



UNDP/UNFPA/WHO/WORLD BANK
Special Programme of Research, Development and
Research Training in Human Reproduction (HRP)

Follow-up on governance, management, administration and efficiency: a case-study

Reviewers

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External evaluation 2003–2007 Follow-up on governance, management, administration and efficiency: a case-study**

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Executive summary

Objectives and methods

The aim of this case-study is to assess progress on implementing the recommendations of the previous external evaluation of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) with regard to governance. Both document reviews and interviews with various stakeholders were used to collect information.

Findings

Implementation of recommendations of previous external evaluation

HRP has responded well to the recommendations of the previous evaluation, creating a task force for that purpose. Adequate, rapid action was taken, and the transparent reporting to HRP's Policy and Coordination Committee (PCC) was remarkable. Much progress has been made following up on the conclusions and recommendations of the previous external evaluation. A main finding of this case-study is that many of the weaknesses have been addressed and a number of problems solved.

Funding base

The most notable positive change is the much improved financial situation of the Programme in 2007, including greater diversity of income sources. HRP designed resource mobilization strategies that attracted new funding, and several existing donors increased their financial contributions. Income from country donors increased considerably. While new foundations are supporting HRP's work, overall their share has decreased. After a period of significant funding shortages, the income for the 2006–2007 biennium is greater than the budget, allowing the Programme to cover all three levels of priorities.

Advocacy

HRP has strengthened collaboration with its partners in advocating for implementation of the agenda of the International Conference on Population and Development (Cairo, 1994) and a greater role for sexual and reproductive health in achieving the Millennium Development Goals (MDGs), thus contributing to integration of a new reproductive health target under MDG5.

WHO and Programme management

When WHO urged bilateral donors to shift from earmarking funds for projects and programmes, such as HRP, to core funding, the Programme suffered a significant loss of income. As a result, the United Kingdom, one of the most important bilateral donors to the Programme, reverted to earmarked funding. Under the new WHO leadership and in view of structural and administrative changes within the Organization, HRP is in a stronger position and is better integrated into WHO in 2007–2008 than in 2002. Strengthening collaboration between HRP at headquarters and WHO at country level remains an area for improvement, as found in 2003. Decentralization is progressing, albeit at a slow pace. Ultimately, it may prove not to be a crucial goal for a global programme such as HRP. Measures have been introduced to improve the efficiency of governance committees and to accelerate grant processing; however, while these measures are useful, the tangible, objectively verifiable effect on efficiency remains limited.

Cosponsorship

Cosponsorship has remained similar to that in 2002–2003. UNDP did not make donations to the Programme during the period evaluated. Current efforts for 'one United Nations' at country





level represent an opportunity for revitalizing cosponsorship, strengthening HRP's efforts to translate research into policy and practice and advocating for greater emphasis on sexual and reproductive health for achieving the MDGs.

Benchmarks, monitoring and evaluation

HRP's reporting on benchmarks shows that the Programme is progressing well towards the main indicators guiding its work. The serious funding shortage during 2002–2006, however, reduced the number of completed research projects, as these are costly, long-term and recover only slowly from a financial crisis. At the same time, increased demand for evidence-based guidance led to a higher output of systematic reviews by HRP. Nevertheless, the current monitoring system remains complex, and various areas of work lack clear indicators of outcome and impact, making it difficult to evaluate progress. HRP has a longstanding culture of regularly submitting the Programme to external evaluations.

Comparison to TDR's governance

The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and HRP are the two cosponsored research programmes hosted and executed by WHO. As the governance of the two programmes has many similarities, synergies and exchanges of information between them could be strengthened in view of continuous improvement of HRP's governance, while maintaining the Programme's links with the Programme Development in Reproductive Health (PDRH) component of the Department of Reproductive Health and Research (RHR)¹ in WHO. Similar to TDR, a major remaining

challenge to HRP's governance is the limited contribution of beneficiary countries (categories 2 and 3) to discussions by the Policy and Coordination Committee on matters relevant to HRP's operation and progress on technical issues. This report presents suggestions additional to those already envisaged by HRP.

