



## Department of Health & Social Care

*From the Lord Bethell*  
*Parliamentary Under Secretary of State for Innovation*  
*(Lords)*



## Foreign, Commonwealth & Development Office

**Wendy Morton MP**  
Minister for the European Neighbourhood and the  
Americas

Baroness Anelay  
Chair, International Relations and Defence Committee  
House of Lords  
By email to: [hlintrelations@parliament.uk](mailto:hlintrelations@parliament.uk)

29<sup>th</sup> October 2020

Dear Joyce,

We acknowledge the letter from the International Relations and Defence Committee laying out the summary of evidence gathered during its short inquiry into WHO and wanted to take this opportunity to respond to the questions raised and communicated to us.

We note and welcome the Committee's support of WHO and agree with the overall view of your expert witnesses that the organisation continues to perform well under difficult circumstances. We also agree that there is still work to be done by WHO and its member states to strengthen the organisation. The UK wants the WHO to be flexible and responsive in order to fulfil its mandate as the lead global health agency and to ensure its ability to respond to global health emergencies when they arise.

The Committee will have noted that the Prime Minister, in his speech to the United Nations General Assembly on 26 September 2020 re-stated the UK's support for the WHO as the "*one body that marshals humanity against the legions of disease*". The PM announced that the UK will contribute £340 million in Core Voluntary Contributions over the next 4 years to WHO: an increase of 30%.

We address your specific questions below.

### **1. What are the priorities of the Government for the work and role of the World Health Organisation for the next 5-10 years?**

The UK continues to be a strong supporter of WHO and its essential and unique role as the leading UN agency on health. It is the only organisation with the mandate to set global norms and standards and coordinate all organisations in the global health space, and its work is therefore critical to progress towards achieving Sustainable Development Goal 3.

The primary UK priority therefore over the next 5 to 10 years is to continue to work with WHO and other international partners to strengthen the organisation to ensure it is an agile and responsive organisation that can respond to health challenges and opportunities as they emerge; focuses on impact particularly at the country level; and demonstrates strong credible leadership within a complex and fractured global health architecture.

These reforms will better prepare WHO to deliver on UK international policy priorities including global health security, anti-microbial resistance, immunisation, health system strengthening and ending the preventable deaths of mothers, children and new-borns.

## **2. The UK has committed to contribute \$629.9 million to the WHO in 2020/21. What will the UK's projected allocations be spent on?**

The UK's funding to WHO varies year-on-year in response to our assessment of, amongst other things, the needs of the organisation, the UK's global health priorities, and how well-placed WHO is to address these. Over the last few years, the UK's financial contribution to WHO has averaged around £120 million PA, which represents, on average a burden share of 8%. As an example – some UK funding is stable and predictable, such as the UK's assessed contribution (the membership fee each member state pays) which is currently £17.6 million per annum. But other funding is less predictable – such as that provided in response to emergency appeals, for example the £75 million, provided to WHO for its COVID-19 Strategic Response and Preparedness Plan (SRPP).

Of the UK's funding – some can be flexibly spent by WHO; that is, WHO can spend it in support of any of the activities against its "General Programme of Work" (the GPW). The GPW was approved by all 194 Member States of WHO at the World Health Assembly in 2018 and covers a 5-year period from 2019 to 2023. This is the case with all assessed contributions, including the UK's.

Other UK funding is earmarked to specific areas of WHO's work – such as its work leading the Global Polio Eradication Programme. WHO regularly updates information as to where this UK funding is spent online. It can be accessed at <https://open.who.int/2020-21/contributors/contributor>. FCDO, in line with its transparency commitment, publishes all ODA programmes on-line at <https://devtracker.fcdo.gov.uk/>. To ensure UK funding is effectively used, across WHO regions and at headquarters, we engage in an annual strategic dialogue with senior WHO officials, in addition to participating actively in governing body meetings. As with all ODA programmes, FCDO has a rigorous process of due diligence and assessment – including formal annual reviews of programme performance.

