

CORE COMMITMENT	RESPONSIBILITIES: INDIVIDUAL (All, Donor or Aid Organization) or JOINT (All, Donor or Aid Organization)	WHAT ACTION WAS TAKEN IN 2022 TO ACHIEVE THIS COMMITMENT?	WHAT WERE THE RESULTS/OUTCOMES OF THIS ACTION?	WHERE RELEVANT, WHAT RESULTS WERE REPORTED AT COUNTRY LEVEL, AGAINST THIS COMMITMENT? (Please specify countries, AID results)	HOW WERE CONSIDERATIONS OF GENDER EQUALITY AND WOMEN'S EMPOWERMENT[1] INTEGRATED IN YOUR INSTITUTIONAL EFFORTS TO IMPLEMENT THIS COMMITMENT?	INDICATOR DEVELOPED BY WORKSTREAM CO-CONVENERS	PLEASE REPORT THE REQUESTED DATA FOR THIS INDICATOR FOR 2022	PLEASE REPORT THE REQUESTED DATA 2021 FOR INDICATORS 2.4, 7.1 AND 8.2 (TO ALLOW COMPARISON WITH 2022) - CELLS HIGHLIGHTED IN GREEN
WORK STREAM 1 - TRANSPARENCY								
1.2. Signatories make use of appropriate data analysis, explaining the distinctiveness of activities, organizations, environments and circumstances.	Individual - all	WHO starts publishing on a monthly basis, qualitative, transparent and harmonized open data on humanitarian funding received, based on IATI standards. Enhancements on more defined humanitarian funding information have been implemented. The reporting of PAHO and WHO has then been finally harmonized.	WHO has implemented 15 out of 15 joint inspection lists (JIL) recommendations, by implementing the Organization has been updating its anti-fraud/anti-corruption policies and related strategies and tools (including a corporate fraud risk assessment exercise). WHO has enhanced its Business Intelligence functions with additional dashboards to detect fraud. WHO is in the process of replacing its entire ERP system, including leveraging technology to embed automated internal controls (including anti-fraud detection and preventive controls) in its design.	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. Individual country profiles have been included, as well as technical notes, methodology guidelines, global, regional, country reports on health expenditure.	Throughout 2021 WHO/WHO invested concerted efforts to develop its first Gender Mainstreaming strategy for the Emergency Programme (2022-2026). A central objective is to ensure the programme is gender responsive, through the integration of gender analysis across its guidance and strategies. Moreover, WHO continued to support the collection and dissemination of sex disaggregated data, as exemplified by the weekly COVID-19 reports issued by the South-East Asia Regional Office, and the publication of the Research Brief on Multidimensional Poverty Index (MPI) in emergencies.	Are you (or any of your affiliates) using IATI data and accessing IATI-compatible data platforms and tools (or different data standards/platforms/tools) in order to enable evidence-informed decision-making, greater accountability and transparency? [2] (Yes/No question) Can you expand on your above answer, giving an example(s) of how you use or are intending to use data published via IATI, or when applicable via other data standards/platforms/tools?	Yes, WHO implements IATI by publishing humanitarian operations' information in IATI's agreed electronic format (XML) in WHO Programme Budget webportal, before linking to the IATI Registry. In order to ensure ease of use and better transparency, each country of operation is reported in a single xml file that can be freely downloaded.	
