

Grand Bargain annual self-reporting exercise:

WHO

Contents

Work stream 1 - Transparency	3
1. Baseline (only in year 1)	3
2. Progress to date	4
3. Planned next steps	4
4. Efficiency gains (optional for year 1)	5
5. Good practices and lessons learned (optional for year 1)	5
Work stream 2 - Localization	6
1. Baseline (only in year 1)	6
2. Progress to date	7
4. Efficiency gains (optional for year 1)	7
5. Good practices and lessons learned (optional for year 1)	8
Work stream 3 - Cash	8
1. Baseline (only in year 1)	8
2. Progress to date	9
3. Planned next steps	9
4. Efficiency gains (optional for year 1)	9
Work stream 4 – Management costs	10
1. Baseline (only in year 1)	10
2. Progress to date	10
3. Planned next steps	11
4. Efficiency gains (optional for year 1)	11
5. Good practices and lessons learned (optional for year 1)	11
Work stream 5 – Needs Assessment	12
1. Baseline (only in year 1)	12
2. Progress to date	12
3. Planned next steps	12
4. Efficiency gains (optional for year 1)	12
5. Good practices and lessons learned (optional for year 1)	12
Work stream 6 – Participation Revolution	13
1. Baseline (only in year 1)	13
2. Progress to date	13
3. Planned next steps	14
4. Efficiency gains (optional for year 1)	14
5. Good practices and lessons learned (optional for year 1)	14
Work stream 7 - Multi-year planning and funding	15
1. Baseline (only in year 1)	15
2. Progress to date	15
3. Planned next steps	15
4. Efficiency gains (optional for year 1)	15
5. Good practices and lessons learned (optional for year 1)	15
Work stream 8 - Earmarking/flexibility	16
1. Baseline (only in year 1)	16
2. Progress to date	16

3.	Planned next steps	16
4.	Efficiency gains (optional for year 1)	16
5.	Good practices and lessons learned (optional for year 1)	16
	Work stream 9 – Reporting requirements	17
1.	Baseline (only in year 1)	17
2.	Progress to date	17
3.	Planned next steps	17
4.	Efficiency gains (optional for year 1)	17
5.	Good practices and lessons learned (optional for year 1)	18
	Work stream 10 – Humanitarian – Development engagement	18
1.	Baseline (only in year 1)	18
2.	Progress to date	18
3.	Planned next steps	19
4.	Efficiency gains (optional for year 1)	20
5.	Good practices and lessons learned (optional for year 1)	20

Work stream 1 - Transparency

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time when the Grand Bargain was endorsed at the World Humanitarian Summit, WHO was not yet a member of the International Aid Transparency Initiative (IATI). WHO has now become a full member of IATI – joining in November 2016.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO has taken action to issue the first sets of IATI compliant data and related transparency website in May 2017. In addition, information about funding flows to WHO programmes in countries is already publically available through the WHO Programme Budget Portal:

<http://extranet.who.int/programmebudget/> including a breakdown on funding by programme area, which includes the outbreak and crisis response programme area where humanitarian funding is allocated to.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

WHO will issue its digital platform which will allow it to publish timely, transparent, harmonised and open high-quality data on humanitarian funding. The objective is that, through the IATI process, the WHO Programme Budget Portal will be able to report on funding flows down to output level (activity level)

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

A key benefit of the increase in the level of transparency is an increase of stakeholders understanding of how WHO allocates humanitarian funds which is key to build trust and eventually encourage further investments.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

WHO joining IATI and publishing information of funding flows down to activity level.

Work stream 2 - Localization

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

WHO has a strong role in strengthening capacities of Member States (especially Ministries of Health) and partners to manage the health aspects of any type of emergency. As part of this responsibility, WHO provides evidence and science based knowledge and interventions to quickly detect, assess, respond to and manage infectious hazards that could lead to disease outbreaks, epidemics, pandemics and other health emergencies. This extends to our work in building local and national health responder capacity for preparedness, response and coordination which includes the following areas of activity.