## **3. What are the UK's criteria for the provision of voluntary funding?**

The UK makes voluntary contributions based on our assessment of WHO's needs and UK priorities. The UK considers that WHO's normative, policy-setting, and coordinating role for global health is fundamental to the delivery of UK development objectives, as well as the Sustainable Development Goals. WHO has a critical role in reducing global risk (and the risk

to the UK) from infectious disease outbreaks and health emergencies and in supporting multiple UK programmes and priorities e.g. GAVI and Global Fund.

The UK is a key and leading supporter of WHO – the third largest financial contributor (after the US Government and the Gates Foundation). Through our core voluntary contribution (particularly valued by WHO given it can be spent flexibly), the UK maximises its influence in the global health system.

**4. What submissions will the UK be making to the review of the WHO's COVID-19 response led by Helen Clark and Ellen Johnson Sirleaf? What are the Government's objectives, as a member state and major financial contributor, for this review?**

The UK has been clear that a review should take place as there are always lessons to be learnt in any global health emergency, particularly one as complex and global as COVID-19. The UK is therefore supportive of the Independent Panel for Pandemic Preparedness and Response (IPPR) which was launched by Director General Tedros in July and its Co-chairs Helen Clark and Ellen Johnson Sirleaf. The review came out of the Covid-19 resolution adopted at the World Health Assembly in May 2020, of which the UK was a co-sponsor.

The primary UK objective for the IPPR is for it to provide clear, ambitious and evidence-based recommendations on how we can work together to strengthen WHO and its ability to respond to outbreaks going forward. For the review to be successful the UK has been clear that findings and recommendations must be grounded in the latest and best scientific evidence.

The UK has, and will continue to be, actively engaged with the IPPR, including responding to member state consultations and engaging with the Co-chairs through the monthly member state briefings on the IPPR in Geneva.

The UK will utilise future WHO governing body meetings including the reconvened World Health Assembly in November and the Executive Board in January to continue our dialogue with the Co-chairs.

There are two other important reviews taking place on other elements of the Covid-19 response, the Independent Oversight and Advisory Committee and the International Health Regulations Review Committee. We have stressed to all Chairs that they should work together to avoid duplication between the different workstreams and ensure the Reviews can learn from each other.

**5. What is the Government's assessment of the current funding model of the World Health Organisation? Are there changes or improvements Ministers would like to see to the formula for WHO funding, especially in relation assessed and voluntary contributions? What plans does the Government have to raise these issues in the World Health Assembly?**

Of the total funding WHO receives, around 20-30% is flexible and 70-80% is earmarked to flexible funding is increasing.

The UK recognises that a high proportion of earmarked funds limits the organisation in its effectiveness, as earmarked funding negatively impacts long-term planning and the flexibility to deploy funds as they are needed across the organisation. This results in a lack of funding for core organisational, normative and reform activities as well as the emergence of “pockets of poverty” where some technical health areas are consistently underfunded.

As Member State expectations and WHO ambitions have grown it has become increasingly clear that WHO needs a more sustainable and predictable funding model and a more rigorous planning and budget process. This is one of a number of organisational reform issues that the UK plans to raise at the upcoming World Health Assembly and Executive Board meetings.

The UK is role modelling good behaviour. The £340 million four-year Core Voluntary Contribution programme announced by the Prime Minister at UNGA will significantly increase the flexibility of the UK’s funding to WHO, while implementing a robust performance monitoring framework. The UK will actively work to encourage other donors to increase the flexibility of their funding to WHO.

**6. What is your assessment of the implications of the current funding model for influence over the WHO? To what extent does the significant funding from philanthropic organisations and other non-state contributors, which exceed financial contributions from member states, provide them with influence over the WHO? What are the implications of this for governance and accountability in the WHO?**

The General Programme of Work and the underpinning biennial Programme Budget are discussed and agreed at the World Health Assembly by all 194 Member States. Non-member state donations regardless of volume cannot fund activity not agreed by member states through this process.

