

MEMORANDUM

From: Director-General **To:** ADG/HEP **Date:** 29 September 2020
Our ref: **Attention:**
Your ref: **Through:**
Originator: **Subject:** COMPACT (KPIs)

As part of our accountability framework, you were recently issued with an updated Delegation of Authority (DOA) which was the result of extensive consultations and reflects the decisions that you are delegated to take on my behalf. As described in the DOA, this authority comes with an expectation that decisions are taken in accordance with rules and an expectation that reports are submitted documenting progress towards the attainment of agreed corporate targets.

The attached Compact includes a set of Key Performance Indicators (KPIs) which will be considered during my overall assessment of your managerial and leadership role and form the basis for our periodic performance management discussions with both your first level supervisor and me as your second level supervisor.

The Business Operations Division has created specific dashboards to enable you to track and monitor your Division's performance in these key areas, and I urge you to have discussion with your senior staff on a regular basis so that any required course corrections can be taken in good time.

I look forward to future discussion during executive management meetings, as well as receiving your periodic reports which should highlight progress, challenges and proposed ways forward as we aim to show tangible progress in this area.

Thank you.



Dr Tedros Adhanom Ghebreyesus

Annex 2 - PROGRAMMATIC KPIS

| ADG/HEP | PROGRAMMATIC | Selected output indicators to support the achievement of outcome indicators |
|--|--------------|---|
| <p>SDG 3.a.1 – Age-standardized prevalence of current tobacco use among persons aged 15 years and older</p> <ul style="list-style-type: none"> • 2023 Target: Reduce by 25% the prevalence of tobacco use (from 2015 baseline). <p>SDG 2.2.2 – Prevalence of malnutrition (weight-for-height >-2 standard deviation from the median of the WHO Child Growth Standards) among under 5 years of age (wasting)</p> <ul style="list-style-type: none"> • 2023 Target: Reduce prevalence of wasting among children under 5 years of age to less than 5% <p>SDG 6.1.1 – Proportion of population using safely managed drinking water service</p> <ul style="list-style-type: none"> • 2023 Target: Provide an additional 1 billion people with access to safe drinking water (to 6.2 billion). <p>Policy indicators: Number of countries which introduce and/or strengthen evidenced-based policies including legislation and taxation for healthier population</p> <ul style="list-style-type: none"> • 2023 Target: At least 3 countries in each region introduce and/or strengthen their evidence-based policies to protect and promote health. <p><i>Success will be measured on all above in HEP by number of countries which agreed to move into the right direction to achieve outcomes.</i></p> | | <ul style="list-style-type: none"> • Number of planned and approved global goods completed and contribution to intellectual products and partnerships • Support to countries within the Country Support Plans (CSPs), through 3-level alignment • Cross Departmental/Division collaboration • <u>Mainstreaming the Division priorities in major global political forums</u> |

Accountability compact between Dr. Tedros A. Ghebreyesus, Director-General of WHO and EXD/ADG for 2020

The EXD's and ADG's in their work towards the full implementation of the GPW13 including the PB 2020-21, undertake the following responsibilities in order to progress towards the achievement of the triple billion targets in the countries.

The purpose of accountability measurement for SMT members is to gauge the role of individual SMT members as leaders in promoting organizational results.

The principles include:

- Consistency with GPW outcome and output framework;
- Consistency with 3 level alignment: mirror image of DPM and regional program directors;
- Monitor annually and on a multi-year basis;
- Use existing data to minimize new data collection and ensure consistency;
- Use it for annual performance appraisal.

Commitment to the following Managerial KPIs:

1. **Timely and equitable distribution of globally mobilized funds for the relevant Outputs under the EXM/ADG**

Timely

| Green | Yellow | Red |
|--|---|--|
| Funds not yet budgeted are less than 2% of funds available | Funds not yet budgeted are less than 10% of funds available | Funds not yet budgeted exceed 10% of funds available |

Equitable

| Green | Yellow | Red |
|--|--|---|
| The level of financing of a given Output in HQ does not exceed the lowest funded Major Office by more than 10% | The level of financing of a given Output in HQ does not exceed the lowest funded Major Office by more than 20% | The level of financing of a given Output in HQ exceed the lowest funded Major Office by more than 20% |

2. Timely Donor Reporting

| Green | Yellow | Red |
|--------------------|---|---|
| no overdue reports | Overdue reports up to 5% of total reports due over the prior complete 2 years | Overdue reports above 5% of total reports due over the prior complete 2 years |

3. Human Resources Management

(i) Ensuring gender balance; (ii) equitable geographic representation and diversity, and (iii) regular and timely performance appraisal are fundamental human resources management. WHO has a target of 1/3 of Directors at HQ level being nationals of developing countries. Since 2017, WHO has set a target of an annual increase of 1.5% in female staff members at the P4 level and above over 5 years; as well as achieving gender parity in the professional and higher categories.

4. Timely budget implementation (utilization)

| Green | Yellow | Red |
|---|--|--|
| On the straight line projection utilization of allocated budget is on target or higher (e.g. target utilization end June 1 st year of biennium is 25%) | On the straight line projection utilization of allocated budget is up to 5% below the target | On the straight line projection utilization of allocated budget is more than 5% below the target |

Other means of measurement will include:

5. Submission of governing body documents in line with established GBS deadlines

6. Travel/Meetings

The Organization has made commitments to reduce travel costs. The recent months during COVID19 has demonstrated that work can be done and much can be achieved with less face-to-face meetings and using digital technology. As a first step we suggest a bold target of a 75% reduction in FF funded travel and meetings in 2020-21 compared to 2018/19.