- Engagement with local and national responders: As Health Cluster Lead Agency, WHO engages national NGOs in the overall response and provides coordination and linkages with other partners. WHO has also been working in support of and through national NGOs in several countries, e.g. over 60 national NGOs in Syria, 8 national NGOs in Iraq. A national NGO (SAMS) is Health Cluster Co-Coordinator in Turkey. WHO seeks to enable NGOs to have positions of influence and build future coordination capacity. Tracking of funding for local and national responders is under way.
- International Health Regulations (IHR): WHO has programmes designed to assess and strengthen critical core capacities for all-hazards health emergency preparedness and IHR in highly vulnerable countries. A new framework for IHR monitoring and evaluation was introduced in 2015 and a more international approach to national planning has commenced. Before May 2016, WHO and partners had conducted 4 Joint External Evaluations. There had been no new national planning activities conducted at this time.
- Operational Readiness: WHO conducts activities to strengthen the operational readiness of WHO country offices and partners for emergencies. As part of the WHO Emergency Programme, WHO has established an Operational Readiness work stream. As at the time of the Grand Bargain, a set of policies and mandatory readiness standards in all WHO country offices for audit and monitoring of implementation had been developed. Relevant guidelines and checklists had been drafted but not rolled out. WHO had conducted similar activities to strengthen capacities of countries in Africa which were assessed as having higher risk of Ebola (in addition to the three countries directly affected).
- National Emergency Operations Center (EOC) capacities: WHO works with partners for the improvement of national public health EOC capacity. WHO had developed an EOC Framework and provided support to countries for establishing and maintaining national EOCs. Prior to the Grand Bargain WHO had provided support to develop, manage and evaluate national health EOCs in two countries.
- Risk communication and social science interventions: WHO provides a range of activities to support the enhancement of national capacities for risk communication. WHO provides hands-on support for building capacities of frontline responders and decision makers for risk communication (e.g. developing national plans, simulation exercises). Support is also provided to facilitate community engagement and behavioural change communication using social science approaches and methodologies. This helps put communities at the heart of any emergency response.

- Global exercises on EOC operations: WHO manages and facilitates global, regional and national exercises which test country capacities and lead to recommendations for reviews of plans and procedures and the development of capacities.
- Global Alert and Response Network (GOARN): WHO manages the GOARN which facilitates and provides international assistance for alert, risk assessment and response to public health events and health emergencies.
- Emergency Medical Teams (EMTs): WHO has led initiatives aimed at increasing national and international capacities for health emergency response through expansion and strengthening of national EMTs. Four Emergency Medical Teams met WHO standards prior to the Grand Bargain.
- Safe Hospitals: WHO supports strengthening the safety and emergency management capacities of hospitals to withstand hazards and provide life saving health services in times of emergencies. Prior to the Grand Bargain, more than 70 countries reported that they were undertaking Safe Hospitals activities.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

Since May 2016, WHO has conducted activities aimed at strengthening local and national health responders' capacity for preparedness, response and coordination. These activities include the following:

- Global Health Cluster: The WHO-led Global Health Cluster has contributed to the Global Cluster Coordination Group work-stream on the operationalization of localisation including the development of tips sheets and best practice for ICCGs and clusters on how to ensure adaptation of coordination platforms to be more inclusive and meet the needs of all partners including national actors and governments. WHO has continued to facilitate the participation of national NGOs in country health clusters. More than 300 national NGOs participate in the 24 active health clusters globally. WHO is also working to strengthen the technical and management capacities of implementing partners in Syria and Iraq.
- International Health Regulations (2005): 32 Member States, supported by WHO and partners, have conducted 32 Joint External Evaluations across the world. A series of activities, including workshop have been conducted to develop national plans for health security in Pakistan and Tanzania.
- Operational Readiness: The operational readiness tool kit for countries reached the roll out stage. WHO conducted pilot tests of guidelines with collaboration with WHO region and country offices and selected countries, including Mekong River Basin countries (October 2016), Sudan and Mali. A bi-regional Vulnerability Risk Analysis and Mapping workshop for countries from Africa and the Eastern Mediterranean regions was conducted in Ethiopia in November 2016. WHO also contributed to inter-agency coordination on Emergency Response Preparedness (with OCHA and IASC partners) and disaster risk reduction (with the Capacity for Disaster Reduction Initiative) ensuring alignment of tools and activities. WHO

joined other agencies in Sudan and Somalia for Emergency Response Preparedness training workshops. A baseline survey of WHO Country Office readiness was conducted with 116 out of 148 countries responding.