**7. How does the UK engage with smaller countries on the work of the WHO and its direction, in the context of the current funding model?**

The UK works with a range of member states of all sizes, both net donors and net recipients, within WHO. This can be formally such as working together on joint statements or other texts or informally by engaging bilaterally on shared areas of interest.

The FCDO has an extensive network of health advisers and health expertise throughout the developing work who work closely with national governments, WHO and other key health partners to help achieve our shared health outcomes.

**8. What is the Government’s assessment of the adequacy of the WHO’s powers to investigate suspected disease outbreaks? What consideration has the Government**

**given to proposing the development of an additional protocol for member states to sign up to, which would enable the WHO to investigate outbreaks when identified?**

The UK is committed to the full implementation of the International Health Regulations (2005) by all Member States and believes this must be a priority if we are to achieve a more effective and responsible global response to health threats. We have given consideration to and are supportive of improved reporting mechanisms on compliance and initiatives such as the Intermediate Public Health Alert (IPHA) and pre-agreed actions and timelines for member state action at different stages of an outbreak, which we think will encourage member states to raise concerns earlier.

Recommendations on these, and other initiatives, including what more can be done within WHO's mandate to investigate outbreaks are expected outputs of the IPPR and IHR Review Committee which will report to the May World Health Assembly. The UK stands ready to support the implementation of these recommendations alongside WHO and other member states.

**9. As a supporter of the WHO, and the wider rules based international order, what discussions is the Government holding with the US Administration over its decision to leave the WHO, the value of the organisation, and the implications of this decision for global health security?**

The specific conditions of the United States' withdrawal from WHO are a matter for the United States and WHO.

The Government is in regular contact with the United States on a variety of issues relating to the international response to the COVID-19 pandemic as the US continues to play a very important role in global health. We will continue to work with them bilaterally, through WHO as fellow Executive Board members, and alongside other international partners in forums including the G7 and G20 to tackle the current crisis and improve future preparedness and response.

**10. In the context of the US's planned withdrawal, is the UK willing to provide more funding to the WHO?**

We keep funding for the WHO under review and make decisions based on UK policy priorities and the organisation's needs.

The UK is the largest donor to WHO behind the US and the Gates Foundation and we intend to remain leading funders including through the Prime Minister's announcement of £340 million in Core Voluntary Contributions over the next four years (20/21 to 23/24).

**11. What is the Government's assessment of the role played by China in the WHO?**

The World Health Organisation is a member state organisation. The World Health Assembly, which is the WHO's decision making body, includes representatives of all 194 member states and each has an equal voice in setting the direction of the organisation.

China is currently one of 34 member states represented on the World Health Organisation's Executive Board, as is the United Kingdom, and speaks actively at Governing Body meetings.

**12. The then Government's response to the 2007/08 House of Lords Select Committee on Intergovernmental Organisations report 'Diseases Know no Frontiers: How Effective are Intergovernmental Organisations in Controlling their Spread', said that "the WHO and the OIE international surveillance systems for human and animal health provide a sound basis for surveillance" but that "there is scope for these systems to be strengthened". What work has been done since then? What is the Government's assessment of the adequacy of current arrangements for the WHO, the OIE and the FAO to work together?**

Since this report was published there has been work carried out including the establishment of UK based FAO/OIE/WHO world reference laboratories funded by the UK Government for diseases including such as Foot and Mouth Disease, Avian Influenza and Rabies. The UK has also developed a network of experts who support OIE, FAO and WHO as well as individuals placed in the organisations. The Tripartite ways of working have been strengthened through their close collaboration on another element of One Health, anti-microbial resistance.

However, there is more to be done. In his speech to the UN General Assembly, the Prime Minister highlighted the particular need to further build on this progress by developing a global network of zoonotic research hubs that would more quickly identify viruses capable of crossing the species barrier and infecting humans in order to enable mitigating actions and develop treatments earlier in the outbreak cycle.

