

**Grand Bargain in 2021:**

**Annual Self Report – Narrative Summary**

**Name of Institution:** WHO

**Point of Contact (please provide a name, title and email to enable the consultants to contact you for an interview):**

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(NB. Please limit your answer to no more than **4 pages in total** – anything over this word limit will not be considered. Please respond to all of the questions below.)

### **Grand Bargain in 2021**

**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 2021?**

**Transparency:** WHO annually updates the Global Health Expenditure Database (GHED), with data on health expenditure for 192 countries, using available information such as health accounts data, government expenditure records and official statistics. In 2021, individual country profiles have been included in the database, as well as technical notes, methodology guidelines, global, regional, country reports on health expenditure. Moreover, last year WHO has completed the implementation of all 15 recommendations of the 2016 Joint Inspection Unit Report on Fraud Prevention, Detection and Response in UN System Organisations.

**Localization:**

1. With the support of the COVID-19 Solidarity Response Fund, WHO is engaging grassroots civil society organizations (CSOs) in jointly planned actions to respond to COVID-19 at the local level in alignment with the whole-of-society support to national strategies on mitigating the impact of the pandemic. Fifty-four CSOs, selected via calls for proposal, receive direct financial and programme support to strengthen readiness and resilience in their communities to respond to the current and future public health emergencies. The initiative is appreciated by partners as a path towards empowering community ownership, enhancing participatory governance, building trust in public health, and strengthening global solidarity in building back better and preparing for future emergencies.
2. WHO is currently working on a Strategy for implementing Localization at the field level to assist WHO country offices (WCOs) and regional offices in identifying, implementing, and sustaining partnerships with local health actors (national NGOs, community-based organizations, local authorities, etc). The goal is to produce a Localization Roadmap and a Framework, tailored to the specific needs of the health sector, that WCOs find useful and relevant to their response activities. The strategy will also be an important tool to making WHO's work on the HDP Nexus more coherent, particularly in the health sector as a contributor to peace.

**Question 2: Briefly explain how the outcomes contribute to achieving the Grand Bargain 2.0 enabling priority 1 (quality funding).**

*Enabling priority 1: A critical mass of quality funding is reached that allows an effective and efficient response, ensuring visibility and accountability.*

*(For ease of reference, see Senior Officials Meeting recommendations [here](#).)*

Despite donors' commitment to increase the volume of flexible funding, the share of non- or softly earmarked contributions fell back to 8% in 2021. This constitutes a return to pre-pandemic levels, following a spike at 41% in 2020, and shows a continued need

to ensure appropriate levels of flexibility to allow us to respond to emergencies effectively and efficiently. The picture is more encouraging with regards to funding predictability: multi-year contributions represented 77% of WHO's emergency funding in 2021 (up from 40% in 2020). We note however that one donor (Germany) provided 65% of WHO's multi-year funding in 2021. With regards to increasing its levels of accountability to donors and affected populations, WHO is analysing what is missing or insufficient in current reporting and data publication. Specifically, WHO is enhancing transparency on its funding flows through increasing the timeliness and comprehensiveness of data reported to the IATI standard (e.g., by going from a Quarterly to a Monthly data publication).

**Question 3: Briefly explain how the outcomes contribute to achieving the Grand Bargain 2.0 enabling priority 2 (localisation and participation).**

*Enabling priority 2: Greater support is provided for the leadership, delivery and capacity of local responders and the participation of affected communities in addressing humanitarian needs.*

Both Localization initiatives mentioned above testify the recognition of the need for a continued, systematic, and meaningful local and national actors' engagement in decision-making, planning, monitoring, and accountability in the context of strengthening community readiness and resilience to public health emergencies throughout the humanitarian program cycle.

**Grand Bargain and cross-cutting issues**

**Question 4: How has your institution contributed to the advancement of gender equality and women's empowerment<sup>1</sup> 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.

Throughout 2021 WHO/WHE invested concerted efforts to develop its first Gender Mainstreaming strategy for the Emergencies Programme (2022-26). A central objective is to ensure the programme is gender responsive, through the integration of gender analysis across its guidance and strategies. WHO participated in the UN Joint Study on the Status of Gender Equality and Women's Leadership in DRR (GEWEL-DRR study), and the development of the implementation framework of the recommendations emerging from the report. Moreover, WHO continued to support the collection and dissemination of sex disaggregated data, as exemplified by the weekly COVID19 reports issued by the South-East Asia Regional Office, and the publication of the Research Brief on using Multidimensional Poverty Index (MPI)

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<sup>1</sup> Refer to the IASC definitions of gender equality and women empowerment, available [here](#).

in emergencies. These resources inform decision making and prioritization of emergency preparedness and response strategies, including those of the Health Cluster at country level, and support the integration of considerations of gender inequalities into planning.

**Question 5: 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.

In 2021, WHO's focus with respect to the Humanitarian-Development-Peace Nexus has been threefold: supporting/leading the UN system's efforts to combat the COVID-19 pandemic particularly in low-capacity and fragile and conflict-affected (FCV) countries, "stay and deliver" in continuing to support Ministries of Health to combat infectious hazards in conflict and natural disaster settings, and to continue the organization's goal of achieving Universal Health Coverage (UHC). Through the Global Health for Peace Initiative (GHPI)'s conceptual development in 2021, WHO worked closely with the UN's Peacebuilding Support Office and non-UN peace actors to articulate a more proactive role for health in building social cohesion in the African and Middle East regions, and a WHO-led peacebuilding project in the Sahel region of northern Cameroon was approved and funded by the UN Peacebuilding Fund, with health and peace linkages present in other PBF-funded projects such as in Burkina Faso.

**Question 6: Has your institution taken any steps towards improving risk sharing with its partners? If so, please describe how.** *(For ease of reference, please see a set of actions to enhance risk sharing as suggested in the Netherlands and the ICRC [Statement on risk sharing](#).)*<sup>2</sup>

- Under UNFPA's IASC PSEA Championship, WHO contributed to the development of the Implementing Partners Protocol package, to facilitate a coordinated approach to operationalizing the United Nations protocol for preventing sexual exploitation and abuse (PSEA) among non-governmental implementing partners. The coordinated approach is designed to be used for shared partners. Although it is recommended that the UN entities assess their non-shared partners at the same time, each UN entity will undertake those assessments according to their own internal approaches, which may call for a gradual and phased approach. The Implementing Partners Protocol package also includes assessment, scoring and capacity strengthening and monitoring tools.
- WHO runs monthly interactions with Health cluster coordinators and other leaders in FCV countries where the risk of SEAH is routinely discussed.

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<sup>2</sup> During the 2021 Annual meeting and in consultation leading up to this Signatories have expressed a strong interest in advancing the risk-sharing agenda. As communicated, the Netherlands, ICRC and InterAction are in the process of setting up a Risk Sharing Platform. This work will benefit greatly from an inventory of Signatories' risk-sharing practices.