RBM implementation during the period ranging from 2014 through December 2022. It did not consider the development made since January 2023 of new processes, guidelines, and the development of evaluation at PAHO on other areas, such as the evaluation of PAHO’s response to COVID-19. Annex 8 presents a list of the achievements of the Evaluation function in 2023 as reported by PBE Evaluation. These advances are important in helping start a process to advance the evaluation culture and changes in behaviors needed to support a culture of managing for results.

Finding 12. The learning aspects of an RBM culture need to be deepened and improved.⁴³

PAHO's newly adopted Evaluation Policy (2021) duly recognizes that the evaluation function is a key component of the PAHO RBM framework. The document also states that "evaluation reinforces corporate accountability, evidence-based decision-making, knowledge management, [and] organizational learning," which are indeed all important, relevant purposes of an evaluation process. It is further noted that the role of the evaluation function across the Organization is now being defined as a mechanism for corporate learning, accountability, and performance management and improvement.

There is mixed evidence regarding learning culture at PAHO. The external evaluation team conducted KIIs with PAHO HQ staff, which highlighted some successes (including recent improvements) and challenges (including senior management commitment to RBM and learning) during most of the period being reviewed (2008–2022). However, the general sentiment is that PAHO still lacks a focus on learning from results to determine how budgets are allocated, for example, and instead is more focused on maintaining historical disbursements at the entity level, which determines funding allocations for subsequent years. Further, interviews and field visits confirm that RBM tools are often used in a "mechanical" way and not in a reflective, adaptive manner where learning is central.

Despite satisfaction with the PMA process (which represents a good practice and holds great potential value for RBM at PAHO), the external evaluation team found that there is a need to further promote a greater emphasis on the interpretative and learning aspects of not just monitoring processes like PMA but also of evaluations, including PAHO's contributions to the Health Agenda and SDGs, to enrich the knowledge of lessons learned and direct the appropriate corrective action. The Office of Internal Oversight and Evaluation Services (IES) reported that PMA was heavily focused on measurement and on statistical information that might limit the ability of the RBM to catalyze strategic rethinking and propose corrective action.⁴⁴ As noted, the PMA process is not sufficiently linked into a feedback mechanism or loop for ongoing learning and strategic planning/programming improvement, and this is exacerbated by the lack of evaluation learning feeding in as well. Moreover, data collected via interviews and document reviews suggest that no formal knowledge management strategy is in place promoting generation and use of information and knowledge.

Interviews and survey results suggest that most people are not sure where to find previous evaluation results and do not feel confident about how to use them in their work. Survey and interview data also pointed to the limited resources allocated to evaluation, data analysis, and learning for decision-making.

⁴³ Responding to questions A, C, F, and I.

⁴⁴ Audit report 2022.

3.5 Accountability

Finding 13. PAHO's accountability/reporting framework includes two types of reports to inform Member States but does not easily identify aggregate PASB contribution to outcomes.⁴⁵

PAHO's reporting framework

Using results information for learning planning and management, as well as for reporting and accountability, is an important RBM principle. Reporting thus should serve the dual purpose of providing performance information to managers (and others) for proactive management and providing information on the results achieved as resources to Governing Bodies for accountability.

PAHO's RBM framework (2010) contains limited guidance on PAHO's corporate reporting framework.⁴⁶ An overview of PAHO's current accountability framework, including the list of all the reports that need to be submitted to its Governing Bodies, was included as an annex of the SP 2020–2025. Two types of reports are of particular relevance for the RBM framework: (i) the Program Budget End-of-Biennium Assessment Reports, whose purpose is to inform PAHO Governing Bodies on progress in the implementation of PAHO's SPs and therefore serve as interim progress reports for the SP;⁴⁷ and (ii) the annual and quinquennial reports of PASB Directors, whose purpose are to inform Member States on “the results of technical cooperation of the PASB with Member States and its collaboration with strategic partners and stakeholders.”⁴⁸ Through the PMA process, PAHO's reporting framework also provides for the preparation by entity managers of six-monthly progress reports on BWP implementation, intended for PASB Executive Management.

The evaluation found that the annual and quinquennial reports of the Director (that documents PAHO technical cooperation work) do not follow the outline used in PAHO's end-of biennium reports.⁴⁹ As such, linkages cannot be easily established between the outputs of PAHO's technical cooperation work and the changes to be measured via the outcome and impact indicators. Another obstacle is the misalignment between the quinquennial report cycle and the SP cycle (e.g., the quinquennial report 2018–2022 covers both the 2014–2019 SP and the 2020–2025 SP).

Furthermore, there is limited evidence in PAHO reports of efforts to systematically aggregate, under each SP outcome, the key P/S delivered by the Organization through its various operational instruments (technical cooperation, VC-funded projects, procurement funds). Thus, the end-of-biennium reports include a mixed presentation of actions taken within Member States and activities undertaken by the Organization country offices, but

⁴⁵ Responding to questions A, B, F, and I.

⁴⁶ For example, what is the function, frequency, content, and audience for the various reports that shall be prepared by PAHO?

⁴⁷ PAHO SOP on PMA.

⁴⁸ Pan American Health Organization. Quinquennial Report 2018-2022 of the Director of the Pan American Sanitary Bureau: Championing Health Equity for Sustainable Development. Executive Summary. Washington, D.C.: PAHO; 2022. Available from: <https://iris.paho.org/handle/10665.2/56448>

⁴⁹ Whereas end-of-biennium reports present achievements by SP Outcomes, the results of technical cooperation are presented across domains that do not correspond to the SP “outcome clusters.”

links between these activities have not been established in said reports. Similarly, case studies presented in the same documents provide information on specific activities and data on P/S delivered in Member States, but they do not present outcome information (i.e., how the outputs provided have been used and what effects they have had). This issue had also been highlighted in a recent performance audit (2021) that observed that aggregate and measurable performance of the PASB is difficult to track through the reporting to Member States.⁵⁰ Taken together, these issues hamper accountability to Member States on development results and achievements in the Region through support from the PASB.

Project-level planning, monitoring, and reporting

The review of PAHO's RBM framework (2010) shows that the project level is absent from this framework⁵¹ although projects are, in practice, the main instrument used to implement VC-funded initiatives. PAHO's Project Management SOPs for VCs (2020) fill this conceptual gap by defining projects and providing detailed guidance for project cycle management,, from identification of a project concept to implementation and completion. The document recommends the use of ad hoc planning and monitoring tools (e.g., project workplans, monitoring plans, budget tracking tables) for the monitoring of VC-funded projects. In the end, PAHO cannot easily report on the consolidated P/S delivered and outcomes achieved by VC-funded projects (see Finding 9 for further information) as this is mostly done through ad hoc, donor-led evaluations or verification missions.

3.6 Cross-cutting considerations: capacity, sustainability, and CCTs

Capacity

Finding 14. There are diverse levels of understanding of RBM across the Organization. This limits the opportunities to build an RBM culture and to increase the effectiveness of PAHO's operations, especially at the subregional and country level. Lack of a comprehensive training program has contributed to this uneven understanding.⁵²

In the context of organizational effectiveness, it is imperative for all PAHO personnel to share a common understanding of the RBM framework and cycle. However, this understanding of RBM's purpose does not seem embedded across the Organization.

⁵⁰ External Auditors Report on the 2021 PAHO Financial Statements, in: Pan American Health Organization. Financial Report of the Director and Report of the External Auditor: 1 January 2021–31 December 2021 [Official Document 365]. Washington, D.C.: PAHO; 2022.

⁵¹ The document refers to VC as an "RBM policy" and as "resources that the Organization receives in addition to the regular PAHO budget" that should contribute to achieving the SOs, but it fails to describe even succinctly what instruments, in the overall RBM framework, will be used to transform these resources into results (i.e., projects).

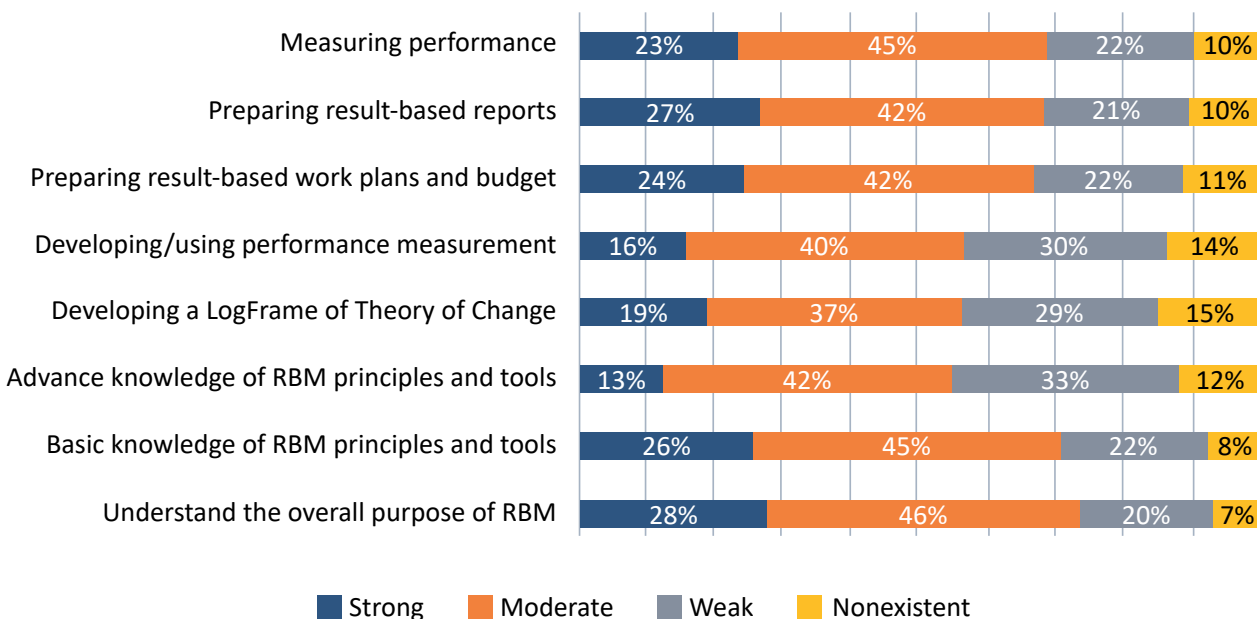
⁵² Responding to question C, D, and G.