Selected conclusions

- HRP responded actively to the recommendations of the 1990–2002 external evaluation.
- The Programme's financial position has improved significantly after several years of serious funding shortages.
- Cosponsorship was maintained, remaining similar to the situation in 2002–2003. UNDP has become actively engaged in the work of HRP but has not yet resumed financial contributions.
- Incorporation of sexual and reproductive health into MDG5 received effective support from HRP and cosponsors including UNFPA, UNDP (within the context of the Millennium Project) and WHO.
- HRP's benchmarks were achieved or good progress was being made, except during the period of funding shortfalls.
- The monitoring system remains complex, and various areas lack clear indicators of outcome and impact.
- Decentralized grants management resulted in more local ownership but might have slowed the process.
- There is good potential for exchanges of information and mutual learning between HRP and TDR, the two WHO cosponsored programmes.
- Beneficiary country members should become more active participants in meetings of the

1. The Department of Reproductive Health and Research (RHR) includes HRP and a component concerned with programmatic work in sexual and reproductive health (PDRH).

Policy and Coordination Committee. HRP has plans for improving their participation.

Selected recommendations for improving HRP governance

- Explore whether membership on the Policy and Coordination Committee could be expanded to include not only countries that contribute financially and cosponsors but also partners from multilateral organizations and selected foundations.
- Link HRP activities at global and country levels to the country programmes of cosponsors and bilateral agencies through sexual and reproductive health advisers at WHO regional and country offices and local research institutions.
- In the short term, maintain and increase earmarked funding from donor countries. In the long term, WHO must credibly demonstrate to donors that shifting to core voluntary funding will not result in loss of income to HRP and that WHO will ensure predictable, sustained financial support.
- Explore better alternative systems for grant application, processing, monitoring and management.
- Ask WHO's Research Ethics Review Committee (ERC) to delegate responsibility for ethical review of HRP's research to its Scientific and Ethical Review Group (SERG), and to designate SERG as a subcommittee of ERC.
- Strengthen the capacity for developing proposals, writing reports and conducting research on sexual and reproductive health at decentralized levels and systematically involve Regional Advisory Panels (RAPs) and area managers from the beginning.
- The Directors of TDR and HRP should meet formally and regularly to exchange experiences and ideas on governance.
- Develop a strategy and guidelines for greater involvement of categories 2 and 3 members in the deliberations of the Policy and Coordination Committee.
- In line with the new strategic framework of WHO and the related monitoring framework, find indicators, including impact measures, for various areas of work to allow evaluation of the Programme against baselines and set targets.
- Consider creating a monitoring and evaluation position or obtain temporary expert support to strengthen the monitoring framework and the collection and presentation of data to report more efficiently on the Programme's performance to partners, cosponsors and donors.
- Give the Programme a new name for clear recognition and public relations.



Introduction



The previous external evaluation (covering the period 1990–2003) made recommendations concerning governance, management, administration and efficiency. The main recommendations for action were (for complete text, see final report):

- Revitalize cosponsorship.
- Expand and diversify the active funding base, including foundations, public–private partnerships, government institutions and revenue from products.
- Increase the efficiency of governance committees by reducing the numbers of meetings and participants and combining functions, where possible.
- Strengthen Regional Advisory Panels, and encourage more direct involvement of reproductive health staff in regional offices.
- Members of HRP's advisory bodies, particularly the Policy and Coordination Committee and the Scientific and Technical Advisory Group, should advocate more for sexual and reproductive health at global events.
- Explore decentralization of some administration and monitoring to regional and country levels.
- Revise the procedures for grants processing to

The aim of this case-study on governance, in line with the terms of reference of this external evaluation, is to document progress, comment on follow-up actions and highlight other main issues that might have arisen, focusing mainly on governance. The evaluators assessed the extent to which HRP implemented the 'On-going or proposed follow-up actions and possible solutions' in the 'Follow-up actions to the external evaluation of HRP for 1990–2002', presented to the Policy and Coordination Committee, 30 June–1 July 2004.

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