- Emergency Operations Centres: The EOC NET and its evidence based guidance for Public Health Emergency Operations Centre (PHEOC) Development and Assessment “Framework” continued
- to be used as the basis for PHEOC assessments, development and improvement in order to establish fully functional PHEOCs in countries. The Framework has been used to guide PHEOC development plans and implementation in Malaysia, Portugal, Senegal, Kenya, Gambia, Guinea Bissau, Mauritania, Niger, Togo and Tanzania.
- Emergency Medical Teams: WHO has conducted workshops and trainings for national and regional EMTs in the Americas, Pacific, Europe, SE Asia and West Africa. Examples include Fiji, Philippines, Costa Rica and the regional response teams of the ECOWAS region among others. WHO mentors and supports Governmental and NGO EMTs in every region, and is currently directly supporting 75 teams to achieve minimum agreed standards of quality to more effectively deploy and clinically treat people affected by emergencies and outbreaks. This has included over 35 capacity building visits to teams in the last 12 months, and the peer review and “verification” of 8 teams (China, Russia x2, Japan, Australia, Israel, Australia and Costa Rica). WHO has conducted training for 120 national focal points and international experts in a series of 4 EMT coordination courses in the last 18 months, with a further 4 planned for 2017. This course teaches national emergency coordinators to more effectively deploy and coordinate their national first response medical teams and to call upon and coordinate the arrival and tasking of international EMTs using their existing Health Emergency Operations centres and structures. Further capacity building missions have occurred in countries at high risk of requiring assistance from international EMTs to train national focal points and Health EOC staff in these procedures (eg Turkey, Fiji, Ecuador, Philippines etc).
- Risk communication and social science intervention: WHO works with key partners such as UNICEF, IFRC and member States to provide strategy and tools for communicating risk and engaging communities for changing “risky” behaviours through behavioural change communications to contain epidemics. Recent examples include the multi-partner risk communication and community engagement strategy for Zika Virus Disease and its complications; for Yellow fever in Angola and EDC. Currently, more than 150 partners and individuals use a WHO-led coordination mechanism for risk communication and community engagement in emergencies. And the organization has a pre-trained contingent of 150 risk communications experts who can be deployed within 48 hours to any emergency anywhere. WHO’s strategies’ and advice for managing health emergencies is now accessible to decision-makers and front-line responders through new technological tools. Foremost amongst them are the Open WHO platform (www.OpenWHO.org) which can host hundreds of thousands of users to brief them on disease threats in emergencies, and mobile phone apps such as the Zika app.
- Safe Hospitals: The WHO Hospital Safety Index has been rolled out in the WHO European Region by Ministries of Health and national disaster risk management authorities. In 2016, 93 experts – including doctors, civil and maintenance engineers and emergency planning experts – from 14 European and 6 non-European countries were trained. This training was associated with the assessment of 118 hospitals in 7 countries in the WHO European Region using the WHO Hospital Safety Index tool in the period of 2015–2016. The assessments resulted in

recommendations for strengthening hospital safety and emergency management so that hospital services remain accessible and functioning at maximum capacity before, during and immediately after the impact of emergencies.

•

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

WHO will continue to implement its internal commitments to enhance support to local responders, including Ministries of Health and national NGOs, and improve their capacity to prevent, prepare for respond to and recover from outbreaks and emergencies. WHO will continue to scale up technical, material, financial and operational support to countries with the enhancement of the WHE Programme capacities.