A quote from the PAHO staff survey is indicative of wider perspectives on this, and substantiated from other lines of inquiry:

“(There is a) lack of understanding among many officials about RBM, many managers think that the more execution and expenditure they perform better, focusing only on short-term objectives. If the evaluation of the performance of these entities favors this belief and practice, we lose the reason for being as an organization and mandate, incurring inefficient spending”⁵³ (Gallup Survey).

The external evaluation team found that PAHO personnel have a limited and differentiated understanding of RBM and its tools, which does not reflect a significant change from the baseline, nearly two decades ago. In 2005, most PAHO staff members interviewed had no clear understanding of the concept and techniques of RBM and often associated it with the more limited definition of results-based budgeting.⁵⁴ Two decades later, clarity about how PAHO defines and implements RBM still needs improvement. Survey data show that the level of RBM understanding is not as strong as expected and most of the respondents rank their knowledge of RBM principles generally as moderate, as shown in Figure 5.

Figure 5. Understanding of RBM results-based management (RBM) principles and tools



Source: ERBM Gallup survey of PAHO’s personnel 2023. Question – How would you assess your personal knowledge and understanding of RBM principles and tools?^{53 54}

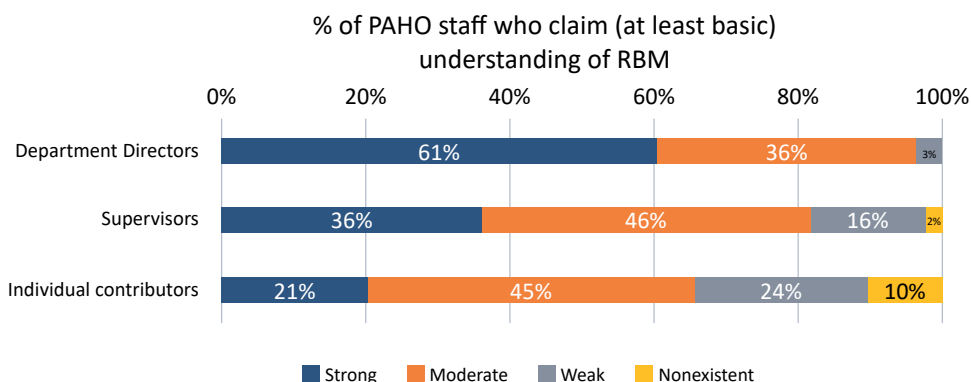
Data from the survey, KIIs, and field visits also suggest that RBM understanding varies depending on the level of the Organization at which a person sits. HQ staff seem to be more aware of what RBM is than personnel in the subregional and country offices. Similarly, a better understanding of RBM seems more frequent at higher leadership positions, as

⁵³ ERBM survey Gallup, 2023.

⁵⁴ United Nations. Joint inspection unit of the United Nations system. Reports 2005. New York: UN; 2024. Available from: <https://www.unjui.org/content/reports>

illustrated in Figure 6, which demonstrates a significant difference of understanding between managerial levels (Department Directors and PWRs) and supervisors and individual contributors (ICs). Several interviewees in the subregional and country offices referred only to the planning cycle, hinting at the perception that planning is the whole RBM framework. This gap in the levels of understanding can impact the effectiveness of RBM implementation.

Figure 6. Understanding of results-based management (RBM), by level of leadership⁵⁵



The external evaluation team found that one of the key contributing factors to this uneven and limited understanding of RBM is the lack of a comprehensive training program at PAHO. According to PAHO’s personnel survey, 35% of participants identified the lack of staff capacities or knowledge on RBM, due to the lack of training, as a major obstacle for sound application of RBM, while others declared that they had insufficient knowledge to attempt to identify obstacles.

Currently, training on RBM is a two-hour online self-learning course on the basics of the RBM framework used by PAHO. This course has not been updated since its creation, which might lead to some knowledge gaps in their understanding of the RBM cycle.⁵⁶ Some interviewees expressed that this course was not enough for them to really understand their role and responsibilities in the RBM process. This is further confirmed by the survey data, which highlighted that training on specific components is not available, although it suggests that some managerial positions (e.g., Department Directors and PWRs) have received some additional guidance on specific RBM components. Most stakeholders agreed that there is a need for further training on RBM-related topics. Over 80% of survey respondents said they would welcome it. This need for further capacity development was also highlighted in the audit report from 2022.⁵⁷

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Technical and administrative personnel commented that they are motivated by their superiors to “think like managers,” but they do not have enough training and tools to do so. They are interested in learning and improving their strategic skills and would welcome further RBM training.

⁵⁵ Category Department Directors includes both Department Directors and PWR.

⁵⁶ Gap analysis report – 2022.

⁵⁷ Gap analysis report – 2022.

Finding 15. PAHO's RBM framework responds to the expectations of the majority of Member States.⁵⁸

External stakeholders, including ministry counterparts and development partners, agree that one of the strengths of PAHO's RBM framework and the SP is that they provide full clarity of the objectives that PAHO will pursue in the Region and highlight PAHO's capacity to deliver on stated objectives. Further, over 80% of Member State survey respondents agree to some extent that PAHO's SP reflects PAHO's value-added and comparative advantages.

Feedback from several Member States indicates that the value-added of the prioritization exercise is that it helps them build their strategic planning capacities, and data from KIIs correlate that Member States value this capacity development opportunity very much. This is usually attributed to PAHO's technical support to Member States during the planning and implementation of programs at the country level. Several interviewees agree that PAHO's support is effective due to highly trained technical personnel who often go above and beyond their duties. These processes also provide welcome opportunities to strengthen the relationship between MoHs and PAHO representatives.

The external evaluation team found that Member States are broadly satisfied with the end-result of the strategic planning process. One of the main reasons is the participatory approach allowing for better alignment with the country's needs and priorities. This was further confirmed in the Member States survey, where most respondents strongly agree that there is a good alignment between PAHO's SP and national policies and programs, and interventions are relevant for the needs of the country. This is, however, in part because PAHO's priorities are felt to be broad enough to be linked to existing national plans and health targets. Nonetheless, several Member States representatives have highlighted during KIIs or via the Member States survey that PAHO's SP does not sufficiently consider context-specific factors; for example, there is limited room for adaptation related to health emergencies. Survey data also show that PAHO's consideration of what other development partners are doing in the country is uneven across countries. A downside of PAHO's search for consensus is that not all countries feel that their priorities are reflected in PAHO's SP, despite the substantial number of SP outcomes.

In general, Member States survey results show that respondents were generally satisfied with the efficiency with which PAHO manages its strategic planning process (58% strongly agree), but a little less so with regard to the monitoring and evaluation processes (45% strongly agree). However, a few interviewees highlighted that some MoHs have limited capacities to meaningfully engage in PAHO's processes, such as the planning cycle and data reporting and monitoring. For planning, feedback from some smaller Member States shows that the country-level planning process and the Hanlon prioritization methodology (see Finding 5 for more on Hanlon prioritization) are time-consuming, complex processes and sometimes beyond Member States' capacities.

⁵⁸ Responding to questions B, C, E, and P.

Finding 16. Limited capacities in some Member States preventing them from meaningfully participating in some ways, and insufficient clarity on funds allocation across countries.⁵⁹

Regarding monitoring and reporting, the external evaluation team found that less than half of Member States survey participants feel that they strongly understand PAHO's monitoring expectations for reporting on health trends in the country. Additionally, the team found that many Member State respondents feel that the department they work for can only monitor and report on PAHO's SP's indicators to a certain extent and do not always have the required human resources to implement PAHO's monitoring- and reporting-related tasks. For some MoH representatives, their ability to respond to PAHO's requirements in terms of data quality is a challenge because of competing priorities and limited resources in the MoH. Member States responses were also mixed in terms of the efficiency of PAHO's reporting process. One such Member States reported that it would be more relevant for PAHO to derive its PB from existing, national health sector plans. These challenges were more frequent among smaller countries and supports findings that Member States capacity to engage with PAHO's RBM processes is linked to their satisfaction with those processes.

