

# Performance Agreement

Between the United Kingdom of Great  
Britain and Northern Ireland and the  
World Health Organisation

May 2018

## Executive Summary

Improved global health benefits all – including UK citizens.

The World Health Organisation (WHO) is the UN agency that leads global health. It is critical to UK health, development and security priorities. The UK is a strong supporter of WHO.

But WHO must reform if it is to achieve the levels of organisational excellence both the UK and WHO's leadership expect. This will ensure WHO delivers maximum impact on the world's health with the funding it receives and effective delivery of the 13<sup>th</sup> General Programme of Work.

The UK has therefore agreed with WHO a series of key targets and deliverables that WHO needs achieve to realise progress towards the aim of organisational excellence. These are detailed in this "UK-WHO Performance Agreement". If WHO does not achieve these targets, the UK's core funding of WHO will reduce.

The targets seek to incentivise progress towards a WHO that displays:

- Excellence in risk and financial management;
- Transparent, value for money budgets focussed on key priorities;
- Collaborative and effective leadership, with strong partnerships;
- A reliable, effective response to health emergencies.

As a strong supporter of the multilateral system, the UK wishes to work with our partners to support WHO to improve. We look to select our Performance Agreement targets from WHO's own results framework – as approved by all Member States. Going forward, the UK will actively seek collaboration and engagement with our partners to deliver our shared ambition of a world-class WHO.