- Implementing partners support. WHO will be refining its capacity building approach to strengthen technical and management capacities of implementing NGO partners.
- Operational Readiness: To support the roll-out of WHO Operational Readiness in WHO offices and partners, a 2 year road map will be developed in consultation with all regions and key WHO and WHE departments and units.
- Emergency Operations Centre Exercises: Planning with partners (USCDC, PHE and others) for the development and conduct of regional and global PHEOC functional exercises has begun during the 1st quarter of 2017. During the second quarter of 2017, exercise capacity and capabilities will be conducted with National PHEOCs that have volunteered to participate in the exercises to ensure the exercises scope and objectives are clear and agreed on.
- Emergency Medical Teams: WHO plans to conduct a series of 4 EMT coordination courses for national focal points and international experts in 2017.
- Risk communication and social science interventions: WHO will release the first-ever evidence based guidance for emergency risk communication later in 2017 and will operationalize its social science interventions network for enhancing community level work to reduce infectious health risks and to promote community engagement. The Organization will extend access to UN Agencies, NGOs, government agencies and other partners of its Open WHO platform for preparedness and just-in-time learning on infectious hazard management in any health emergency or humanitarian crisis.
- Safe Hospitals. At country, regional and global levels, a combination of activities will be conducted to support country and hospital level implementation of the Safe Hospitals Initiative. These include the roll out of the WHO Hospital Safety Index Training Package and the development of a global plan for scaling up the Safe Hospitals Initiative. WHO will continue to build bridges between Safe Hospitals and initiatives related to hospital security and climate resilience of hospitals.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

WHO continues to contribute to and benefit from the sharing of good practice and inter-agency collaboration with UN agencies, Member States and NGOs, as evident in the Joint External Evaluation and the roll out of Emergency Response Preparedness and the Capacity for Development Reduction Initiative.

Work stream 3 - Cash

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

There is limited evidence available of the operational practice and lessons on the use and efficacy of cash-based programming in the health sector. This lack of information limits learning and provides disincentives for the use of cash as a tool to improve health outcomes. Guidance, based on strengthened evidence, needs to be developed to understand the potential benefits for health of the different cash transfer modalities.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO is working together with partners to improve the evidence base on the use of cash in humanitarian health operations and has started the preparatory process to develop standards and guidelines for use of cash in humanitarian health operations. On 3-4 November WHO organized a cash work shop in Geneva to collect information and best practices on the use of cash in health service provision. A cash task team has been also been created under the Global Health Cluster which WHO leads together with World Vision to explore this issue further. WHO and the GHC have sought collaboration with existing cash platforms, such as CaLP and the Geneva based Cash Working Group, as well as inter-cluster work on cash led by OCHA.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

WHO together with partners will develop an initial position paper on the role of cash in the health sector. WHO will continue to expand the evidence base on the use of cash in humanitarian health interventions by developing research priorities and promoting research. WHO will develop standards and guidelines for use of cash in health humanitarian operations, based on field experiences with cash programming for health from partners. The work will lead to increased use of cash transfer modalities that are appropriate to the health sector alongside other approaches to finance access to quality health services.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 4 – Management costs

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

The baseline as of July 2016 is as follows:

- WHO launched functional alignment implementation of its new Health Emergencies Programme at HQ and Regional levels to streamline its emergency workforce.
- About 30 existing IT projects within WHO Health Emergencies Programme. The IT strategic priorities were not clear.
- Guided by the single Results Framework approved by World Health Assembly in May 2016, transition of workplans for all major budget centres in Global Management System at HQ and regional level started in July 2016.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO fully commits to Grand Bargain initiative, in the area of reducing duplication and management costs with periodic functional reviews. WHO Health Emergencies Programme participated in a Technical Workshop on Workstream 4 hosted by UNHCR and Government of Japan on 23 March 2017. The concrete progress made to date includes:

Outcome:

WHO Health Emergencies Programme (WHE) has completed alignment of functions across HQ, Regional and Country levels, with HQ and RO organigrams signed off by the end of 2016. The country-level alignment of functions has been initiated.