Several Member States have indicated during KIIs and the survey that they do not have access to the finalized country-level BWP, as this document is internal to PAHO. Some have then noted that at the national level, it is unknown how resources are distributed by priority, and this limits the consensus on a strategic agenda. In some cases, the use of country-level BWPs was also noted as being too prescriptive, and some KII respondents suggested that there is a tendency for PAHO to "push" for the completion of certain activities because they are in the BWP, and regardless of whether a country has the capacity to implement – and this is detrimental to country ownership.

Finding 17. PAHO has announced its commitment to RBM implementation. However, in practice, inadequate financial and human resources are a challenge for sustainability.⁶⁰

Sustainability in funding

A sustainable RBM framework requires leadership's commitment, time, and resources to be consolidated. According to document review and interviews with senior executives at the regional level, there is a commitment to continue with the implementation of the RBM. The continuous strengthening of the framework since its launch in 2010 attests to it. Throughout this time, new mechanisms and tools for each component have been established and improved. For example, the SPMS and PMIS software development has contributed to a solid system foundation. According to PAHO's personnel survey, around 65% of participants are satisfied with the technological resources available to implement the RBM framework. Still, a couple of interviewees at the country level believe that the level of commitment is higher in discourse than in practice.

⁵⁹ Responding to questions B, C, E, and P.

⁶⁰ Responding to question T.

Overall, the external evaluation team found that there are some challenges to ensure that the results achieved so far are sustainable, and these relate both to financial and human resources. For SP and operational planning implementation, one of the issues is the unpredictability of budget resources for the entities. PAHO operates under the “envelope budget” mechanism, which sets a ceiling for budget and fosters fundraising at the local level. According to findings from the survey, a key obstacle to program management is the lack of financial resources’ predictability or availability when needed, or the delayed receipt of budgetary resources toward the end of the biennium, causing delays in the delivery of the workplans. Moreover, field visit interviews also highlighted that there is not enough training on strategic fundraising for the national personnel, limiting PAHO’s opportunities to secure funding from other development partners in a sustainable way.

Sustainability in human resources

The second factor is human resources. The external evaluation team found that there is a high turnover rate for national consultants and personnel. One of the contributing factors is PAHO’s policies on HR, particularly those related to consultants, and as a result, the Organization has difficulties retaining personnel that are already trained and familiarized with RBM processes and tools. This continuous rotation, combined with the lack of proper training spaces, can hinder RBM quality and long-term sustainability.

The external evaluation team also found that there is limited availability and capacity by the counterparts in Member States. An assumption for the proper functioning of the RBM is that Member States have enough capacity to engage in a meaningful way in the RBM cycle (especially during planning and monitoring). According to the Member States survey and interviews, this is not always the case. Respondents indicated that there are only a few people to address all requests and responsibilities from PAHO.

PBE’s role in overseeing the implementation of RBM is critical. Data suggest that more human resources could assist in ensuring that RBM is fully integrated into planning, monitoring, and reporting in a more integrated and sustainable manner.

Cross-cutting themes

Finding 18. CCTs have been included in most of the planning instruments, such as the SP and its ToC, and most of the recent CCS. However, there is limited evidence on how they have been mainstreamed throughout other RBM activities and processes.⁶¹

Aligned with the SDGs and the SHAA2030, gender is one of PAHO’s CCTs, along with equity, ethnicity, and human rights. These issues have been explicitly included in the most recent Strategic Planning document and its ToC, as determinants of health. Specifically, Outcome 26 “Equity, Gender, Ethnicity, and Human Rights” ensures accountability for the integration of CCT. The SP also mentions the need for data disaggregation by gender, age, ethnicity, and other variables as a lesson learned. Likewise, other planning instruments,

⁶¹ Responding to question U.

such as the most recent CCS, mention gender, human rights, and interculturality approaches as key issues. Most of the CCS revised during desk review (for example, Argentina, Brazil, Colombia, and Jamaica), touch upon topics such as gender-based violence and inequality as growing problems and public health challenges in the Region. Other operational manuals, such as the SOP for VC projects, also mention cross-cutting issues as an element to consider.

Still, evidence is more limited related to the other components of RBM. Desk review revealed that monitoring and reporting on these issues is not even across countries. As recognized in the SP 2020–2025, despite efforts for a more inter-programmatic approach to integrate cross-cutting issues, the structure of the SP 2014–2019 in some cases led to work in silos. Even with adjustments in the SP 2020–2025, there is an ongoing need for more consolidate monitoring and assessment gains related to the implementation of the CCTs. The report of the End-of-Biennium Assessment of the PAHO PB 2020–2021 describes achievements related to how these cross-cutting issues were integrated under Outcome 26. For example, PAHO produced a first-of-its-kind publication, *Gendered Health Analysis: COVID-19 in the Americas*. Other success stories in some countries were related to training and collaboration with governments and other networks on these topics. PMA reports for some countries revised during the evaluation also showed how human rights and gender considerations have been integrated in outputs and P/S. Likewise, entities have created P/S targeting specific issues relevant to Afro-descendant, Indigenous, and Roma populations in their countries. Still, the end-of-biennium reports also recognize that despite some efforts, there are still limitations related to countries reporting health data disaggregated by sex, age, ethnicity, and other variables. More support is needed from the Member States to advance these issues, as well as conduct gender-based and ethnic disparities analysis and consolidate evidence on the matter.

The external evaluation team found weak linkages between RBM implementation and the gender mainstreaming agenda, especially at the country level. In general, references to human rights were frequent, but gender-related approaches and the integration of the Policy on Ethnicity and Health were rarely mentioned during the present evaluation. Further, in the survey, the tracking of gender equity-related objectives was one of the features of PAHO's monitoring, with a lower level of satisfaction. Likewise, a couple of interviews highlighted that at the country level, the gender mainstreaming agenda is seen as a competing demand to the RBM implementation, due to the limited resources available. Overall, there is a consensus that more competencies related to the CCTs at the different levels of the Organization are needed. External stakeholders also agree that cross-cutting issues, especially gender, need to be better integrated into all phases of the RBM approach, from design, to implementation, to monitoring, to evaluation and learning, and through to accountability and reporting.

4 CONCLUSIONS

4.1 An overview of the state of PAHO's RBM framework

Implementing an RBM framework within PAHO has been a long-term process and with notable successes and considerable challenges – both technical and organizational. It has been a change management exercise that has permeated various parts of the Organization, and has been used for planning, monitoring, independent evaluation and learning, and accountability.

The evaluation has shown that PAHO has made significant strides in implementing RBM over the last two decades since its inception. Like most RBM initiatives of large international organizations though, some challenges take more time, effort, and resources to address and improve upon. In broad terms, PAHO's RBM frameworks comprise key strengths and challenges summarized in Table 7, which is complemented by the associated recommended follow-up action as brought forward by the external evaluation team in Section 6 below.

Table 7. Implementation of results-based management (RBM) at PAHO – key strengths and weaknesses/gaps, by element of the RBM conceptual framework

Implementation of RBM at PAHO – key strengths and weaknesses/gaps, by element of the RBM conceptual framework			
Category	Key strengths	Key weaknesses/gaps/needs	Recommended follow-up
RBM	<p>Prioritization</p> <ul style="list-style-type: none"> • Management commitment to RBM at PAHO. ◊ <i>Establishing RBM as a management approach.</i> ◊ <i>Committing to review and improvement through the external evaluation of the PAHO RBM framework implementation (ERBM).</i> 	<p>Inadequate RBM understanding and culture</p> <ul style="list-style-type: none"> • Limited and inconsistent understanding of RBM principles and tools. • Limited capacity to implement RBM processes at country level. • RBM is seen as uncoordinated and burdensome. • Greater recognition and belief in the benefits of RBM to the field operations needed at field level. <p>Underachieving full value from RBM concept</p> <ul style="list-style-type: none"> • Need for revisiting the RBM conceptual framework. • Need for greater efforts for implementation of RBM beyond planning and reporting, to more comprehensive “managing for results.” 	<ul style="list-style-type: none"> • Recommendation <u>14</u> – Senior managers to visibly, regularly, and consistently lead and support RBM through their words and actions; for example, expecting results information, supporting RBM with resources, fostering peer RBM champions, and managing the expectations for RBM. • Recommendation <u>10</u> – Incorporate learning into the planning process and enhance learning within the Organization. • Recommendation <u>12</u> – Develop and implement an RBM training program, a series of courses designed for different roles and responsibilities in the RBM process. • Recommendations <u>1</u> and <u>2</u> on PAHO’s SP and strategic planning process. • Recommendation <u>11</u> – Further the strengthening and utilization of systematic evaluation as a key tool to support RBM.
Strategic and operational planning	<p>Approach to planning – HQ and countries</p> <ul style="list-style-type: none"> • Participatory process with Member States. • Operational planning at country level. • Planning framework with medium- and long-term objectives. <p>SP process</p> <ul style="list-style-type: none"> • SP and Biennial Work Plan (BWP) planning processes are participatory. • Member States view SP and BWP development processes as useful. 	<p>SP RBM logic</p> <ul style="list-style-type: none"> • Inadequate theory of change (ToC) for the SP upon which to base a comprehensive RBM approach. • Streamlining needed. • Current SP does not capture contributions of PAHO to health indicators. • SP could be more strategically focused. 	<ul style="list-style-type: none"> • Recommendations <u>1</u>, <u>2</u>, and <u>3</u> on the Strategic Plan (SP) and the strategic planning process. • Recommendation <u>10</u> – Incorporate learning into the planning process and enhance learning within the Organization.