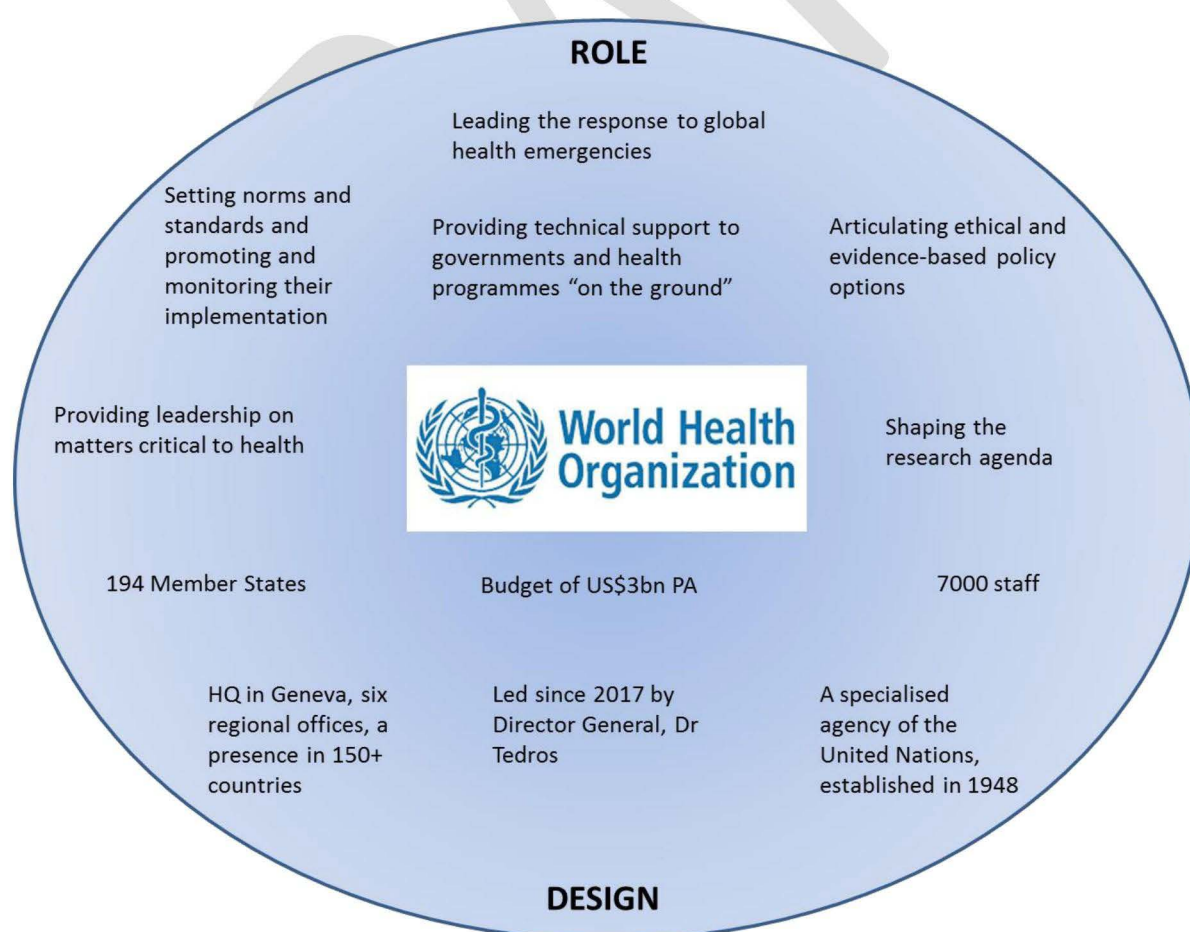
## The importance of health

1. Health is a truly global issue. Protecting and improving health in any country, including here in the UK, is dependent on working closely with partners around the world.
2. Improved health is fundamental to the development of low, middle and indeed high income countries and as such is a prerequisite for achieving the Sustainable Development Goals (SDGs).
3. Improved global health is in the national interest of the UK and developed countries – it reduces the risk of infectious disease epidemics reaching our shores and it boosts economic and trade activity, bringing increased prosperity at home and abroad.
4. Significant improvements have been realised in global health. For example polio, a disease that once affected hundreds of thousands across the globe including here in the UK, is now, thanks to strong UK support, on the verge of eradication.
5. Yet there remains much more to be done. In the last year alone there were 1.7 million deaths from tuberculosis, 1.5 million new HIV infections and 429,000 malaria deaths. The UK's world-leading financial support for the Global Fund for Aids, TB and Malaria provides hope to millions suffering the scourge of these deadly diseases.
6. And we must remain ever vigilant to new threats.
7. Antimicrobial resistance (AMR) is forecast to be a cause of 10 million deaths a year by 2050. The UK has led globally on AMR and has an internationally renowned global programme – the Fleming Fund – to build laboratory networks for the detection of antimicrobial resistant organisms.
8. And on the 100 year anniversary of the worst ever global pandemic (the Spanish flu of 1918) we must avoid any complacency – a future pandemic is almost certain. The UK has an unrivalled portfolio of interventions in this regard, including our highly respected Emergency Medical Team and UK Public Health Rapid Support Team which can be deployed at short notice (together or separately) anywhere in the world to tackle deadly disease outbreaks and contain their spread.
9. The UK's commitment to improved global health is clear in our support for spending 0.7% of Gross National Income (GNI) on international development. The UK Government spends over £850 million per annum of Official Development Assistance on global health – more than any other sector.
10. The UK Government Departments (including the Department for Health and Social Care and the Department for International Development) work as one to advance an ambitious global health agenda with international and domestic impact. As a strong supporter of the rules-based multilateral system, the UK instinctively looks to work with our international partners.
11. Our ambition is clear: we seek to tackle the great health challenges of our time by focusing on results-oriented actions and delivering maximum impact for the taxpayers' funding we spend and the poorest people in the world. A win for global health and a win for the health of UK citizens.

## The importance of the World Health Organisation

12. The UK will be a strong voice and global influencer but substantial progress will only be realised through concerted international action. The global health system is complex, it requires coordination and leadership.
13. The World Health Organisation (WHO) has a critical and central role to play as the lead agency in the international health system. The WHO has a uniquely broad mandate. With 194 Member States it sets health standards and norms that are enacted in clinics and hospitals across the globe and is responsible for responding to health emergencies and outbreaks. The world looks to the WHO for leadership on global health issues, and WHO is critical to the UK's international development and health security objectives.
14. At its best WHO is a powerful agent for change. For instance, under WHO's leadership the world's first ever legally binding framework for building countries' preparedness for infectious disease outbreaks was agreed – the International Health Regulations.
15. However, on occasion, WHO has fallen short of the high expectations of the UK and the international community. WHO's response to the Ebola crisis in West Africa in 2014 in particular, exposed organisational weaknesses. This was confirmed by the Multilateral Development Review (published in 2016) that provided a detailed assessment of where WHO had to improve in order to better deliver against its mandate.