Outputs:

- WHO Health Emergencies Programme (WHE) has established an internal IT demand management mechanism. The WHE Executive Director has approved IT Guiding Principles, and empowered an IT Task Team to review all existing demand. The review process of all existing 28 IT projects has started.
- WHO Health Emergencies Programme has established single cost structure across HQ, Regional and Country levels for its 2017 workplans as per 2017 Results Framework endorsed by World Health Assembly in May 2016.
- WHO is fully engaged with UN Development Group on Business Operations Executive Strategy (BOS), which is currently being implemented at the country level together with United Nations Development Assistance Framework (UNDAF). WHO Country Cooperation Strategy Unit (CCU) continues to work on WHO country strategy in priority countries in alignment with UNDAF and BOS.
- Agreed upon priorities with WFP include increasing the capacity of the emergency supply chain, development of Logistics Response Trainings focused on health logistics with Logistics

Cluster, incorporating field operations guides in the Logistics Cluster, amending existing framework with WFP.

- Specific steps taken have been coordination on procurement and standards of certain items (e.g. personal protective equipment) with FAO and WHO, critical items list reconciliation across WFP, UNICEF and WHO, and operational synergies with WFP and UNICEF in the areas of warehousing and procurement.
- At the country level, WHO has been part of the BOS launch of a series of common service packages, such as GPS Tracking for Vehicles and Solar panel solutions. WHO continues to be actively engaged with the HLCM networks for Procurement, IT, Finance, and HR – these networks are also producing some interesting harmonization initiatives aimed at improving the quality and cost-effectiveness of service delivery (a good example being the ongoing country banking services harmonization project)

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

- By the end of 2017 standardize the priority country organigram for Health Emergencies Programme.
- By the end of June 2017 IT projects within Health Emergencies Programme are streamlined, targeting 3-5 IT projects of strategic importance at any given time to ensure coherence and efficient use of resources
- The 2018-2019 Programme Budget and Results Framework are based on the same principle of single cost structure across three levels. In May 2017 the 2018-2019 Programme Budget and Results Framework will be submitted to World Health Assembly for approval.
- Coordination of SOPs for PPE development with FAO, exploration of procurement synergies with UNICEF and the establishment of focal points within WFP and WHO to constitute a project coordination team for increased participation.
- Implementation of new Fleet Management strategy

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 5 – Needs Assessment

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO's new emergency programme has a department dedicated to health information management, risk and needs assessments. WHO is committed to supporting system-wide needs assessments for capturing real outcomes of humanitarian action by: a) promoting methodologies that are designed as multisectoral, population-based, with the right mix of quantitative and qualitative data; b) using sound indicators for health service coverage and health outcomes, including baselines and progress against the baseline; and c) using practical assessment tools that are quickly deployable, cost-effective, and adaptable to sentinel sites for initial and regular reporting on a wide range of outcomes. Most important of these have been the implementation of a standardized approach to risk assessments of acute public health events; roll out of Health Resource Availability Mapping assessments (HeRAMs, e.g. Nigeria, Syria, Yemen) and the establishment of early warning and response systems (EWARs) for infectious diseases (e.g. Nigeria, Nigeria, Syria, Yemen). HeRAMs assessments were shared largely with the IASC and assessed by partners as very useful in better understanding the health services availability and for more specific sub-national level prioritisation of health interventions. EWARs deployments are coordinated closely with UNICEF in particular but also beyond with IASC partners and results of surveillance assessments are regularly shared with OCHA and partners.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

In 2017, WHO will also participate and contribute to joint multi-hazard risk assessments and analysis. It will leverage other agencies capacities for conflict, hydro-meteorological, and economic forecasts and augment them with an analysis of their potential health impact on affected populations as well as when these fragile operational environments may lead to potential large scale outbreaks.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 6 – Participation Revolution