Category	Key strengths	Key weaknesses/gaps/needs	Recommended follow-up
<p>Systems supporting RBM</p>	<p>Satisfaction with PASB Management Information System (PMIS) and Strategic Plan Monitoring System (SPMS) processes.</p>	<ul style="list-style-type: none"> • An ongoing need to avoid information overload, assurance of data quality, knowing the costs of measuring, and developing a realistic demand for performance information to be reported. • The ongoing demand for timely and quality data “fit for purpose.” • Integrating qualitative information, performance stories and “lessons learned” in a user-friendly manner within systems that is then easily retrievable for users. 	<ul style="list-style-type: none"> • Recommendation 7 – Ensure the proper measurement and monitoring of organizational performance and efficiency. • Recommendation 8 – Harness opportunities for improved coordination and coherence with WHO.
<p>Implementation, performance monitoring and reporting</p>	<p>Performance Monitoring and Assessment (PMA) process for activity reporting</p> <ul style="list-style-type: none"> • Some tools, processes and systems are in place for tracking, updating, and monitoring activities and outputs. <p>Budgeting allocation process</p> <ul style="list-style-type: none"> • Budget considers past outputs and allocations. • Focus on compliance and accountability. 	<p>Monitoring processes</p> <ul style="list-style-type: none"> • Monitoring activities are not coordinated. • Duplication of activities is common. • Voluntary Contribution (VC) funded project has parallel monitoring and reporting tools. <p>Capacity for measuring performance</p> <ul style="list-style-type: none"> • Systematic performance frameworks, and associated performance/results indicators need to be developed for new PAHO initiatives at all levels. <p>Assessing contribution of PAHO</p> <ul style="list-style-type: none"> • Need to incorporate systematic evaluation and use of “Contribution Analysis” to measure the impact and contribution of PAHO’s efforts on results achieved more adequately. <p>Budgeting process</p> <ul style="list-style-type: none"> • Budget allocation process focused too much on disbursement and not enough on outcomes and results. This misplaces the focus needed for assessing effectiveness and results achieved. 	<ul style="list-style-type: none"> • Recommendation 4 – Ensure that PAHO’s monitoring and reporting frameworks are useful for measuring and reporting on the work of the PASB, its contribution to development results in the Region, and its overall efficiency in delivering its program of work. • Recommendation 8 – Harness opportunities for improved coordination and coherence with WHO. • Recommendation 6 – Enhance the efficiency and effectiveness of PAHO’s monitoring processes and ensure that PAHO can more adequately measure its contribution to development results. • Part of Recommendation 9 – Corporate, regional and country-level evaluation plans need to be developed and scheduled so as to incorporate the ability to periodically evaluate and report on the impact of PAHO’s activities and their contribution to results achieved. • Recommendation 5 – Ensure that country-level budgeting and monitoring moves toward being more focused on results, i.e., better linking of financial with performance information.

Category	Key strengths	Key weaknesses/gaps/needs	Recommended follow-up
<p>Independent evaluation and learning</p>	<ul style="list-style-type: none"> • PAHO's RBM framework includes evaluation and learning component. • A formal Evaluation Policy (2021) has been put in place in PAHO. • Greater potential to measure contribution of PAHO's activities through a newly energized independent evaluation function. 	<p>An evaluative culture a key part of RBM</p> <ul style="list-style-type: none"> • Emerging evaluation function not yet adequately integrated into the implementation of RBM at PAHO. This will take an understanding across PAHO of the role, resource requirements, and institutional support needed for evaluation in supporting effective RBM implementation. • A need to ensure systematic evaluation embedded into all levels of the Organization and used as both an accountability and learning tool. • This may involve a reorientation to RBM for some and require an element of "educating" users of performance information. <p>The complementarity of monitoring and evaluation</p> <ul style="list-style-type: none"> • Evaluation needs to be regarded and used as a tool to support RBM, complementary to monitoring. • Evaluation should be used as a tool to assess PAHO's contribution to the achievement of results. <p>Support mechanisms to ensure the use of evaluation results</p> <ul style="list-style-type: none"> • Feedback loops and direct links with the governance structure need to be in place for the systematic integration of evaluation findings, conclusions, and recommendations into learning and management mechanisms. • Comprehensive plans for the systematic evaluation of PAHO's programs and VC-funded projects need to be in place so as to ensure that evaluation results play a key role in RBM. 	<ul style="list-style-type: none"> • <u>Part of Recommendation 9</u> – Foster an evaluative culture and create opportunities for learning through asking evaluative questions in planning, performance reviews, and learning events. • <u>Recommendation 10</u> – Incorporate learning into the planning process and enhance learning within the Organization. • <u>Recommendation 12</u> – Develop and implement an RBM training program, a series of courses designed for different roles and responsibilities in the RBM process. • <u>Recommendation 9</u> – Ensure the utilization of evaluation findings in decision-making and ensure that future initiatives are informed by evidence and good practices. • <u>Recommendation 11</u> – Further the strengthening and utilization of systematic evaluation as a key tool to support RBM. • <u>Part of Recommendation 9</u> – Corporate, regional, and country-level evaluation plans need to be developed and scheduled so as to incorporate the ability to periodically evaluate and report on the impact of PAHO's activities and their contribution to results achieved.

Category	Key strengths	Key weaknesses/gaps/needs	Recommended follow-up
<p>Accountability</p>	<ul style="list-style-type: none"> PAHO's accountability/reporting framework includes two types of reports to inform Member States. 	<ul style="list-style-type: none"> PAHO's accountability/reporting framework does not easily identify aggregate contributions to outcomes. A realistic view of accountability for "outcomes" is required, one that requires an ability to measure "influence" and "contribution" to the achievement of outcomes. The challenge in making this determination is significantly larger when there are partners who share responsibility for achievement of outcomes. A need for judgment and linking both qualitative and quantitative information into a "performance story" for PAHO. Both monitoring and evaluation need to be recognized as the two tools supporting issues of accountability in the context of RBM in PAHO at all levels of the Organization. Senior leadership will need to establish and communicate a consistent understanding and expectations for what constitutes management "accountability" in PAHO. 	<ul style="list-style-type: none"> Recommendations 1.2. and 3 on PAHO's SP and strategic planning process. Recommendation 14 on PAHO leadership.
<p>Capacity</p>	<p>HR capacity</p> <ul style="list-style-type: none"> HR allocated to implement specific aspects of RBM. Potential for synergies with RBM focused staff at WHO and at subregional and country offices. <p>Financial resources/capacity</p> <ul style="list-style-type: none"> PB is planned with Member States consultation. 	<p>HR capacity</p> <ul style="list-style-type: none"> Inadequate HR focused on key aspects of RBM implementation, particularly in the field. More systematic involvement of evaluation, and expectations of regional and country-level evaluations feeding into the RBM framework on a systematic basis will require greater technical knowledge of RBM (development of results frameworks, KIs, etc.), and understanding of where and how to use results information. An ongoing need to develop measurement capacity, particularly the elements of SMART measurement of new initiatives, including an understanding of the costs of measuring. Limited training in RBM. <p>Financial resources/capacity</p> <ul style="list-style-type: none"> PB does not include all additional resources (procurement funds, National Voluntary Contributions). Member States do not have access to final PB. 	<p>No recommendations related to HR are presented, but there are linkages to Recommendation 12 on training.</p>

Category	Key strengths	Key weaknesses/gaps/needs	Recommended follow-up
Sustainability	<ul style="list-style-type: none"> PAHO senior leadership has committed to long-term financial resources to RBM. 	<ul style="list-style-type: none"> Current disbursement of financial and human resources can affect sustainability of RBM. Timely follow-through will be required to address fundamental changes – i.e., responding to the gaps identified in this evaluation, developing an updated ToC based on the new PAHO SP, and reflecting on new needs and ways of doing business in a post-COVID-19 environment. 	<ul style="list-style-type: none"> Recommendation 14: Senior PAHO leadership should use the occasion of the ERBM and the development of the new PAHO SP to signal to the Organization its continued commitment to a results culture and managing for results as the continued PAHO management philosophy in going forward. The need for strong leadership in communicating on PAHO's RBM 2.0, including the use of RBM champions, needs to be supported by the necessary training, orientation, and resourcing across all levels of the Organization. This milestone should in effect signal a critical point in the evolution of RBM in PAHO, and not come across as a “business as usual” message.
Cross-cutting themes	<ul style="list-style-type: none"> Gender has been included in most planning instruments. 	<ul style="list-style-type: none"> Gender has not been streamlined throughout all RBM processes and does not factor into reporting on gender-based outcomes. 	<ul style="list-style-type: none"> No recommendations related to cross-cutting issues are presented, but there are linkages to Recommendation 12 on training.

