

Grand Bargain in 2022:
Annual Self Report – Narrative Summary

Name of Institution: WHO, World Health Organizations

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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 the questions below.)

Grand Bargain in 2022

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 2022?

Localization: Building on the lessons learned from the pandemic response, WHO has continued leveraging stronger collaboration and coordination at all levels with non-State actors. Examples of strategic and harmonized engagement with non-State actors (NGOs, academic organizations, private sector, and philanthropic groups) in emergencies include:

1. WHO has received an unprecedented number of proposals for engagement in support of its response to Ukraine crisis involving more than hundred partners from non-State actors working closely with WHO and Ukraine authorities to assist population and communities.
2. Since January 2022, WHO has established several engagements with non-State actors that facilitated donation of technically qualified medicines for non-communicable diseases treatment, provision of pro-bono services to ensure the shipment of medical equipment, contributing to deliver critical medical supplies.

Participatory Revolution: WHO and Health Clusters (HCs) advocates for Inter-agency Assessments for the identification of the humanitarian needs, and because of this, HCs actively participate in developing the health component of HNOs, HRPs and needs assessments conducted in at least 25 of the 29 activated responses during 2022. Global Health Cluster (GHC) Information Management Task Team (IMTT) workplan includes development of guidance for including health in multi-sector needs assessments and Rapid Health Assessments (RHA) based on the GHC Core Indicators, including AAP as an integral component. Is expected to incorporate changes in data collection processes, such as remote and digital collection and the use of secondary data.

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](#).)

In 2022, WHO has aligned its definition of multi-year funding with the Grand Bargain definition, considering agreements covering more than 24 months (vs. 12 months previously). This means that data for 2022 is not comparable to previous years as presented in the xls table. The proportion of multi-year funds in 2022 according to this definition (7%) represented an increase from 5% in 2021. Also, the proportion of designated and flexible funds increased, reaching 16% (from 8% in 2021).

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.

WHO is finalizing a Localization Strategy 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 Strategy has been drafted in close consultation with the following benchmark countries: Afghanistan, Syria, Somalia, South Sudan, and Mali.

Question 4: Has your institution endorsed the caucus outcome document on quality funding, on the role of intermediaries, on cash coordination, Yes/No?

If yes, briefly describe the actions you took to contribute to the implementation of the outcomes of the caucuses.

If not, please explain why.

Caucus Outcome document on Quality funding: YES

(i) WHO has aligned its definition of multi-year funding with the Grand Bargain definition, considering agreements covering more than 24 months (vs. 12 months previously); (ii) Number of updates on the allocation of unearmarked and softly earmarked funding through the WHO Programme Budget web portal has increased from quarterly to monthly.

Caucus Outcome document on the role of intermediaries: YES

(i) WHO is finalizing a Localization Strategy; (ii) WHO is working on the review of Grants Agreement Templates to introduce a standardized practice of provision of overheads to implementing partners; (iii) Challenges in capturing cascading funding still need to be overcome. However, a review of the WHO Global Management System (GSM) is undergoing.

Caucus Outcome document on cash coordination: YES

(i) WHO believes this is an important step towards improving the coordination of multi-purpose cash with focus social protection planning with strong involvement and support of national authorities; (ii) It is in line with WHO's position in that it formalizes Cash Working Groups (CWG) with co-chairing arrangements under the Inter Sector/Inter Cluster Coordination Group chaired by OCHA; (iii) WHO equally appreciates the context driven approach of the proposed model which makes it adaptable to various context with engagement of local actors and authorities; (iv) WHO supports the fact that the new model acknowledges that sector specific Humanitarian cash and voucher assistance (CVA) will remain under the respective clusters.

Grand Bargain and cross-cutting issues

Question 5: How has your institution contributed to the advancement of gender equality and women's empowerment¹ 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).

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

WHO continued to collaborate closely with other United Nations, Inter-Agency Standing Committee and humanitarian partners on PRSEAH. Key collaborations during the period under review include the following.

- As part of the United Nations-wide collaboration, WHO adhered to planning and reporting requirements (including entering data on sexual exploitation and abuse on the United Nations iReport platform).
- Training and learning: with United Nations Volunteers, WHO ran in June 2022 two workshops, in English and French, on sexual exploitation, abuse and harassment to 60 volunteers serving with WHO.
- Expanding PRSEAH capacity: WHO is working with UNICEF and other United Nations entities to develop a global framework for cooperation with governments on prevention of sexual exploitation and abuse, within the context of all public health and humanitarian responses, that establishes shared obligations and a coordination structure for receiving and referring allegations of sexual exploitation and abuse.
- WHO is supporting the Inter-Agency Standing Committee Secretariat to pilot this package on assessment and capacity-building for implementing partners in the refugee response in Ukraine. The Working Group has also developed a module on preventing sexual exploitation and abuse for the United Nations Partners Portal that should be operational by the end of the year.
- WHO worked closely with the Inter-Agency Standing Committee Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment as an active member of the IASC Technical Advisory Group.

Question 6: 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 - 10.5² with other commitments from other workstreams.

(i) improving humanitarian delivery (i.e. the GB) should not be an end in itself, but rather a means to better link humanitarian objectives to development outcomes (the Nexus). A key example of this is the WHO Localization Strategy which not only seeks to incorporate the GB and IASC's localization principles into WHO's emergency response frameworks, but also aims to ensure that targeted, sustainable local capacity strengthening can positively enable humanitarian-development transitions and greater local ownership of future emergency response, the rebuilding of local and national health systems and workforces, nationally-led emergency preparedness plans and longer-term development initiatives such as the Agenda 2030, urban-centered health, disaster risk reduction, community care pathways for health and Universal Health Coverage.

(ii) working on the Nexus can help reduce the drivers of humanitarian need and humanitarian delivery more effective. In 2022, the Global Health for Peace Initiative (GHPI) was put on the agenda of the 75th WHO's World Health Assembly (WHA), with the objective of institutionalizing the "health for peace approach to programming". That approach promotes conflict (and peace) sensitivity across WHO's areas of work in countries and where possible, the pursue of peace outcomes as well as health outcomes through its operations, whether in humanitarian or development settings.

² Refer to the original Grand Bargain agreement, available [here](#).

OPTIONAL QUESTION:

Question 7: Has your institution taken any steps to share risks with its partners? If so, please describe how. *(For ease of reference, please see a set of actions and recommendations to enhance risk sharing as suggested in the report [Risk Sharing in Practice](#), June 2022, commissioned by the Netherlands and the ICRC).*