WORK STREAM 2 - LOCALISATION								
2.3. Increase and support multi-year investments in the institutional capacities of local and national responders, including preparedness, response and coordination.	Individual - all	WHO continued to conduct activities to strengthen the operational readiness of countries, WHO country offices and partners for emergencies. WHO supported strategic health emergency risk assessment and mapping in priority countries to guide risk-informed programming to prevent, prepare for and reduce the level of risk associated with health hazards.	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.	20 Country Health Clusters/Sectors out of 29 (69%) have responded to a survey on national NGOs' participation in Country Health Clusters/Sectors. 45% of respondent clusters have 20 or less than 20 NGOs, 30% have between 21 to 40, 20% has between 41 and 60, and only 1 has more than 60 national NGOs. 95% of the respondent clusters do not have a NNGO co-ordinating Health Clusters, and only 1 cluster (Syria - Turkey Cross-border) has a NNGO as co-coordinator.	Under UNHCR'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, reporting and capacity strengthening and monitoring tools. WHO runs monthly interactions with Health cluster coordinators and other leaders in Fragile Conflict-affected and Vulnerable (FCV) countries where the risk of SEA is routinely discussed.	% of partnership or funding agreements that incorporate multi-year institutional capacity strengthening support for local and national responders, with equal reporting on the % awarded to women-led and/or women rights' organizations[3]	N/A	
2.4. Achieve by 2020, a global aggregated target of at least 25% of humanitarian funding to local and national responders as directly as possible to improve outcomes for affected people and reduce transaction costs.	Individual - all	In the course of the 2021-22 budgetary Biennium, WHO transferred almost 40% of its donor funding directly to implementing partners. The comparable figure for the previous biennium was 42%. A slight decrease in supply of different sort, but still a large amount of funding received and allocated for the COVID-19 response in fragile and conflict-affected countries.	WHO is still able to ensure a flexible COVID-19 response and to allocate multi-year award to national/local implementing partners. It has been able to deliver capacity building activities and to work with national and local authorities on improving people-centered public health policies in emergencies.	Out of the 40% of direct funding, most has been allocated to the AMHO Region and EMHO Region.		Total volume, and % of humanitarian funding awarded as directly as possible to local and national responders, with equal reporting on the % of that funding awarded to women-led and/or women rights' organizations.	40% PAHO for the American Region is excluded from the analysis.	42% (2020-2021). PAHO for the American Region is excluded from the analysis.
WORK STREAM 3 - CASH-BASED PROGRAMMING								
3.1.3. Increase the routine use of cash where appropriate, alongside other tools. Some may wish to set targets.	Individual - all	Due to the unique needs and challenges of the health sector, WHO and the health sector are not yet implementing multi-purpose cash as a delivery mechanism. WHO and the Health Cluster did however contribute to cash coordination discussions and develop CVA guidelines within the Global Health Cluster Cash Task Team.	In 2022, all Health Cluster Coordination have links with the Cash Working Group (CWG) through IECG. More specifically for health, 59% of clusters are actively using cash modalities to enhance health care access.	23% of respondents of a Global Health Cluster Survey, launched every year, reported to consider cash and vouchers assistance within the response options analysis. The Survey has been completed by 10 HCC from Bangladesh, Colombia, Iraq, Libya, Nigeria, Northeast Syria, Pacific, Somalia, Ukraine, Yemen. (Cash not generally used in the Pacific). Survey conducted Dec 2022	Throughout 2021 WHO/WHO invested concerted efforts to develop its first Gender Mainstreaming strategy for the Emergency Programme (2022-2026). 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 DR (GEWEL DR 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 to 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.	Total volume (USD value) transferred through cash, transfer value only, excluding overhead/support costs	N/A	N/A
WORK STREAM 4 - REDUCING MANAGEMENT COSTS								
4.5. Make joint regular functional monitoring and performance reviews and reduce individual donor assessments, evaluations, verifications, risk management and oversight processes.	Joint - donors							
	UN agencies	WHO has continued to collaborate with non-state actors (NGOs, academic organizations, private sector and philanthropic groups) to respond to global health needs. Examples include coordination in Pakistan after floods, numerous operations in response to the Ukraine crisis, and established engagements for the donation of medicines and delivery of critical medical supplies. This harmonized engagement helps WHO effectively address the needs of Member States.	The WHO Data Technology Working Group (DTWG) revised 27 new projects to improve IT tools and systems in the Health Emergencies Program. By end of 2022, they reported 32 active projects, a two-fold increase from 2021. These projects include expansion of the Epidemic Intelligence from Open Sources community and enhancement of digital analytics for decision making, including support for response in vulnerable settings. The goal is to streamline, coordinate and improve functionality in the Health Emergencies Program.	WHO has expanded its strategic collaboration with UN Agencies and developed 50 Long-Term Agreements. WHO's standard emergency kits, updated regularly, provide reliable and affordable medicines and supplies to those in need. A number of kits are pre-positioned and long-term agreements with suppliers are in place for quick assembly and shipment. WHO also sustained global partnerships to strengthen the global supply chain management, including coordination with UN Agencies and country-based logistics taskforces. WHO's supply chain system supported timely delivery of equipment and supplies for COVID-19 vaccine trials and shipment of trial drugs to 41 participating countries.	WHO continued to support the collection and dissemination of sex-disaggregated data to 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.	# of UN Agencies adopting the UN Partner Portal to harmonize decision making and prioritization of emergency supply organizations/non-governmental organizations, and reduce duplicate information requests/requests of partners.		