While the above gives a macro perspective on some of the key strengths and weaknesses noted from the evaluation of PAHO's RBM framework implementation, the findings have been drawn together into some summary conclusions that can more readily translate into actionable and practical recommendations. Thus, a more detailed treatment of conclusions is to follow, based on the broad thematic areas outlined in the report under planning, monitoring, independent evaluation and learning, and accountability.

4.2 Planning

PAHO's strategic planning practices are strong and contain good practices. The lack of a comprehensive and explanatory ToC hampers the full integration and implementation of an RBM framework.

In many regards, the design of the PAHO strategic planning and programmatic framework includes some good practices in terms of offering a structured and results-oriented frame for the planning and allocation of budgetary and staff resources toward clearly defined SOs and intended outcomes. This provides PAHO's Governing Bodies and Member States with clarity on the Organization's detailed objectives for a given period. Overall, Member States and development partners appreciated the strategic planning process. Its strengths include its iterative nature, increased transparency, alignment with national interests, and relevant support from PAHO personnel.

PAHO's RBM framework was not developed based on a ToC that would articulate how the key outputs and services housed under each of the four RBM functions may produce a series of short- and longer-term outcomes,⁶² which is a missed opportunity to understand the key benefits expected from RBM and what may be relevant organizational performance and efficiency indicators. Similarly, the evaluation did not find any evidence that PAHO has developed a comprehensive, explicit ToC underpinning its results and performance monitoring framework that would provide conceptual clarity as to how the Organization plans for moving from activities to development results. More importantly, an inadequate ToC is coupled with less-than-optimal streamlining of expected results and indicators in the SP, which could bolster the measuring of organizational performance.

There is some alignment at the strategic level between PAHO and WHO objectives. However, it does require further harmonization at the country level (including operational planning, CCS, and data collection tools, for example). The Hanlon prioritization process has contributed to effectiveness of the PB process, while alignment to highly strategic priorities remains a challenge. The CCS have not yet lived up to their potential for translating strategic planning with Member States, particularly for smaller Member States, who cannot participate in or gain from these processes due to their limited capacities. The rate of new CCS development should accelerate, so PAHO could reach a critical mass of new CCS to inform the development process for its next SP.

⁶² For example, that PAHO's SP and PBs are expected to lead to a greater harmonization of operations planning, budgeting, and resources mobilization (short-term outcome), leading to enhanced coherence, alignment, and budgeting within PAHO (medium-term outcome).

4.3 Implementation, performance monitoring, and assessment

The design of PAHO's PMA process facilitates the tracking and reporting of tasks and budgetary expenditures within BWPs and against objectives within the SP. However, a focus on the rate of budget utilization rather than on the performance of Member States or the outcomes of work done at the country level detracts from the value of the PMA process and overall monitoring more generally.

The evaluation found that PAHO has established some key elements of a solid system to periodically monitor the achievement of the SP outcomes and track changes in key regional health indicators. The PMA process was noted as a good practice in periodic monitoring and exchange. As currently designed, however, PAHO's corporate monitoring framework is not as useful as it could be for tracking the actual contributions of the P/S delivered by the Organization to higher-level development results together with other development actors. In addition, PAHO's monitoring processes and tools do not adequately measure organizational efficiency or performance in the delivery of planned P/S. The tracking of implementation, and the PMAs, are often mostly used for vertical reporting to the regional level, and for accountability purposes with donors and Member States. The entire monitoring framework is, in fact, strongly based on self-assessments, with independent evaluations having played only a marginal role until recently.⁶³ It is also not oriented toward the measurement of the outcomes of the PASB's work. As such, the PASB does not report on its contribution to the development results that it measures periodically through Member State consultations as adequately as it could.

All these factors further limit PAHO's ability to reflect on where to focus its efforts and resources to maximize results and impact in the most effective and efficient way. The extent to which monitoring and reporting data informs learning, adaptation, and decision-making varies greatly across entities of the Organization, and it is not systematic. Planning, decision-making, and program or project adaptation can be improved by using data collected during implementation more consistently, via reporting in PMIS (or a new IT system if PMIS adaptation is not feasible), the PMA process, but also through deeper usage of data and analysis gleaned from independent evaluations, which should also lead to key lessons learned.

In addition, there are parallel monitoring tools to support donor reporting at the country level, outside the PMIS or another central IT tool. VC-funded project management needs to be better integrated into the monitoring and reporting framework, and the Organization needs an IT tool to monitor P/S centrally. Currently, linkages are primarily made within the planning phase, and with a strong focus on accountability to donors. However, there is more limited coordination with monitoring, and the independent evaluation and learning components, and the system and processes that support them.

⁶³ As previously stated, the scope of this evaluation only covered progress made until 2022. Please see Annex 8 for updated progress made by the Evaluation Unit in 2023, which is substantial.

Overall, while there are some linkages between RBM components, there are also missed opportunities for a more robustly linked framework. Some organizational factors preventing further coherence are unclear communications across some levels of PAHO, and evidence of siloed approaches to some technical work. While planning and monitoring and performance assessment components are linked for reporting and accountability purposes, they could be better connected for decision-making. Further, the independent evaluation and learning component could better nourish the overall system. Key opportunities to measure and assess outcomes and learn from that process have been missed with the evaluation function not as prioritized or integrated as it should be.

4.4 Independent evaluation and learning

The formal adoption of evaluation at PAHO is recent (2021) and independent evaluation and learning functions have not been sufficiently integrated into PAHO's RBM framework. The learning aspects of an RBM culture also need to be deepened and improved.

The 2010 RBM framework included an independent evaluation and learning component, and the very recent (2021) formal adoption of PAHO's Evaluation Policy has affected the extent to which PAHO's RBM framework integrates independent evaluation and learning processes as key complementary components to the PMA process. Further, that few evaluations have been led by PAHO itself (2010–2022), along with the recent Evaluation Policy adoption, points to insufficient attention being paid to the learning gained through systematic evaluation, for the period under review.

Further, the learning culture at PAHO is not clearly seen as effective or ineffective by HQ staff; where some personnel have highlighted recent improvements in learning from evaluations, others have highlighted overall challenges such as senior management commitment to RBM and learning. Even so, the general sentiment is that PAHO still lacks a real focus on learning from results to determine entity-level funding allocations each year. Taken together, systematic evaluation functions and learning processes have not been given sufficient space or integration within PAHO as a key tool of the RBM framework.

The period under review was up to the end of 2022, but some recent information provided seems to indicate that the more enhanced role of late being given to independent Evaluation within PAHO is now being planned to be used within the RBM framework and recognizes that Evaluation is being given greater profile in PAHO. (The period under review included actions and documentation up to the end of 2022; however, available information on 2023 activities seems to indicate that independent Evaluation is being given a more enhanced role within the PAHO RBM framework.) This increased role will help to address a gap in the RBM framework and should improve its effectiveness. For this to occur, however, it will be important to ensure that Evaluation is playing the role as envisaged in international good practices for RBM.

If PAHO is to improve its ability to tell its performance story (through efforts such as carrying out contribution analyses), then support and direction need to be given to the evaluation function. Monitoring on its own will not provide a complete (nor true) story of the contribution of PAHO's efforts to the achievement of results. Evaluation needs to be thought of as both an accountability and a learning tool. Within the context of the existing RBM framework, there is likely a need for clarity around what these two roles actually mean in practice, particularly within the context of a functioning RBM framework. Care will need to be given by PAHO senior leadership to ensure that the Evaluation function is allowed to be independent and objective in the practice of evaluation and the reporting on results. If RBM is to be effective at all levels of the Organization, there is a need for some capacity/capability and resources to carry out thematic, regional, country- and project-level evaluations.

4.5 Accountability

There have been clear efforts and some successes in advancing accountability within RBM. However, reporting mechanisms, the main vehicle for facilitating accountability, remain limited.

Guidance on corporate reporting is sparse within PAHO's RBM framework (2010), and it is unclear whether using results information for learning, planning, and management, as well as for reporting and accountability, is an important RBM principle within PAHO's strategies.⁶⁴ PAHO's accountability/reporting framework includes two types of reports to inform Member States but does not easily identify aggregate contribution to outcomes.

Further, RBM is perceived as being mostly focused on reporting compliance and the aggregation of monitoring data at the output level, rather than higher-level results or with a focus on strategic planning or learning. Disbursements are being prioritized over performance for decision-making.

4.5.a. Cross-cutting considerations: capacity, sustainability, and CCTs

The integration of RBM as a culture at PAHO is limited by various levels of capacity in personnel to understand and implement concepts. Inadequate financial and human resources are a challenge for sustainable RBM processes. The mainstreaming of CCTs has been limited even though it is included in most of the planning instruments.

There are various levels of understanding of RBM across the Organization, with higher capacity within leadership and less capacity in operational roles. A lack of capacity with primary implementation staff limits the opportunities to build an RBM culture and can decrease the effectiveness of PAHO's operations, especially at the subregional and country levels.

⁶⁴ For example, what is the function, frequency, content, and audience for the various reports that shall be prepared by PAHO?