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time of the commitment, WHO had a code of conduct and applied it systematically for personnel deployed to the field. WHO participated in AAP methodology and collects feedback in an ad hoc manner. WHO frequently consults communities, and affected health workers on the implementation of the health response, often through its implementing partners. WHO applies guidelines of risk communications and social mobilization to affected populations and collects feedback at health facility level and through implementing partners.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO's community health and mobilization approach relies on context-specific health needs assessment that can identify priority health needs, target resources to address inequalities and involve local people in addressing and mitigating the factors that are affecting their health or contributing to the further spread of an outbreak, especially with women's groups. These approaches have been important in northern Nigeria (e.g. in tackling the polio and measles outbreaks), South Sudan, response to the Ebola outbreak in West African countries, Zika outbreak response, in Yemen (e.g. tackling cholera) and in the global response to Polio outbreaks (northern Nigeria, Syria, Iraq and Afghanistan). Mental health and psycho-social health programs in protracted crises. Where on-going humanitarian responses need adjusting or refinement, WHO is strengthening its feedback and complaints mechanisms to ensure that programmes can be adapted in real time, and explore how these can be made more effective with mobile technologies.

Addressing the mental health and psychosocial needs of national health workers in crises and areas where medical services are becoming a target of violent attacks is another area where WHO has applied an inclusive and consultative approach towards and started collecting direct feedback on services provided.

WHO has addressed the AAP policy through its surge trainings to humanitarian workers previously and has incorporated into the new online trainings on incident management system for WHO staff and desk officers.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

WHO aims to incorporate the voices of affected populations throughout the humanitarian project cycle – from needs assessment, to programme design, implementation and monitoring. Through close coordination with Ministries of Health and national disaster management agencies, affected government and civil society play pivotal roles in preparing for and responding to health emergencies. By the end of 2017 WHO will aim to fully integrate a new people centred approach – where accountability to affected populations (AAP), Protection, diversity and conflict sensitivity – are

fully embed in emergency response guidance and frameworks. More efforts will be required in 2017-18 to ensure consistent monitoring of the feedback and inclusion into planning processes.

WHO involves affected populations in needs assessments and in the process of determining humanitarian needs for the Humanitarian Response Plans. Feedback on patients' satisfaction is obtained through treatments centres, health facilities and mobile clinics. WHO will work towards documenting these more systematically in the future.

WHO is already participating in the AAP feedback platform in Yemen and in South Sudan and contributes implements AAP components in a majority of its G3 and G2 emergencies.

In the context of the Zika response in the Americas, cohort studies among risk exposed populations, especially women, were conducted to understand their concerns and needs in moving forward addressing the outbreak. The population was consulted during risk assessments and social mobilization activities.

WHO will work towards reporting more systematically on feedback received through medical consultations and social mobilization.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 7 - Multi-year planning and funding

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time of the endorsement of the Grand Bargain WHO did not have multi-year response plans and was not implementing multi-year funded humanitarian projects.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO is currently developing a protracted emergency framework which will provide guidance to multi-year humanitarian planning and funding. WHO aims to undertake joint analysis in three countries by the end of 2017 bringing together internally humanitarian and development actors.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

- Finalize the protracted emergency framework
- Enter into multi-year funding agreements with at least 3 donors

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

- The main benefit would be to obtain predictable, flexible and long term funding

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 8 - Earmarking/flexibility

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

Prior to the Grand Bargain was 74% of contributions received by WHO for humanitarian action were earmarked. A formal strategy and plan for increasing visibility of un-earmarked contributions was not in place.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

The objective is to reduce the number of earmarked contributions received by WHO for humanitarian action. WHO plans to increase the visibility of un-earmarked and softly earmarked funding and acknowledge un-earmarked donor contributions in donor updates and in annual report.

WHO participates with other organizations, in a process to jointly determine on an annual basis, the most effective and efficient way of reporting on un-earmarked and softly earmarked funding and to initiate this reporting by the end of 2017.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

- Participate in the IASC-led Humanitarian Financing Task Team pilot project for common donor reporting template 10+3.
- Increase the visibility of unearmarked and softly earmarked funds by acknowledging all donors.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

- In the long term we expect that if most donors agree with the common donor template, the reporting burden will be reduced; however, we are concerned that if a significant number of donors do not accept the template, the reporting burden will remain or increase.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

- Joint advocacy and action through the IASC Humanitarian Financing Task Team has proven to be effective in sensitizing donors and working with them to find solutions. WHO will continue to participate and contribute to the discussion.