**Figure One: The role & design of the World Health Organisation**



## Reforming the World Health Organisation

16. Given that (a) WHO is critical to the UK's global health objectives but (b) it has a number of weaknesses that are preventing it from delivering fully its vital global health role, the conclusion for the UK is clear: WHO must reform.
17. WHO accepts the need for reform. Indeed, WHO launched its own reform programme as early as 2011. More recently, since his election in May 2017, WHO's Director General, Dr Tedros Adhanom Ghebreyesus, has enthusiastically embraced the reform or "transformation" agenda. WHO's reform programme has had a number of successes of which it should rightly be proud. These include:
  - a. Good progress on a new organisation-wide "Value for Money Plan". This must now be embedded in WHO's General Programme of Work (its five year strategic plan);
  - b. An excellent "financing web portal" that displays where WHO's funding comes from and where it goes. This must now seek to include a clear link to results;
  - c. Improvements in the emergency response to recent disease outbreaks. These improvements must continue across all priority countries.
18. In particular, in the WHO Regional Office for Africa (WHO AFRO), the UK has noticed significant progress on its reform journey. The UK and WHO AFRO have a close working relationship and dedicated UK support boosts WHO AFRO's effectiveness and ability to manage infectious diseases and support national governments to strengthen their health systems. Best practice in the AFRO region should be a source of inspiration for the whole of WHO.
19. But there remain many areas in need of improvement. As one example, on one of the most critical health challenges of our time – Antimicrobial Resistance – WHO's leadership has been found lacking as most worryingly evidenced by lack of strong progress by the Inter-Agency Coordinating Group (IACG) and the departure of the entire IACG Secretariat.
20. WHO is not alone in being a multilateral organisation in need of reform. Reform of WHO is a core part of the UK's drive for reform of the whole United Nations. It is vital WHO plays its part in furthering the "one UN" vision – it has the potential to set the standard for an effective 21<sup>st</sup> century UN. The UK wishes to see WHO lead on reform – not wait to be led.
21. The UK is not a passive partner. We owe it to UK citizens, and the global health community, to act as a critical friend to ensure WHO improves. One of our major tools for incentivising and rewarding WHO performance is performance-conditional funding.
22. Specifically, together with Sweden, the UK is the largest provider of so-called "core voluntary" support to WHO at £14.5m per annum. Each year, the UK provides 50% of this funding "up front" but then withholds 50% pending WHO's achievement of targets and deliverables jointly agreed with WHO. If WHO does not achieve these, it loses a proportion or all of this funding.
23. This "performance agreement" model is innovative and relatively new – it was first applied in late 2016. But the UK's early assessment is that the model has brought results. WHO scored an "A" in our first annual assessment of the performance agreement (summer 2017) allowing the UK to release our full funding. More broadly, the Independent Commission on Aid Impact (ICAI) has concluded that *"the UK has used an appropriate combination of influence with the WHO and with other stakeholders, funding linked to performance targets and the development of a supportive relationship with the WHO to encourage improvements"*.

24. As a committed member of the multilateral system, the UK seeks to select indicators and deliverables for our performance agreement that support the multilateral consensus. Our preference is always to first look to use WHO's existing results framework (as approved by all 194 Member States of WHO). Where we judge these to be insufficient (for example, not sufficiently focussed or ambitious) we work with WHO to develop deliverables that are in keeping with the spirit of WHO's agreed programme of work.
25. The UK is determined to work with Member States to advance WHO reform and we invite all Member States and partners to collaborate with us on our performance agreement going forwards.
26. The following pages provide detail on the specific indicators/ deliverables the UK has agreed with WHO. First, in relation to improvements across the whole organisation and second, specifically relating to WHO's vital role in health emergencies.
27. WHO's achievement of these deliverables will be assessed in summer 2018 and a decision on how much performance-conditional funding the UK will release, will be made shortly thereafter.
28. The UK seeks a reformed WHO ultimately as it will realise improved impact (namely better health outcomes at country level) across all WHO's programmes and for all the UK's and Member States' investments. Towards the end of this document we provide a snap shot of key UK investments in WHO and how they contribute both to specific policy outcomes but also how they support the UK's reform priorities.

## Performance agreement criteria – organisation-wide reform

29. There are four priority areas where WHO must improve. These priority areas are underpinned by specific quantitative targets that WHO must meet for performance-conditional funding to be released.

### Excellence in risk and financial management

30. WHO works in the most fragile and conflict-affected states in the world, delivering life-saving interventions to vulnerable populations. Such contexts inherently present a high-level of risk. The UK expects WHO to monitor and mitigate these risks robustly.

