



UK Government

Performance Agreement

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



January 2017

The importance of health

1. Improved health is fundamental to developing countries' social and economic growth and as such is a prerequisite for achieving the Sustainable Development Goals (SDGs).
2. Improved global health is in the 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.
3. The UK's commitment to improved global health is clear in the Prime Minister's renewed support for spending 0.7% of Gross National Income (GNI) on international development and in the recently published Multilateral and Bilateral Development Reviews.
4. In 2017, the Department for International Development (DFID), working hand-in-glove across UK Government, in particular with the Department of Health (which leads the overall relationship with WHO), Public Health England, the Foreign and Commonwealth Office and the UK Trade Departments, will push forward an ambitious global health agenda. The UK will look to work closely with our international partners, forging consensus on how to tackle the great health challenges of our time and focusing on results-oriented actions that realise real impact on the ground.
5. The UK's Multilateral and Bilateral Development Reviews made clear the UK's intention to use UK aid to make a transformational change to the health and wellbeing of the poorest people around the world. Everyone working in development has a responsibility to both taxpayers and beneficiaries to maximise the impact and cost-effectiveness of our work and to apply rationality and evidence to our choices of intervention, in order to do the most possible good for the largest number of people.
6. The UK takes this responsibly very seriously. The UK will work closely with its international partners and consider its own areas of comparative advantage where UK funds can make the greatest impact. The UK will energetically pursue progress on the portfolio of work described in the Multilateral and Bilateral Development Reviews.

The importance of the World Health Organisation

7. The UK will be a strong voice and global influencer but real progress will only be realised through concerted international action. The global health system is complex, it requires coordination and leadership.
8. The World Health Organisation (WHO) has a critical and central role to play as the lead agency in the international health system. 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 WHO for leadership on global health issues, and WHO is critical to the UK's international development and health security objectives.
9. At its best WHO is a powerful agent for change. For instance, under WHO's leadership the number of global polio cases has fallen from 350,000 in 1988, to fewer than 40 in 2016. On occasion, however, WHO has fallen short of the high expectations of the international community. The early part of the response to the Ebola crisis in particular, exposed organisational weaknesses.

UK support and engagement with the World Health Organisation

10. UK support and engagement with WHO is considerable; reflecting our shared commitment to delivering the Sustainable Development Goals. The UK is the third largest funder of WHO averaging £100m per annum.

11. As a snapshot the UK is currently working with WHO on:

- a. **Life-saving support for Syria.** Providing medicines and supplies to primary and secondary health facilities; delivering mental health services and providing trauma care.
- b. **Strengthening WHO capabilities in Africa.** Supporting WHO AFRO to strengthen its team to build countries' capacities against deadly diseases.
- c. **Fleming Fund.** A dedicated programme of support to help countries meet the challenge of Antimicrobial Resistance.
- d. **Implementing a new WHO Health Emergencies Programme.** To ensure the lessons of Ebola are learnt and the world is much better placed to respond to a major infectious disease outbreak.
- e. **Cutting edge research and development programmes.** Including on infectious diseases, sexual, reproductive health and rights, maternal, new-born and child health and health systems strengthening.

12. The UK will look to work with WHO in 2017 specifically on:

- a. **Health systems strengthening.** Strong national health systems are the bedrock of national efforts to improve health and to respond to infectious disease outbreaks and health emergencies.

In 2017, the UK will encourage WHO to continue to play a leadership role in health systems strengthening, adopting an approach to all its work and collaborating with others in a way that promotes systems strengthening behaviours and providing evidence-based guidance to countries.

- b. **Antimicrobial Resistance (AMR).** The UK has led for the world in raising to global prominence the threat of antimicrobial resistance, catalysing global action. The Chief Medical Officer and Lord O'Neil (who led the UK's Independent Review on AMR) deserve particular praise for their instrumental roles.

In 2017, the UK will continue to provide international influence on AMR. We will press WHO to ensure successful follow-up to the United Nations High Level Meeting on AMR and the delivery of objectives through international partnerships and frameworks such as the Global Health Security Agenda and the G20.