Although there is general commitment to RBM in PAHO, with noted ownership and willingness “from the top,” there are still challenges related to the adequacy of human and financial resources that affect effectiveness and efficiency and could also affect sustainability.

CCTs are present in strategic planning documents but are weakly linked to RBM implementation. Specifically, gender mainstreaming is limited at the country level and is, at times, characterized as a competing demand in cases of limited human and financial resources.

4.5.b. Summary: The added value of RBM in PAHO

It is clear that PAHO’s progress related to the implementation of RBM has added significant value in many areas related to programming in the Region of the Americas. The use of RBM has contributed to PAHO’s work in varying and significant ways:

In terms of planning, the RBM focus on following a participatory and consultative approach has boded well with Member States to have programming/planning documents reflect their priorities, thereby better ensuring that expected results in CCS and other strategic planning documents are more SMART. The RBM focus on ensuring not only shorter-term activities and outputs but also linkages to well-defined medium-term results (outcomes) and longer-term results (impacts) are well defined in the planning phase has led to strong strategic planning documents that are well understood and prioritized across the Organization and with Member States. Overall, the integrated approach to planning, combined with the use of a common results chain, has been a critical successful centerpiece for this multifunctional and decentralized Organization.

The PMA process, which is focused on using monitoring and reporting information for programmatic improvement and learning, is one of the most important and central features to PAHO’s RBM implementation beyond the planning phase. Once it is enhanced to truly measure the effectiveness of the work of the PASB (i.e., with the quantification of the key P/S delivered in the pursuit of long-term results and their immediate results) and fed by more independent evaluations, it will add even more value to the Organization in all phases of the project life cycle. In addition, PMIS design that ensures some systemic linkages between the tasks, P/S (outputs), and SP outcomes, has added value for staff at all levels to see how more immediate activities “fit in” to the bigger picture of the Organization and perform results-based budgeting. This is fundamental to RBM. Once the system is enhanced to capture and aggregate the key P/S delivered across the Region by all entities, further value will be added. Finally, once the overall monitoring framework includes key performance indicators to measure organizational/managerial efficiency, PAHO’s RBM framework has the potential to support the Organization in its efforts to identify and remedy efficiency gaps, thereby contributing in the end to enhance the efficiency with which the PASB delivers its program of work.

5 LESSONS LEARNED

The following are some of the key lessons learned emerging from the ERBM for PAHO's consideration:

- Member States capacity needs to be considered for bilateral planning activities, including CCS and BWP discussions.
- The CCS process (and document) presents a good opportunity for more strategic planning with Member States to ensure national priorities are reflected, other development programming is considered, and to better position PAHO and its comparative advantage in the national programming landscape.
- The need to develop an RBM ToC (or, at minimum, a Plan of Action) presents a key opportunity to deepen awareness of and commitment to RBM implementation across the Organization, by the identification of the key expected benefits of the RBM systems and tools that can be expected by internal stakeholders.
- In the absence of a ToC for the SP that would clearly articulate how the key P/S (outputs) that are delivered by the PASB may lead to immediate results (outcomes) and measurable impact in Member States, it is difficult to define relevant lines of accountability for results achieved and to define an appropriate results-monitoring framework.
- Since the planning component is among the strongest RBM aspects of the Organization, it might have led to the notion that the planning processes are the whole extent of the RBM framework. It is important to communicate that planning is but one of the components of RBM. Critical, certainly, but not the end of the RBM road.
- There are key opportunities to improve efficiency and even attain some economies of scale by pursuing cooperation opportunities with WHO at the country and subregional levels related to RBM training and RBM roles and responsibilities and, in particular, in areas such as monitoring and reporting.
- The PMA process is accepted and integrated into PAHO's modus operandi, and such processes are central and foundational features of any strong RBM system.
- Systems play a critical central role in RBM implementation, and the existence and use of SPMS presents a lot of potential to further RBM implementation at PAHO, particularly if it is to play a more central role in the RBM framework at PAHO, alongside of (or integrated with) an enhanced PMIS.

- The lack of a consistent and systematized RBM training program at PAHO undermines common understanding of RBM, inhibits progress in areas related to RBM culture, and hampers its coordinated and coherent implementation across the Organization.
- A robust evaluation function is a critical and foundational part of a well-functioning RBM system. By more meaningfully integrating the PAHO evaluation function into the RBM framework, the feedback loop from monitoring and reporting to planning should be strengthened and better infused with lesson learning.

6 RECOMMENDATIONS

6.1 RBM conceptual framework

1. To enhance the conceptual underpinning of PAHO's RBM framework and document recent or new changes:

1.a. Develop a ToC (possibly based on the one proposed in Annex 2), or at minimum detail a Plan of Action, to describe the key outputs, outcomes, and impact expected from PAHO's RBM framework, together with important assumptions, so that there is greater clarity among internal stakeholders as per the types of benefits and value-added that can be expected from RBM processes and tools and to foster greater ownership and appreciation of these processes and tools.

1.b. Revisit the latest definitions adopted for P/S, outputs, and outcomes, ensuring that "outputs" will be defined as P/S, or deliverables, upon which the PASB has full control, and "outcomes" as the immediate effects resulting from these outputs, once delivered, or from their use by Member States. The definition should clarify that, although the PASB has the responsibility to measure achieved outcomes, the Organization cannot be held accountable for achieving them.

1.c. Update the RBM conceptual framework to reflect more than changes in terminology, but also recognition of the role of Evaluation, complementing monitoring, and providing PAHO with a deeper understanding of performance and its contribution to results.

6.2 Planning, monitoring, and reporting frameworks

2. To ensure that the strategic planning, monitoring, and reporting frameworks are more coherent and provide a better foundation for tracking the work of the PASB and its contribution to development results in the Region, as well as the measurement of its performance in delivering its program of work:

2.a. Develop a comprehensive ToC for PAHO's SP showing how using all financial sources available and its delivery mechanisms, PASB's entities will deliver a number of standard P/S ("outputs"), that will, in turn, achieve certain immediate results ("outcomes") and contribute, ultimately, to high-level results ("impact"). Of prime importance to a sound RBM system is a well-informed results framework, KPIs derived from this, and a solid understanding of the set of assumptions and enabling factors that could, in some way, impact the achievement of PAHO's results. In developing its next SP, PAHO would have a good opportunity to develop this foundational piece.

2.b. Based on this comprehensive ToC, distinguish between immediate outcomes (i.e., the direct and immediate results after P/S delivery and use by Member States),⁶⁵ and medium-term or intermediate outcomes, (leading ultimately to impact), and streamline the number of outcomes. The immediate outcomes will be reflected in Tier 2 outcome indicators and will help measure the effects of the work of the PASB; while medium-term outcome indicators will be reflected in Tier 3 to show possible contribution of the PASB to changes in health sector indicators in the Region (see recommendation 4).

Table 8 shows examples of immediate and medium-term outcomes.

Table 8. Indicators for the multi-tier system (examples)

Outcome/ impact area	Tier 1		Tier 2	
	Impact	Medium-term outcomes	Immediate outcomes	Outputs (P/S delivered)
Maternal health	Enhanced life expectancy for women.	Reduced maternal death rate.	Enhanced Member State capacities to manage obstetric emergencies.	Trainers trained in managing obstetric emergencies.
Neglected infectious diseases	Enhanced life expectancy of the general population.	Reduced rate of transmission of neglected diseases.	Improved national control program for brucellosis.	Assessment of epidemiological situation on brucellosis.

6.3 Strategic planning

3. To ensure that the outcome of the strategic planning process is fully relevant to the address the needs and priorities of Member States and remains relevant throughout the SP period:

3.a. Introduce a formal process for the adaptation of PAHO's SP or PBs, considering new, emerging priorities and needs (e.g., a new pandemic or health emergency).

3.b. Maximize the potential of the CCS process by better ensuring that they account for all country programming, have clear and traceable results, and align with both PAHO's plan and planning cycle and WHO, while also bearing specific Member States capacities in mind.

3.c. Revisit the rationale and the role of the next SP vis-à-vis the SHAA2030 document and reflect on the conceptual value-added of the next SP.

⁶⁵ Most of the current outputs identified in PAHO's latest SP being actually outcomes, this list of outputs could be a useful basis to identify immediate outcomes in the recommended ToC.

6.4 Implementation and performance monitoring and assessment

4. To ensure that PAHO's monitoring and reporting frameworks are useful for measuring and reporting on the work of the PASB, its contribution to development results in the Region, and its overall efficiency in delivering its program of work:

Develop a three-tier results and performance monitoring framework, aligned with the to-be-developed ToC behind PAHO's SP (see recommendation 2.a):

4.a. Tier 1 measuring impact level indicators reflecting changes in key health sector indicators and reflecting progress in achieving the SDGs and SHAA2030/PAHO SOs for the Region (this level currently being reflected in SP impact indicators) and the medium-term effects of the P/S delivered by the PASB (this level currently being reflected in SP outcome indicators).

