Grand Bargain in 2018:

Annual Self Report – Narrative Summary

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(NB. Please limit your answer to no more than 3 pages in total – anything over this word limit will not be considered by ODI in their analysis. Please respond to all of the questions below.)

Question 1: Reflecting on the information you have provided in the Excel spreadsheet, please highlight the 2 or 3 key outcomes or results relating to the Grand Bargain that your institution achieved in 2018?

Based on the workstreams prioritized by signatories (cash, joint needs assessments and localization) and the "core commitments" identified by ODI after the 2018 High Level Annual Meeting, as well as the importance placed on mainstreaming the Humanitarian-Development Nexus across all workstreams, WHO considers its key Grand Bargain results for 2018 being in the following areas:

1) **Progress in mapping, identifying barriers and enablers to, and improving WHO's localization practice.** With increased interaction with local partners at the core of WHO's new General Programme of Work (GPW13, 2019-2023), a baseline analysis was done in summer 2018 to map the amount and content of "direct as possible" transfers of WHO funding to local partners (as defined by the Localization workstream) – with a view to using this information to inform and strengthen WHO's programming. The analysis and two adjoining surveys to local partners and WHO country offices found, positively, that as of the end of 2017/early 2018, WHO was transferring approximately 18% of total country spending on localized categories of local actors (local NGOs, private sector, academia and government) – just under the Grand Bargain core commitment of 25% by 2020, with some countries exceeding the target. Progress is ongoing to map and document WHO's localization practice, but while also acknowledging contexts (e.g. conflict situations) where it may be advisable to continue relying on international partners (NGOs and private sector).

   In addition to the analysis, WHO continued to support the development of national Emergency Medical Teams (EMTs) as first responders to emergencies. 22 EMTs were classified as meeting the EMT guiding principles and core standards for international deployment in 2018. 83 other teams were in the mentorship process and received direct support to reach the minimum standards to achieve classification, with this number continuing to increase.

2) **Developing WHO's approach to increased humanitarian-development collaboration.** WHO was active in this area in 2018 in its role as co-chair of the IASC Task Team on the Humanitarian-Development Nexus (HDN). Within this collective, WHO co-hosted a Community of Practice for HDN practitioners which regularly meets, and co-organised two regional workshops on identifying collective outcomes held in Entebbe, Uganda and Dakar, Senegal. WHO has also been actively collaborating within the Sustainable Development Goal 3 Global Action Plan framework to integrate SDG3 in fragile settings in a cross-sectoral, inter-agency perspective. WHO works within Accelerator 7 on innovative programming in fragile countries and outbreaks response, to collaborate with health systems, emergency programs and existing partner frameworks – and plans to roll this out in Yemen, CAR, and Nigeria in 2019.

   As an agency, WHO joined the growing community of actors aligning their country planning and programming with the HDN –

- in Ukraine, at the Resident Coordinator's request, WHO designed a health sector methodology that aligns development, humanitarian and peacebuilding programmes across sectors, which led to a Ukraine HDN workshop and 3 collective outcomes that informed the Ukraine Humanitarian Response Plan's strategic objectives.
- Exploratory work was also done in Syria and Nigeria, with a "fit-for-peacebuilding" strategic review of the planned humanitarian and development interventions in Syria which identified 3 pillars (workforce, health services, and mental health) where WHO can leverage its reach, expertise, and capacities to contribute to social cohesion; in Nigeria, a corporate WHO (HQ-regional-country) mission looked into using the SDG target for UHC as a collective outcome.

3) **Strengthening Humanitarian Needs Overviews and contributing to Joint needs assessments.** Despite the increased demands placed on WHO's health information management and monitoring capacity by the two DR Congo Ebola outbreaks in 2018, there was a clear prioritization placed on WHO's role as a provider of health sector (and cross-cutting) data in the Humanitarian Programme Cycle, and as a contributor to the development of a single Joint Needs Assessments (JNA) framework. This prioritization was endorsed by WHO's Deputy Director General for Emergencies across WHO's country network, and the expansion of Public Health Information System (PHIS) tools in countries (see Matrix reporting for more details on countries) fed directly into stronger health sector and cross-sectoral chapters (e.g. gender, protection and market analysis) of Humanitarian Needs Overviews. WHO also worked within the Joint Inter-Agency Group (JIAG) on developing the methodology for a single joint needs assessment framework and was active within the DFID UN Humanitarian Business Case working group on strengthening HNOs.

Question 2: Please explain how the outcomes/results will lead to long-term institutional changes in policy and/or practice.

The **localization analysis and expansion of Emergency Medical Teams** are two tracks towards the single goal of empowering and enabling local actors: the localization analysis is WHO's first Grand Bargain-focused attempt to comprehensively document the patterns, challenges and enablers of localization-eligible partners receiving WHO funding, and this is intended to translate into guidance for WHO HQ and country managers in working with local partners in ways that promote multi-year, accountable and softly earmarked WHO funding arrangements. EMT mentorship and guidance on the other hand feed into the capacity strengthening dimension of localization – the goal of supporting and growing a network of capable, nationally and internationally deployable first responders.

Expanding WHO's **humanitarian-development-peacebuilding practice** puts WHO in the same direction as the swinging pendulum towards more country-focused and communities-centred interventions that both respond to emergencies and address root causes of fragility and conflict. This is recognised within WHO in the form of the emerging strategy on Universal Health Coverage in Fragile and Conflict-Affected Countries, which will link two of the three "Billions" that WHO's General Programme of Work 2019-23 is targeting – victims of health emergencies, and people in weak development contexts who require universal access to healthcare.

Strengthening needs assessments speaks to the leveraging of WHO's comparative advantage in gathering health sector data on outbreaks, the availability/condition of healthcare services and the needs of affected populations, so they may be used towards strengthening coordination mechanisms and tools (e.g. the Humanitarian Programme Cycle) and informing the analysis and use of cross-sectoral data such as gender and protection. WHO continues to work towards ensuring its PHIS tools are usable across sectors by as wide a range of actors (health and non-health), and in 2018 it worked with partners such as OCHA and IOM to find ways in which data collection best practices and experiences could be shared.

Question 3: How has your institution contributed to the advancement of gender equality and women's empowerment [1] in humanitarian settings through its implementation of the Grand Bargain? What results/outcomes have been achieved in this regard? (please outline specific initiatives or changes in practice and their outcomes/results). Please refer to the Guidelines for definitions of Gender Equality and Women's Empowerment, which are included in this self-report template package.

Gender is a key component of WHO's new General Programme of Work (GPW13), built on the "Three Billions" of beneficiaries that WHO is targeting for improved health outcomes (UHC, emergencies and healthier populations), embodying all gender angles including equal access to healthcare across genders and community contribution to programming.

Question 4: How has the humanitarian-development nexus been strategically mainstreamed in your institutional implementation of the Grand Bargain commitments? Please explain how your institution has linked commitments 10.1 - 10.5 with other commitments from other workstreams.

See above response in Q1 and Q2 on the work undertaken jointly and individually by WHO on the Humanitarian-Development Nexus. Within WHO's Health Emergencies Programme, the mentioned UHC in FCVs approach, once finalised in 2019 alongside WHO's corporate Transformation process, is expected to align country interventions towards a collaborative humanitarian-development track.

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[1] Refer to the IASC definitions of gender equality and women empowerment, available here.