- c. **Tuberculosis (TB).** TB is the world's biggest infectious disease killer: 1.8 million deaths in 2015. Yet as a global issue, TB is relatively neglected. It lacks high profile global leadership. Progress on reducing cases has been slow. Marginalised and stigmatised populations are at higher risk. The world needs to step up on TB.

In 2017, the UK will press the case for greater focus on TB, including through a successful outcome-focused Ministerial Conference in Moscow in November 2017 and a UN General Assembly event in 2018. We will encourage WHO to update the TB research roadmap and use it to drive global research priorities.

- d. **Neglected Tropical Diseases (NTDs).** NTDs still cause an estimated half a million deaths annually and affect the lives of a billion of the world's poorest.

In 2017, the UK will press WHO to organise a successful 5th anniversary event of the London Declaration of NTDs in April 2017 that results in a sustainable financial package for NTDs going forwards. This should include ensuring a focus on increasing endemic country financial and non-financial commitments to increasing coverage of NTD prevention and treatment activities. The UK shall also press for an expansion of coverage with proven cost effective interventions, including a focus on reaching the poorest.

- e. **Family planning.** The UK has an ambitious family planning commitment and leads on promoting the health of women and children.

In 2017, the UK will strongly encourage WHO to engage at the highest policy and technical levels to help achieve the global FP2020 targets of reaching an additional 120 million women and girls with voluntary family planning.

- f. **Polio** We are now closer than ever to making polio only the second disease, after smallpox, to be eradicated in human history.

In 2017, the UK will push for completion of eradication and the successful transitioning of polio eradication assets and infrastructure for other global goods.

- g. **Africa.** Improved health in Africa is critical to the region's development and prosperity. The UK has built a strong relationship with partners across Africa.

In 2017, the UK will work through multilateral and bilateral programmes to further our health development programmes, particularly building on our strong relationship with WHO Regional Office for Africa (WHO AFRO).

- h. **Better allocation of limited resources for health.** Given the wide variation in the cost effectiveness and impact of different interventions, choosing the most cost-effective interventions and products to fund is essential for countries to get the greatest benefit possible from their health budgets. This is particularly important for countries facing transition away from external financing and spending more of their own resources on health.

In 2017, the UK will press WHO to provide technical guidance and support to countries to enable them to make fair, transparent and evidence-informed resource allocation decisions.

Reforming the World Health Organisation

13. The UK supports and works with WHO because of its unique mandate and, as the UK Multilateral Development Review concluded, because WHO is critical to UK development and strategic objectives. Yet this same review highlighted the shortcomings in WHO's effectiveness as an organisation.
14. All the health priorities listed in this document have one clear thing in common: without a reformed, effective WHO, the progress demanded by the UK and our international partners will not be delivered. WHO will not deliver on its mandate.
15. Reform of WHO is in line with the UK's ambition for reform of the whole UN system. It is vital WHO plays its part in furthering the "one UN" vision.
16. WHO accepts the need for reform. Indeed, WHO launched its own reform programme as early as 2011. Since then the reform programme has had a number of successes of which it should rightly be proud. These include:
 - a. A new "Global Management System" that underpins WHO programmes at all three levels of the organisation;
 - b. A new Evaluation Office with a growing portfolio of quality evaluation reports;
 - c. Greater strategic allocation of assessed contributions increasing the organisation's ability to flexibly plan its work;
 - d. A significant simplification of HR contracts and a new staff mobility policy;
 - e. In the regions, under its new Regional Director, AFRO has made significant early progress on its reform journey, as clearly evidenced during a combined DH-DFID high level visit to AFRO headquarters in Brazzaville.
17. The UK welcomes these achievements. But we are clear reform must continue, indeed it must accelerate, if WHO is to achieve organisational excellence and deliver results.
18. The UK is not a passive partner. We owe it to the UK taxpayer, and the global health community, to act as a critical friend to ensure WHO addresses institutional short-comings and improves global health outcomes. We will make our voice heard through WHO's Governing Bodies and a newly-instigated annual 'Strategic Dialogue'; and by making UK core funding conditional on the successful delivery of key reform priorities.
19. In the last few months, the UK has negotiated with WHO the conditions of our future "core voluntary contribution" to the organisation.
20. This funding (£58m over four years to 2020) can be flexibly spent on WHO's agreed General Programme of Work. Over 70% of WHO's budget is earmarked by donors to specific projects and programmes. This reduces WHO's ability to respond to emerging priorities (for example, health emergencies) and hinders its progress on reform.
21. While the UK's core voluntary contribution can be flexibly spent, the UK has determined to link this funding to WHO's progress on reform. 50% of the UK's funding each year will be dependent on achievement by WHO of key performance indicators, as described in a mutually agreed logical framework. Failure to achieve the agreed objectives/indicators will result in decreased UK funding.