31. To secure full UK funding, WHO must:

- a. Demonstrate it has a strong grip on the critical risks facing the organisation, including by regularly publishing a high level summary of its corporate risk register;
- b. Improve its performance in operational audits, increasing the percentage receiving the highest possible assessment mark;
- c. Strengthen particularly, controls in the WHO Africa region with a focus on direct financial support provided to governments. The UK will apply strong scrutiny to the appropriate and cost-effective expenditure of funds in the WHO Africa Region;
- d. Take a zero tolerance approach to fraud;
- e. Improve collaboration and coordination with partners on audits to provide effective assurance on shared risks.

### Transparent, value for money budgets focussed on key priorities

32. The UK is determined that taxpayers' money is spent to maximum effect, realising the greatest possible benefits for vulnerable populations and for the UK national interest.  
**Improved value for money and cost effectiveness is an absolute must for the UK.**

33. To secure full UK funding, WHO must:

- a. Ensure its budget is allocated to agreed priorities and in line with its comparative advantage, including securing adequate funding for its programme budget;
- b. Work to improve its (already impressive) funding web-portal to ensure funding is linked not just to expenditure but also to results. This will allow clear monitoring of WHO's impact in line with the new General Programme of Work;
- c. Ensure that value for money is at the heart of its approach to programme design and implementation. WHO will finalise its Value for Money Implementation Plan by May 2018 and place this firmly at the centre of WHO's new General Programme of Work;
- d. Role-model transparency on financing and results. WHO will improve its scoring rates against the International Aid Transparency Initiative (IATI) indicators;



- e. Make strong progress on the implementation of its procurement strategy. The UK will hold WHO to account in ensuring WHO learns from best practice and makes real cost savings in procurement of goods and services;

#### Collaborative and effective leadership, strong partnerships

34. The challenges of global health are great. WHO cannot do everything itself. The global health architecture is complex. WHO must lead effectively, drawing on partners' strengths.

35. To secure full UK funding, WHO must:

- a. Work effectively across the UN family and with UNAIDS, Gavi, the Vaccine Alliance, and the Global Fund for Aids, TB and Malaria. WHO will meet its obligations under Gavi's Partners' Engagement Framework (PEF) and engage constructively in the development and agreement of the Global Fund's equivalent framework;
- b. Ensure its staff can be flexibly deployed and are highly skilled, exposed to the breadth of WHO's global health agenda. WHO will increase the percentage of international staff regularly changing duty station;
- c. Establish a strong culture of evaluation and organisational learning, as evidenced by the creation of a single mechanism for bringing together the great range of recommendations for improvement WHO receives – to prioritise and to action;
- d. Improve performance at country level. The UK's in-country staff will specifically monitor WHO performance in this respect;
- e. Champion gender equality in line with the UN System-wide Action Plan on Gender Equality, including ensuring country cooperation strategies are increasingly and explicitly guided by equity, human rights and gender priorities;
- f. Strengthen senior management coordination, including by regularly publishing top-line readouts from meetings of the Global Policy Group, WHO's senior management group;
- g. Improve the quality and leadership of its heads of country offices ("WHO Representatives"). The Director-General has set an ambition for a "world class" cadre of WHO Representatives – the UK strongly supports this and seeks clear proposals on how this will be achieved.

#### Sexual Exploitation and Abuse

36. The shocking events uncovered in Haiti in early 2018 have shone a spotlight on sexual exploitation and abuse in the aid sector, exacerbated by profound failures in transparency and accountability. It is the UK's view that we have an absolute duty of care to safeguard the people we serve, an absolute duty of care towards our staff and an absolute duty of trust towards the people who support us. WHO shares this view and has a unique leadership role in the health system to ensure tangible action in this regard.



37. To secure full UK funding, WHO must:

- a. Ensure that all new WHO staff and partner contracts include a clear clause on WHO's zero tolerance approach to sexual exploitation and abuse;
- b. Roll out a comprehensive organisation-wide communications campaign and training package highlighting the WHO policies, the obligation on staff to report and the various whistleblowing routes open to them.

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## Performance agreement criteria – health emergencies

38. WHO leads the global response to health emergencies and has a vital role to play in building global preparedness, in particular as guardian of the International Health Regulations.
39. As a signatory to the “Grand Bargain” and with the world facing unprecedented crises needs, the UK looks to WHO to take its place at the heart of a coherent UN humanitarian system.
40. The UK-WHO Performance Agreement sets indicators and deliverables for WHO’s health emergencies function in two main categories; UN-wide collaboration; and WHO specific improvement.

