

MEMORANDUM

From: Director-General **To:** ADG/WRE **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

PROGRAMMATIC		Selected output indicators to support the achievement of outcome indicators
ADG/WRE	2.3. Rapid detection and response 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	2.3.1.IND1 Percentage of acute public health events for which a risk assessment is completed within one week 2.3.2.IND1 Percentage of Grade 2 and 3 emergencies for which an Incident Management System was activated within 72 hours 2.3.3.IND1 Percentage of FCVs that have a Humanitarian Response Plan (or equivalent) that includes a health sector component

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