7. Managerial Leadership/Cooperation/3 level Coordination defined as how properly Technical Expert Networks (TENs) and Output Delivery Teams (ODTs) have been managed in the given period of time.

Commitment to the following Programmatic KPIs:

1. Programmatic Outcome Indicators

Progress towards the 46 programmatic Outcome indicators of GPW13 is the key prerequisite to reach the Triple Billion Goals. Each EXD/ADG will take a lead on indicators that are in their competencies (Annex 1). As part of this, each EXD and ADG has identified one indicator linked to their area of work for which they

will personally be held accountable for (Annex 2). Their progress will be an integral part of the annual performance assessment.

2. Output Scorecard

In addition to the achievement of the programmatic outcome indicators, the Output Scorecard is our main performance monitoring and accountability tool for the GPW13. Together with any follow-up actions identified to address issues highlighted during the assessment, timely and inclusive completion of the KPIs.

ANNEX 1: Output responsible EXD/ADG

| Output | Responsible EXD/ADG |
|--|-------------------------------|
| 1.1.1. Countries enabled to provide high quality, people-centered health services, based on PHC strategies and comprehensive essential service packages | Zsuzsanna Jakab & Ren Minghui |
| 1.1.2. Countries enabled to strengthen their health systems to implement condition- and disease-specific programmes | Zsuzsanna Jakab & Ren Minghui |
| 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course | Zsuzsanna Jakab & Ren Minghui |
| 1.1.4. Countries enabled to ensure effective health governance | Zsuzsanna Jakab & Ren Minghui |
| 1.1.5. Countries enabled to strengthen their health workforce | Zsuzsanna Jakab & Ren Minghui |
| 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards UHC | Zsuzsanna Jakab |
| 1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making | Zsuzsanna Jakab |
| 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy | Zsuzsanna Jakab |
| 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists | Mariângela Simao |
| 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems | Mariângela Simao |
| 1.3.3. Country and regional regulatory capacity strengthened and supply of quality-assured and safe health products improved | Mariângela Simao |
| 1.3.4. R&D agenda defined and research coordinated in line with public health priorities | Mariângela Simao |
| 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices | Hanan Balkhy |
| 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported | Jaouad Mahjour |
| 2.1.2. Capacities for emergency preparedness strengthened in all countries | Jaouad Mahjour |
| 2.1.3. Countries operationally ready to assess and manage risks and vulnerabilities | Jaouad Mahjour |
| 2.2.1. Research agendas, predictive models and innovative tools, products and interventions utilized for prevention and management of high-threat health hazards | Jaouad Mahjour |
| 2.2.2. Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale | Jaouad Mahjour |
| 2.2.3. Risk of the emergence/re-emergence of high-threat infectious pathogens mitigated | Jaouad Mahjour |
| 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative | Zsuzsanna Jakab |
| 2.3.1. Potential health emergencies rapidly detected, risks assessed and communicated | Ibrahima Socé Fall |
| 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities and networks | Ibrahima Socé Fall |
| 2.3.3. Essential health services delivered and systems maintained and strengthened in fragile, conflict and vulnerable settings | Ibrahima Socé Fall |
| 3.1.1. Countries enabled to address social determinants of health across the life course | Naoko Yamamoto |
| 3.1.2. Countries enabled to address environmental determinants of health, including climate change | Naoko Yamamoto |
| 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multi-sectoral action | Naoko Yamamoto & Ren Minghui |
| 3.2.2. Multi-sectoral risk factors addressed through engagement with public and private sectors as well as civil society | Naoko Yamamoto & Ren Minghui |
| 3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces | Naoko Yamamoto & Hanan Balkhy |
| 3.3.2. Global and regional governance mechanisms used to address health determinants and multi-sectoral risks | Naoko Yamamoto & Hanan Balkhy |
| 4.1.1. Countries enabled to strengthen health information and data systems, including at the subnational level, and to use this information to inform policy-making | Samira Asma |
| 4.1.2. WHO impact framework and triple billion targets, global and regional health trends, SDG indicators, and health inequalities and disaggregated data monitored | Samira Asma |
| 4.1.3. Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities, and scale effective innovations in a sustainable manner | Soumya Swaminathan |
| 4.2.1. Leadership and governance enhanced to implement GPW13 to drive impact at the country level, including through strategic communications, and in support of the Sustainable Development Goals and in the context of UN reform | Bernhard Schwartländer |
| 4.2.2. The Secretariat is operating in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation | Bernhard Schwartländer |
| 4.2.3. Strategic priorities adequately resourced in a predictable, adequate and flexible manner through strengthening partnerships and improved strategic communication | Jane Ellison |
| 4.2.4. Planning, allocating resources, implementing, monitoring and reporting based on country priorities, achieving country impact, ensuring value-for-money, and the strategic priorities of GPW 13 | Raul Thomas |
| 4.2.5. Cultural change fostered and critical technical and administrative processes strengthened through a new operating model to optimize organizational performance and enhanced internal communications | Bernhard Schwartländer |
| 4.2.6. Leaving no one behind approach (focused on gender, equity and human rights) progressively incorporated and monitored | Bernhard Schwartländer |
| 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework and in line with the principle of value-for-money | Raul Thomas |
| 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery | Raul Thomas |
| 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, health technical programmes and health emergencies operations | Raul Thomas |
| 4.3.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care | Raul Thomas |