### UN-wide collaboration

41. The UK has developed joint performance indicators for WHO together with six other UN agencies: the Central Emergency Response Fund (CERF); the Office for the Coordination of Humanitarian Affairs (OCHA); the United Nations High Commissioner for Refugees (UNHCR); the United Nations Children’s Fund (UNICEF); the World Food Programme (WFP); and the International Organisation of Migration (IOM).
42. For the first time, the release of a portion of the UK’s funding will be contingent on all these agencies working together to deliver an improved humanitarian response. The UK will base its decision to release funding on the following criteria.

### *Leadership and Collaboration*

Competition for resources among agencies must give way to greater collaboration to deliver the best possible collective outcomes for people in need. In protracted or recurrent crises, more coherence between humanitarian and development action is vital in order to shrink humanitarian needs over the long term and achieve the SDGs.

To secure full UK funding, WHO must:

- a. Contribute to high quality joint impartial and timely assessments of need;
- b. Contribute to a common, multi-year and comprehensive response plan that draws on the expertise of humanitarian and development actors and engage where possible with national authorities.

### *Effectiveness*

A more effective response system should support countries at risk of humanitarian crises to be more resilient and prepared, well before disaster strikes. When an international humanitarian response is activated, aid should be delivered in the most effective and efficient way, offering the best value for money. Cash transfers, particularly digital transfers, are faster, safer and more cost-effective than providing relief in-kind.

To secure full UK funding, WHO must:

- a. Ensure it manages risk more effectively, using risk analysis to target investment in emergency preparedness in high-risk countries and respond faster and better.
- b. Increase the use and coordination of cash-based programming to deliver more efficient and effective responses.

## *Transparency and Accountability*

The UK wants to be able to track in real time what UK humanitarian funding pays for and delivers, using improved, consolidated and open data. Beyond agencies being accountable to donors such as the UK, we also want to see much greater accountability of the UN-led humanitarian system towards populations affected by crises. Agencies should ensure that affected people are better informed, allowed to participate in the decisions that affect them and ultimately empowered to make choices for themselves.

To secure full UK funding, WHO must:

- a. Role-model transparency on financing and operations, working towards improved scores according to the International Aid Transparency Initiative.
- b. Invest in systems that communicate with and seek feedback from affected populations to improve humanitarian responses.

## *Protection of Vulnerable People*

For the UN humanitarian agencies we will also expect to see collective action to improve the protection of vulnerable people. The UK and our UN Partners believe that upholding people's basic rights and freedoms in times of crisis is a moral duty.

To secure full UK funding, WHO must:

- a. Contribute to comprehensive protection strategies that address the needs of the most vulnerable in crises (most often women and children, people with disabilities and older people).

## WHO-specific improvement

43. WHO's Health Emergencies Programme (WHE) was approved by all 194 Member States of WHO in May 2016 as the organisation's landmark reform in response to its short-comings on the outbreak of Ebola in West Africa in 2014. Two years on, the UK judges that WHE has realised significant improvements in WHO's response to health emergencies.
44. One clear example has been WHO's Contingency Fund for Emergencies (CFE) – a dedicated flexible fund that allows WHO to deploy staff and supplies rapidly (within 24 hours) to “nip in the bud” potential disease outbreaks before they develop into much more costly epidemics. The UK is the second largest donor to the CFE and we advocate strongly for other Member States and donors to step up and provide financial support.
45. Nevertheless, continued improvements in the standard, predictability and reliability of WHO's response to health emergencies are required. In particular, in WHO's partnership with other UN agencies such as UNICEF – hence the importance of the shared performance targets described above.
46. Given the importance to global health security of WHO's health emergencies programme, the UK and WHO have agreed a further set of WHO-specific deliverables.

47. To secure full UK funding, WHO must:

- a. Respond rapidly to new emergencies; ensuring its Incident Management System is established within 72 hours for any new emergencies and a Strategic Response Plan is developed with partners within 30 days;
- b. Achieve a positive overall assessment of its performance in emergencies from the respected Independent Oversight and Advisory Committee (IOAC);
- c. Produce a strong investment case for the WHO Health Emergencies Programme and the Contingency Fund for Emergencies – to attract greater more resilient funding.
- d. Demonstrate strong early implementation of a new global strategy for eliminating yellow fever epidemics, including reforming vaccine stockpile management to make it fully transparent and accountable;
- e. Make strong progress implementing the “WHO R&D Blueprint”; the organisation’s global strategy and preparedness plan that fast-tracks the availability of effective tests, vaccines and medicines to save lives and avert large scale crisis.