**13. Would the Government support putting the health risks associated with wet markets and the trade and sale of wild animals on the agenda for the World Health Assembly?**

Some of the risks associated with zoonotic diseases are related to the food system including how food is produced, traded and consumed, alongside surveillance, biosecurity controls and hygiene and sanitary practices. Some of these elements would fall within the remit of WHO to take action on. The outcomes of the WHO reviews including the IPPR and source of the virus investigation will be key in bringing findings and recommendations on improving the animal/human health interface.

WHO is working with other UN agencies (the FAO and OIE) on guidance on the safe operation of wet markets, and has already called for stricter safety and hygiene standards. All three bodies already work closely as a "Tripartite".

**14. What impact will the merger of the FCO and DfID have on the UK's the funding for global health initiatives? We seek your assurances that the Government remains**

**committed to preserving the UK's valuable contribution to global public health, particularly in developing countries.**

This merger will bring together our overseas efforts on aid and diplomacy so we can maximise our influence around the world. The new FCDO structure will incorporate DFID's previous global health teams and processes, while allowing us to harness the diplomatic skills and global networks of former FCO structures to drive forward global health priorities. The UK is committed to continuing to play a leading role in the multilateral system. We are a top donor country to all key global health institutions and view them as critical partners in achieving the UK's health and development priorities. FCDO ministers will continue to work closely on global health issues alongside their counterparts from DHSC, including on engagement with WHO.

**15. Will the £2.9 billion package of reductions in the Government's planned ODA spend, notified in the Foreign Secretary's letter of 22 July, have an impact on UK funding for the WHO?**

The UK is currently the third largest donor and has no plans to stop funding WHO following the establishment of FCDO. As mentioned above, the UK has recently announced a new increased package of £340 million over four years.

**16. What is the Government doing to ensure that developing countries have access to any future COVID-19 vaccine? How is it working with the WHO on this agenda?**

The UK wants to take a strong global leadership role in collaborating with other countries in the development and distribution of a successful vaccine and encourage other high-income countries (HICs) to do the same. To achieve this the UK is working closely with international partners to ensure that when a vaccine is available, it will be accessible to everyone who needs it as soon as possible.

The UK has committed alongside other countries to support equitable and affordable access to COVID-19 vaccines and treatments. That is why the UK will contribute up to £571 million to COVAX, a new initiative designed to distribute a COVID-19 vaccine across the world.

Of this sum, up to £500 million will be for the COVAX Advanced Market Commitment, which will give lower and middle-income countries (LMICs) equitable access to vaccines that are developed. The UK is proud to have already committed £48 million to this at the Global Vaccine Summit in June. The UK Government is committed to ensuring the success of the Facility, working with international partners to pool resources and expertise in order to expedite access and distribution to safe and effective vaccines in order to end the pandemic.

In addition, the UK has already committed up to £250 million of UK aid to the Coalition for Epidemic Preparedness Innovations (CEPI) for the development of coronavirus vaccines.

We support WHO leadership on the Access to COVID-19 Tools (ACT) Accelerator and COVAX (Covid vaccine) facility, which the UK played a critical role in developing through our leadership of the Global Vaccine Summit. The UK is working closely with CEPI, GAVI (Vaccine Alliance) and the WHO to shape the emerging proposal for the self-financing arm of COVAX, which can support both domestic access and equitable access to LMICs.

**17. What weight does the UK give to recommendations from the WHO? How are these assessed and built into the UK's public health responses? For example, during the current pandemic, the WHO made recommendations on the safety of one metre for social distancing and the introduction of testing and tracing.**

As the leading global health body, the UK gives significant weight to recommendations made by WHO and recognises that guidance on topics such as social distancing or testing is made available to all nations who will have differing health systems, resources and demographics. The UK therefore considers WHO guidance in light of our national context and our own additional research and expertise from the science network

We welcome the Committee's interest in the World Health Organisation and thank you for sharing the views of the experts called during the evidence session, we have addressed your specific questions in turn above and our officials would be pleased to provide any further information that you would find useful.

Yours,



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