4.b. Tier 2 measuring the P/S (outputs) delivered by the PASB (or the P/S currently being identified at the operational planning stage in PMIS) and their immediate outcomes reflecting the immediate changes in Member States capacities, policies, or programs produced through the use by Member States of the P/S delivered by the PASB (this level being currently reflected at the level of PB output indicators). The challenge will be to ensure that Tier 2 provides a good overview of the work of the PASB in the Region, while being limited to a manageable number of outputs and outcomes.

4.c. Tier 3 key performance indicators measuring organizational efficiency in delivering these results (currently insufficiently measured through Outcomes 27 and 28).

4.d. Ensure that systematic performance frameworks and associated performance/results indicators are developed for new PAHO initiatives at all levels.

5. To ensure that budgeting and monitoring moves towards being more focused on results:

5.a. The Budget unit of PBE should further explore processes and systems that would support a transition to results-based budgeting and monitoring and have decision-making processes be based on progress made toward expected P/S (outputs) targets and not just on disbursement/budget utilization. This could be supported further by:

i. Revising PMIS (or current practice in the identification of P/S) to allow for the recording of detailed outputs (P/S) linked to generic/standard outputs, ensuring that the list of standard outputs is manageable (i.e., no more than 30 outputs, or any number that will help capture the nature of the work of the PASB in Member States), and linked with quantitative targets. If PMIS cannot be used/adapted for this purpose, consider the development of a new IT tool, possibly linked to PMIS. The tool should help track progress made in the delivery of P/S (outputs)

planned in entities' BWPs, as well as stronger feedback loops from this more results-based data and planning/decision-making. Moreover, the purpose will be to aggregate outputs (both planned and delivered). Examples of detailed outputs and corresponding standard outputs are provided in Table 9.

Table 9. Example of outputs

	Detailed/specific outputs	Standard/generic outputs
Purpose	To be defined and monitored in PMIS (or alternative IT tool), linked with specific tasks/ activities and related budgetary requirements.	To be linked, in PMIS or alternative IT tool, to detailed outputs, with a related quantitative target, to facilitate subsequent data aggregation.
Examples	Trainers trained in managing obstetric emergencies.	Persons trained.
	Assessment of epidemiological situation on brucellosis.	Study/survey prepared.

6. To enhance the efficiency and effectiveness of PAHO's monitoring processes and ensure that PAHO can more adequately measure its contribution to development results:

- 6.a.** Consider measuring and reporting against impact and outcome indicators at the end of each biennium only, considering that it takes time for delivered P/S to turn into outcomes and impacts.
- 6.b.** Ensure that the PMA process can measure the immediate outcomes resulting from the utilization of the P/S delivered by the PASB in Member States through the identification of SMART Tier 2 outcome indicators (see recommendation 4), and further ensure that there is a direct feedback mechanism to planning and programming from the PMA process.
- 6.c.** Adapt or develop a special module in PMIS, or develop a new IT tool, to capture the results' frameworks of VC-funded projects, with the quantification of targets for key, expected products and services; and record related achievements as frequently as required by each donor.
- 6.d.** Introduce quality assurance mechanisms to control the reliability of reported information in PMIS and ensure that the process leading to the preparation of entity-level progress reports has more focus on the quality of delivered P/S and how they are being used by Member States (or their outcomes).
- 6.e.** Ensure greater complementarity between the content of end-of-biennium reports and the content of the quinquennial report of the Director, also ensuring that the latter report describes all the P/S delivered by the PASB through technical cooperation, VC-funded projects, and procurement funds and how they may have contributed to measured outcomes and impact.
- 6.f.** Use of the evaluation function as a key tool to measure contribution of PAHO toward measures outcomes, using tools such as Contribution Analysis, for example.

7. To ensure the proper measurement and monitoring of organizational performance and efficiency:

7.a. Reflect on the opportunity to introduce an electronic tracking system for key processes that require approvals from HQ or subregional offices to measure the time elapsed between request initiation and approval granting.

7.b. Deepen the integration of SPMS into PMIS or find ways to harness the strengths of both systems in a coherent and complementary fashion – or explore other systems – to ensure that strategic and results-based monitoring and reporting takes place at all levels, for all programming, and is part of the continuous feedback learning cycle.

8. To harness opportunities for improved coordination and coherence with WHO:

8.a. Streamline data collection of indicators for WHO and PAHO at the country level, by establishing common indicators and fostering data sharing between organizations. Whenever possible, aim for a synchronization of reporting and planning cycles between the two organizations to harness efforts and avoid duplication of work.

8.b. Look for opportunities to share systems between WHO and PAHO for monitoring and reporting.

8.c. Seek out joint evaluations, common training and learning opportunities between WHO and PAHO to strengthen capacity, learning, and exchange within and between the two organizations.

6.5 Evaluation and learning

PAHO needs to adopt a comprehensive RBM approach that seamlessly integrates independent evaluation and learning into its planning processes. This approach not only ensures accountability and transparency but also enhances adaptive RBM,⁶⁶ fostering continuous improvement and innovation. Additionally, this approach is a holistic framework that encompasses strategic planning, monitoring, evaluation, and learning to facilitate evidence-based decision-making and promote a culture of learning within the Organization.

9. To ensure the utilization of evaluation findings in decision-making and ensure that future initiatives are informed by evidence and good practices:

9.a. Develop a systemic approach to translating evaluation recommendations into actionable insights aligned with organizational results and priorities.

⁶⁶ United Nations Development Group. Results-based management handbook: Harmonizing RBM concepts and approaches for improved development results at country level. New York: UNDG; 2011. Available from: <https://unsdg.un.org/sites/default/files/UNDG-RBM-Handbook-2012.pdf>

9.b. Incorporate evaluation by conducting regular evaluations at key milestones, such as formative evaluations (conducted in the implementation phase to obtain real-time feedback and inform adaptive RBM) and summative evaluations (conducted at the end of a project as a comprehensive assessment and basis for learning and accountability), to gather insights into the soundness of plans, effectiveness of interventions, and to identify areas of improvement.

9.c. Ensure that corporate, regional, and country-level evaluation plans are developed and scheduled to incorporate the ability to periodically evaluate and report on the impact of PAHO's activities and their contribution to results achieved.

9.d. Include activities and resources to conduct lessons-learned exercises that will include partners and other key stakeholders.

9.e. Foster an evaluative culture and create opportunities for learning through asking evaluative questions in planning, performance reviews, and learning events.

10. To incorporate learning into the planning process and enhance learning within the Organization:

10.a. Create a knowledge-sharing culture that values lessons learned, in alignment with the principles articulated in the PAHO Knowledge Management Strategy.

10.b. Establish communities of practice, regular knowledge-sharing forums, and use digital platforms for information exchange, as emphasized in the PAHO Digital Health Strategy.

10.c. Ensure that staff at all levels have the capacity and resources to effectively plan, implement, and utilize RBM. This involves training on data collection and analysis, utilization-focused evaluation, and knowledge management.⁶⁷

10.d. Further and expand the After-Action Reviews, where teams regularly meet to evaluate their actions and identify opportunities for improvements – to ensure that follow-up is being implemented and monitored. Enhanced PMAs could be considered for this.

10.e. Incorporate reflective practice, the process of systematically reviewing and analyzing past experiences, actions, and outcomes to identify insights, lessons learned, and opportunities for improvement. Enhanced PMAs could be considered here as well.

10.f. Facilitate innovation and experimentation, creating the process and guidelines for teams to experiment and innovate to find new approaches to improve PAHO's work in the areas related to RBM.

⁶⁷ United Nations Development Group. UNDP capacity assessment methodology. New York: UNDP; 2015. Available from: <https://www.undp.org/publications/undp-capacity-assessment-methodology>

11. To further the strengthening and utilization of systematic evaluation as a key tool to support RBM:

11.a. Update the RBM conceptual framework to recognize the role of evaluation, complementing monitoring, and providing PAHO with a deeper understanding of performance and its contribution to results.

11.b. Continue to ensure that the evaluation function is further enabled to have a strong focus on the measurement of the “contribution of PAHO to the achievement of outcomes.”

11.c. Ensure that the evaluation function is fully integrated into the RBM framework and cycle, including for VC-funded projects.

11.d. Consider the need for evaluation human resources in the field – for example, (sub)Regional Evaluation Specialists (RES). PAHO needs to develop a model that would allow for this thorough creation and resourcing of (sub)RES, training and development of Evaluation Focal Points at a country level, etc.

12. To develop and implement an RBM training program, a series of courses designed for different roles and responsibilities in the RBM process, PAHO should consider the following:

12.a. A mandatory course on the fundamentals of RBM. This will ensure there is a common understanding of the RBM language and terminology used by PAHO in its RBM framework. The course should include the four phases of RBM – planning, monitoring, evaluating, and learning.

12.b. An advanced course for staff with RBM responsibilities. This course builds on the fundamentals course and expands on the detailed use of tools, systems, and processes used by PAHO. With emphasis on the application of RBM, quality control, development of solutions to address challenges, process improvements, and innovation in the use of new approaches and tools of RBM.

12.c. A course for managers (leadership positions) on their roles in the RBM cycle. With the objective of understanding the enabling environment that they need to create to facilitate the use of RBM practices, such as learning, reflective practice, innovation, adaptation, and continuous improvement. The course should emphasize their role in leading teams and nurturing the growth of an RBM culture.