48. The whole of WHO must pull together in supporting its emergencies function. If WHO’s health emergencies programme fails, WHO fails. The UK and WHO have agreed a couple of indicators in this regard. To secure full UK funding, WHO must:

- a. Take leadership of “polio transition”, presenting a Strategic Action Plan on Polio Transition to the World Health Assembly in May 2018. As polio eradication nears, polio-specific funding will reduce and cease. Yet the current polio programme subsidises much of WHO’s global security effort. Unless firmly gripped, the success of polio eradication could be an existential threat to WHO’s ability to detect and manage disease threats.
- b. Demonstrate strong leadership of global vaccine supplies, especially with regard to yellow fever and cholera.

## Reform: realising greater impact across all UK-WHO programmes

49. The UK's ambition for a reformed WHO is driven by our desire to see WHO achieve the greatest possible impact for the funds it receives across all its programmes. Reform is not an end in itself – the ultimate goal is improved health outcomes on the ground.
50. Beyond the UK's core funding of WHO (the focus of the UK-WHO Performance Agreement) the UK has a range of targeted collaborations with WHO across a set of major health priorities. While all these programmes have specific health objectives they also contribute to the UK's reform ambition for WHO and hence the impact of all WHO's work. By ensuring all UK programmes address WHO reform, the UK maximises its positive influence.
51. We do not seek to detail the full range of UK support for WHO here. Rather below, we highlight four critical projects that are at the forefront of our efforts to improve global health.

### Support to WHO for the Syria crisis

Programme overview: The crisis in Syria has destroyed the national health service and left hundreds of thousands of vulnerable people in need. As the "provider of last resort" WHO is on the ground vital services.

Key deliverables: Training for more medical personal and providing mobile clinics for hard to reach areas. Specialist service provision to people in need of mental health and psychosocial services.

Contribution to WHO reform: WHO have appointed a Continual Business Improvement Lead who focusses on value for money (VFM) within WHO. WHO have successfully developed a VFM work plan for the year ahead which is now being implemented.

### The Fleming Fund – Tackling Antimicrobial Resistance

Programme overview: Antimicrobial Resistance (AMR) is a major global security threat. It is estimated that by 2050 there may be over 10m deaths every year attributable to AMR. This programme aims to support countries in Asia and Sub-Saharan Africa to combat AMR. Budget: £6.25m over three years.

Key deliverables: Ambitious "One Health" "National Action Plans" developed, funded and implemented to combat AMR; improved AMR surveillance; improved guidance on antibiotic consumption and use.

Contribution to WHO reform: AMR can only be tackled through multi-sectoral action across the human and animal health field. This programme incentivises WHO to partner strongly across the "tripartite" of WHO, OIE (World Organisation



## **Tackling Deadly Diseases in Africa (TDDAP)**

Programme overview: Every month, several “disease alerts” are detected across Africa that need to be investigated, tracked and tackled to prevent the emergence of a new disease pandemic that might threaten the country in question and wider global health security. This programme aims to improve disease surveillance in Africa and support a reformed WHO Africa Regional Office (AFRO). WHO Budget: £20.5m (November 2017- March 2020).

Key deliverables: Improved country surveillance; improved country disease preparedness; improved response to major disease outbreaks; improved data and evidence; better governance and accountability of country governments and health institutions on preparedness.

Contribution to WHO reform: TDDAP directly supports AFRO’s reform plan: its “transformation agenda” for example – ensuring improved accountability, value for money and financial management.

## **Making Country Health System Stronger**

### Programme overview:

Strong health systems are the bedrock of improving people’s health yet millions have no access to essential health services. This programme aims to contribute to faster progress towards Universal Health Coverage by supporting low and middle income countries to build stronger, more resilient health system especially for women and those with disability. Budget: £18m over two years.

### Key deliverables:

Increased number of countries with stronger and more resilient health systems.

### Contribution to WHO reform:

Progress towards Universal Health Coverage requires multidisciplinary action. Different parts of WHO often struggle to work together – the so-called “silo structure”. This programme incentivises greater cross-WHO collaboration.