Work stream 9 – Reporting requirements

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

Prior to the Grand Bargain agreement WHO had a standard reporting template for humanitarian emergencies and provided one annual humanitarian report for G.3 countries (Syria).

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO is currently updating and expanding reporting guidelines as well as developing standard reporting templates for humanitarian emergencies, disease outbreaks, and core grants. The purpose of these activities is to enhance the quality of reporting to better capture results, enable learning and increase the efficiency of reporting. The objective is to develop annual reports for all countries that have a grade 3 emergency. In parallel WHO will improve its online platform to disseminate information on its operations.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

WHO attended the Grand Bargain Reporting Workstream workshop in Berlin on 24 March 2017. WHO has until end April 2017 to confirm:

- whether it commits to participating in the pilot project
- if so, whether it will implement the pilot in all three countries, or just one
- whether WHO's implementing partners would also participate in the pilot. This means that WHO would be responsible for introducing the 10+3 template to NGOs and briefing them on its use.

4. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

5. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Work stream 10 – Humanitarian – Development engagement

6. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

Prior to the Grand Bargain, WHO humanitarian action did not support the implementation of SDGs at country level. There was no definition of what an Essential Package of Health Services in emergencies would be and therefore it was not possible to assess how longer term programming could be organized to deliver essential health services to the population beyond acute emergency requirements. While there was some interaction at HQ level between humanitarian and development counterparts within the organization, such collaboration was ad hoc, often depending on parallel processes in analysis, planning, and programming.

7. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

WHO has taken an active role in enhancing the engagement between humanitarian and development actors. WHO co-chairs (with UNDP) the Inter Agency Standing Committee (IASC) Task Team on Strengthening the Humanitarian and Development Nexus (HDN) in Protracted Settings. On behalf of the Task Team, WHO has undertaken a mapping of existing initiatives and processes which form the nexus between humanitarian and development work.

In turn, this mapping informed various inter-agency discussions and meetings, providing a common analytical understanding of the major issues and gaps. Chief among these discussions was the one that took place with the UN Working Group on Transitions to ensure both groups work hand in hand. This workshop, the first of its kind, ensured that a concrete road map on how to implement the 'New way of Working' was designed and co-owned by not only humanitarian agencies but their development counterparts as well. Thus, the work of the Task Team contributes greatly to defining the parameters of HDN and the New Way of Working. Some contributions include:

- A paper, that conceptualizes A typology of contexts which can be used to inform different ways to go about implementing HDN and defining and reaching collective outcomes
- Contributions to the discussions around, the building blocks of HDN have also been defined: joint situation/problem analysis, joined-up planning and programming, empowered leadership structures to bring all actors together, and appropriate financial modalities geared to support the implementation of collective outcomes
- Country Teams have been encouraged to call for support. Sudan will be the first case where coordinated support is provided to a country team to work on HDN / New Way of Working.
-

Internally, as a concrete measure to bridge the gap between humanitarian and development, WHO has committed to:

- Define an essential package of health services (first draft is done and being consulted with partners)
- Define methodology to cost the international support to deliver the essential package of health services (being defined alongside with the package's definition)