6.6 Other areas

13. To improve coordination and foster more common understanding on RBM across PAHO:

13.a. Pursue more active and consistent communication mechanisms between various organizational levels, departments, and units regarding roles and responsibilities in the RBM framework.

13.b. Enhance internal and external communication on PAHO's achievements and contributions to outcomes and impact to motivate and guide staff.

14. To continue and deepen RBM's prioritization across the Organization, via stronger leadership:

14.a. Senior PAHO leadership should use the occasion of the ERBM, and the development of the new PAHO SP, to signal to the Organization its continued commitment to a results culture and managing for results as the continued PAHO management philosophy in going forward. The need for strong leadership in communicating on PAHO's RBM implementation, including the use of RBM champions, needs to be supported by the necessary training, orientation, and resourcing across all levels of the Organization.

14.b. Senior managers should visibly, regularly, and consistently lead and support RBM through their words and actions; for example, expecting results information, supporting RBM with resources, fostering peer RBM champions, and managing the expectations for RBM.

7 An RBM roadmap for PAHO – a phased approach

7.1 The JIU model – a maturity framework

The JIU of the UN developed a model for implementing RBM.⁶⁸ This model was designed to promote coherence and facilitate collaborative efforts in the widespread adoption of RBM within the UN system. The model serves as a comprehensive guide for implementing RBM across the UN system, offering a structured approach for assessing its development. Key components of the model include a benchmarking framework that defines the characteristics of a high-quality RBM framework when principles are integrated into management components. Additionally, the model incorporates an assessment methodology to evaluate the various stages of RBM development and the achieved outcomes. This holistic approach aims to streamline the integration of RBM, fostering a results-driven culture within the UN and enhancing the effectiveness of development initiatives.

The model is based on five stages that can be used as an assessment methodology for organizations that undergo a process to adopt RBM.

- Stage 1 – Non-use of RBM.
- Stage 2 – Exploration of RBM principles.
- Stage 3 – RBM is mainstreamed extensively in the organizations.
- Stage 4 – RBM is fully mainstreamed and undergoing updates and refinements based on lessons learned and the organizational context.
- Stage 5 – The mainstreaming or institutionalization of RBM is undergoing renewal, based on reviews, evaluations, assessments, and lessons learned.

More information about the five stages can be found in Annex 9.

The findings from the evaluation indicate that PAHO can be considered between stages 3 and 4. In stage 3, organizations are transitioning to mainstream a holistic RBM framework and removing old practices. Stage 4 is when organizations have fully mainstreamed RBM, there is continuous learning, adoption of innovations, and an increasing focus on results.

The recommendations presented in Section 6 of this report are intended to help PAHO move from stage 3 to stage 4. A phased approach is briefly proposed next.

⁶⁸ United Nations. Joint inspection unit of the United Nations system. Reports 2017. New York: UN; 2024. Available from: <https://www.unjiu.org/content/reports>

7.2 Phasing

PAHO's management should consider a phased approach to implement the recommendations from this report. Focusing first on areas where PAHO has already made some progress in 2023:

- Phase I
 - ◇ Development of a training program on RBM.
 - Consider synergies with WHO.
 - ◇ Creation of a learning unit/responsible under PBE.
 - Create the conditions for incorporating learning in the RBM process.
 - ◇ Continue efforts to further integrate the evaluation function with the whole RBM framework and cycle, including for VC-funded projects.
 - ◇ Ensure more active and consistent communication mechanisms between various organizational levels, particularly on PAHO's achievements and contributions to outcomes and impact.
 - ◇ Revisit the rationale and the role of the next SP vis-à-vis the SHAA2030 document and reflect on the conceptual value-added of the next SP.
 - ◇ Develop and begin implementing an RBM Action Plan around an updated RBM framework.
 - A participatory approach is suggested (i.e., workshops).
- Phase II
 - ◇ Develop a comprehensive ToC for PAHO's SP, including the revisit of the latest definitions adopted for P/S, outputs, and outcomes.
 - ◇ Review/update the RBM framework document (2010) to reflect changes in processes, roles, and terminology since the release of the document.
 - ◇ Introduce a formal process for the adaptation of PAHO's SP or PBs considering new, emerging priorities and needs (e.g., a new pandemic or health emergency).
 - ◇ Ensure that the strategic planning and programmatic framework is more coherent and streamlined, including the refined ToC, results, and indicators.
 - ◇ Ensure that PAHO's monitoring framework is useful to measure PAHO's organizational efficiency and contribution to development results.
 - ◇ Enhance the efficiency and effectiveness of PAHO's PMA process and underpinning monitoring and reporting systems (SPMS/PMIS, inclusion of VC, refinement of systems based on revised strategic framework).

- ◇ Ensure adequate RBM and Monitoring and Evaluation (M&E) capacity among PAHO personnel at the country and subregional level.
 - Consider synergies with WHO.
- Phase III
 - ◇ Ensure that country-level budgeting and monitoring frameworks move toward being more focused on results.
 - ◇ Ensure the proper measurement and monitoring of organizational performance and efficiency, and strengthen feedback loops from monitoring and reporting into strategic planning and programming.
 - ◇ Streamline data collection for indicators for WHO and PAHO at the country level and seek out more synergies.
 - ◇ Strengthen evaluation capability in the field.
 - ◇ Sustain leadership of RBM.

Table 10 summarizes the recommendations by suggested leads and timeframe.

Table 10. Recommendations by lead and timeframe

A lead entity is suggested as the one responsible for ensuring the implementation of each recommendation, in collaboration with other PAHO entities. However, continued support, endorsement, leadership, and engagement by PAHO’s Executive Management (EXM), and an organization-wide commitment are essential to ensure the usefulness and effectiveness of the evaluation and its recommendations.

Recommendations	Suggested responsible	Timeframe
1. To enhance the conceptual underpinning of PAHO’s RBM framework and document recent or new changes (i.e. Develop a ToC, or at minimum detail a Plan of Action; revisit the latest definitions adopted for products and services, outputs, and outcomes; and update the RBM conceptual framework to reflect more than changes in terminology).	Lead: PBE	Medium term
2. To ensure that the strategic planning, monitoring, and reporting frameworks are more coherent and provide a better foundation for tracking the work of the PASB and its contribution to development results in the Region, as well as the measurement of its performance in delivering its program of work.	Lead: PBE EIH	Medium term
3. To ensure that the outcome of the strategic planning process is fully relevant to address the needs and priorities of Member States and remains relevant throughout the SP period.	Lead: PBE CSC	Medium term
4. To ensure that PAHO’s monitoring and reporting frameworks are useful for measuring and reporting on the work of the PASB, its contribution to development results in the Region, and its overall efficiency in delivering its program of work.	Lead: PBE Director’s Office, AM	Medium term

Recommendations	Suggested responsible	Timeframe
5. To ensure that budgeting and monitoring moves towards being more focused on results (i.e. the Budget unit of PBE should further explore processes and systems that would support a transition to results-based budgeting and monitoring and have decision-making processes be based on progress made towards expected P/S (outputs) targets and not just on disbursement/budget utilization aspects).	Lead: PBE	Long term
6. To enhance the efficiency and effectiveness of PAHO's monitoring processes, and ensure that PAHO can measure its contribution to development results more adequately.	Lead: PBE EIH, ERP, ITS	Long term
7. To ensure the proper measurement and monitoring of organizational performance and efficiency.	Lead: PBE	Medium term
8. To harness opportunities for improved coordination and coherence with WHO.	Lead: PBE WHO EVL	Short term
9. To ensure the utilization of evaluation findings in decision-making and ensure that future initiatives are informed by evidence and good practices.	Lead: PBE	Short term
10. To incorporate learning into the planning process and enhance learning within the Organization.	Lead: PBE HRM	Short term
11. To further the strengthening and utilization of systematic evaluation as a key tool to support RBM.	Lead: PBE	Short term
12. To develop and implement an RBM training program, a series of courses designed for different roles and responsibilities in the RBM process.	Lead: PBE HRM	Short term
13. To improve coordination and foster more common understanding on RBM across PAHO.	Lead: PBE CMU	Short term
14. To continue and deepen RBM's prioritization across the Organization, via stronger leadership.	Lead: EXM	Permanent

As a specialized agency for global health in the Americas, the Pan American Health Organization (PAHO) is at the center of efforts to combat diseases, respond to emergencies and disasters, and strengthen regional health systems. To underscore efforts and amplify regional results in these areas, PAHO adopted an organization-wide Results-Based Management (RBM) Framework in 2010.

Given these strides toward a more comprehensive RBM of PAHO's portfolio of work, the Organization conducted an assessment of its efforts to determine its achievements thus far. This report is the first of its kind – a comprehensive external evaluation of the RBM Framework for PAHO. It was commissioned to examine the implementation of RBM including its functioning, value added to the work of PAHO, and details around any improvements that could be made. The evaluation covered all four components of the RBM framework: Strategic and Operational Planning; Implementation, Performance Monitoring, and Assessment; Independent Evaluation and Learning; and Accountability; and considered the period from January 2008 to December 2022 within all levels of PAHO entities (regional, subregional, and country offices).

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