Performance agreement criteria

22. 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

23. WHO works in the most fragile and conflict-affected states in the world, delivering life-saving interventions to vulnerable populations.

24. 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 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 WHO Africa Region.

Transparent, value for money budgets focussed on key priorities

25. 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.**

26. 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. Following UK requests, WHO will work to improve its funding web-portal to ensure it links funding not just to expenditure but also to results. This will allow clear monitoring of WHO's cost effectiveness and impact.
- c. Ensure that value for money is at the heart of its approach to programme design and implementation using the most cost effective interventions to support increased effectiveness. WHO will design (by end May 2017) and then implement its first organisation-wide value for money plan.
- d. The UK will set tough value for money targets. Failure to meet the May 2017 target will result in the UK with-holding the full performance-dependent element of its core voluntary funding for 17/18: £7.25 million. Once the value for money strategy is developed, the UK will select new efficiency targets for subsequent funding years.
- e. Role-model transparency on financing and results. After joining the International Aid Transparency Initiative (IATI) in October 2016, WHO will improve its scoring rates against the IATI indicators.

- f. 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.
- g. Strengthen senior management coordination, including by regularly publishing top-line readouts from meetings of the Global Policy Group, WHO's senior management group.

Collaborative and effective leadership

27. 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.

28. To secure full UK funding, WHO must:

- a. Work effectively 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 an increasing amount of corporate evaluation recommendations implemented within their designated timeframe;
- 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.

A strong, reliable, effective emergencies function

29. The world looks to WHO to lead and coordinate an effective response to multiple health threats that would otherwise roll-back development gains and which risk the UK's security and prosperity.

30. To secure full UK funding, WHO must:

- a. Rapidly implement its new Health Emergencies Programme, ensuring its new Incident Management System is established within 72 hours for any new emergencies;
- b. 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;

- c. Secure adequate financial support from an increasing range of donors, ensuring its emergencies programme is 75% funded at the mid-point of WHO's two year funding cycle.

Assessment

31. The UK will work to support independent scrutiny of WHO (for example through the Independent Expert Oversight Advisory Committee) to ensure that it is following best practice in seeking value for money.
32. WHO performance against this agreement and the criteria within it will be assessed during the second annual UK-WHO Strategic Dialogue and in a detailed review in early summer 2017. A decision will be made thereafter on the release of performance-conditional funding.
33. This Performance Agreement will then be updated and re-published with refreshed targets for WHO's future performance.

The Department for International Development:
leading the UK government's fight against world poverty.

Department for International Development
22 Whitehall
London
SW1A 2EG
UK

and at:

Abercrombie House
Eaglesham Road
East Kilbride
G75 8EA
UK

Tel: +44 (0)20 7023 0000

Fax: +44 (0)20 7023 0016

Website: www.dfid.gov.uk

Facebook: www.facebook.com/ukdfid

Twitter: @DFID_UK

Email: enquiry@dfid.gov.uk

Public enquiry point: 0845 3004100 or +44 1355 84 3132 (if you are calling from abroad)

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