- Progressively expand access, coverage and quality of an Essential Package of Health Services to all populations, including populations affected by emergencies. The support and building of local and national capacities is the cornerstone of this work and strong cooperation is ongoing between the WHO Health Emergencies Programme and the WHO Health Systems Strengthening Programme. The objective is to create a mutual accountability for WHO humanitarian action and WHO health systems strengthening action to ensure delivery of the package in a sustainable manner. In Sudan, in parallel to the inter-agency support mission WHO will work at ensuring this linkages between humanitarian action and health systems strengthening. Humanitarian and health systems tools and procedures are also being reviewed to ensure coherence and complementarity.
- WHO has set an objective that the humanitarian action supports implementation of Sustainable Development Goals in at least 3 countries by the end of 2017. Social protection schemes are being reviewed as WHO looks at the relevance and modalities of implementation of cash/vouchers/insurance based programmes to support health action in crises, given the limited evidence available regarding these types of interventions in the health sector (cf workstream 3 on cash). This work is being developed jointly with the definition of the essential health package of services so as to ensure coherence.
- Given that protracted crises (where a strong HDN is needed the most) are often driven or exacerbated by conflicts-WHO is also developing a concept of “peace through health” which will ensure that programmatic tools and guidance exist for WHO country offices to be able to implement a suite of activities that contribute to “sustaining peace”, in line with the two resolutions of the UNGA and UNSC recently passed. Currently the WHO whole-of-Syria programme is already implementing some of these activities, starting with a common analysis of the situation and conflict sensitive programming.

Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

At the Inter-agency level WHO plans to continue to lead the progress towards the concrete implementation of the humanitarian development nexus, through the IASC and continue to influence discussions in the Chief Executive Board (CEB), and UN Working Group on Transitions. Through a series of consultations within and outside the UN, WHO will take the lead in drafting an IASC wide position paper outlining a shared narrative around key issues around the humanitarian-development nexus. Over the next two years, WHO as co-chair, the drafting of common terms of reference for joint missions to support country teams, and work on capturing lessons and good practices.

Internally, WHO will make concerted efforts where possible to align analysis and planning across humanitarian and development pillars in the organization.

In addition, guided by the reality that protracted conflict settings are where the strongest collaboration across the nexus is needed, WHO will be integrating ‘new way of working’ principles in both is Protracted Emergency Framework, as well as the WHO corporate policy on responding to the health needs of migrants and refugees.

The latter guidance document will focus on a two pronged approach, blending humanitarian and immediate lifesaving assistance, and long-term development oriented health systems strengthening focused on advocacy and inclusion of refugees into host community social safety nets.

WHO has already increased its work on prevention and preparedness to infectious hazards by the implementation of Joint External Evaluations (completed in 34 countries to date, with 25 more planned in 2017), which ensure a peer-to-peer review by WHO and other Member States of Member States capacities for International Health Regulations implementation. The Yemen and Ukraine WHO emergency programmes have also shifted from a yearly programming schedule to biannual programming, to align with the regular WHO programmes. For the Horn of Africa and South Sudan, the WHO programme of work related to the response to pre-famine levels is also looking beyond the acute phase of the emergency in order to build local capacities and international responsiveness to such future cyclical crises.

And in terms of prevention, mitigation and preparedness, WHO is an active participant to the IASC Early-Warning / Early-Action report, which twice a year reviews the highest humanitarian risks towards early action. A dedicated page on infectious events was agreed which WHO populates when relevant, and WHO also informs the report on the potential health consequences of the highest risks identified. And WHO also is an active participant in all PDNA and RPBA efforts done at global as well as at country level to do harmonized evaluation and costing of recovery requirements.

8. Efficiency gains (optional for year 1)

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

It is still early to speak of efficiency gains as the methodology of work is very recent but we already see a strong progress in team-building at country level, and the leveraging of strong technical expertise beyond the humanitarian programmes in order to deliver for populations.

The definition and costing of the essential package of health services will also bring a great deal of standardization and predictability for all health actors.

And at inter-agency level, implementation of the work of the IASC HDN TT will also create a lot of efficiencies in ensuring that situation analyses are not duplicated and that coherent programming is done across shorter and longer-term objectives, closing gaps and avoiding duplications.

9. Good practices and lessons learned (optional for year 1)

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

- Definition of the Essential Package of Health services: important first step towards systematising the approach
- Concrete joint health programming in Yemen, Sudan and Ukraine: country examples
- Concrete joint planning in the Horn of Africa and South Sudan: ongoing