	Civil society					% of civil society organizations/non-governmental organizations partners of the UN Agencies adopting the common UN Partner Portal process.	The reporting responsibility for this specific target is with UN Agencies that are using the Portal	The reporting responsibility for this specific target is with UN Agencies that are using the Portal
WORK STREAM 5 - NEEDS ASSESSMENTS								
5.1. Provide a single, comprehensive, cross-sectoral, methodologically sound, and impartial overall assessment of needs for each crisis to inform strategic decisions on how to respond and fund, thereby reducing the number of assessments and appeals produced by individual organizations.	OCHA TO PROVIDE INPUTS FOR OTHER SIGNATORIES OPTIONAL							
	OCHA TO PROVIDE INPUTS FOR OTHER SIGNATORIES OPTIONAL							
WORK STREAM 6 - PARTICIPATION								
6.1. Improve leadership and governance mechanisms at the level of the humanitarian country team and cluster/sector mechanisms to ensure engagement with and accountability to people and communities affected by crises.	OCHA TO PROVIDE INPUTS FOR OTHER SIGNATORIES OPTIONAL							
	OCHA TO PROVIDE INPUTS FOR OTHER SIGNATORIES OPTIONAL							
WORK STREAM 7 - ENHANCED QUALITY FUNDING								
7.1.3. Signatories increase multi-year, collaborative and flexible planning and multi-year funding. Aid organizations ensure that the same terms of multi-year funding agreements are applied with their implementing partners[4].	Individual - all	With the launch of WHO's 2019-23 General Programme of Work (GPW13), WHO has been developing a strategic framework for implementing Universal Health Coverage in Fragile, Conflict-affected Countries that links two of the GPW "Triple Billion" emergencies and development). This framework will guide multi-year humanitarian planning and funding and will be consistent with the GB commitments.	In 2022, WHO has aligned its definition of multi-year funding with the Grand Bargain definition, taking into account 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 this table. The proportion of multi-year funds in 2022 according to this definition (7%) represented an increase from 5% in 2021.	This approach will of course be mainstreamed across all levels of WHO: HQ, regional and country. Also, number of updates on the allocation of unearmarked and softly earmarked funding through the PB web portal have increased.	Gender is a key component of WHO's new General Programme of Work (GPW13), built on the "Three Billion" of beneficiaries that WHO is targeting for improved health outcomes (LHC, emergencies and healthier populations), embodying all gender angles including equal access to healthcare across genders and community contribution to programming.	Total volume, and % of humanitarian funds provided by donors or received by organizations that are multi-year.	Volume: US\$96m %: 7.4%	Volume: US\$60m %: 5.4%
	Individual - all	WHO's Health Emergencies Programme currently has multi-year funding agreements with a number of donors. To the best possible extent, WHO is following the rest of the humanitarian community in extending the same practice to its partners.	Challenges in capturing cascading funding still need to be overcome. However, a review of the Global Management System (GMS) is underway.	33 WHO country offices to which funding from multi-year humanitarian agreements have been distributed.		Total volume, and % of change of humanitarian funds provided by donors or received by organizations that are multi-year.	Volume: +\$6m, +140% (three-fold increase) %: +2 percentage points	Volume: -\$1222m, -85% %: -8.5 percentage points
	Individual - all					Total volume, and % of multi-year humanitarian funding received that is allocated by aid organizations to implementing	Not applicable to WHO	Not applicable to WHO

<p>8.2. and 8.5. Donors progressively reduce earmarking, aiming to achieve a global target of 30% of humanitarian contributions that is unearmarked or softly earmarked by 2020. Aid organizations reduce earmarking when channeling donor funds with reduced earmarking to their partners.</p>	<p>Individual - Donors</p>	<p>In order to improve advocacy actions of unearmarked and flexible funding's impacts on operations, WHO committed to ensure monthly updates on the allocation of unearmarked and softly earmarked funding through the Programme Budget web portal.</p>	<p>WHO's Programme Budget is financed through a mix of assessed and voluntary contributions. Flexible funds consist of Assessed Contributions, Core Voluntary Contributions and Programme Support Costs. In support of the recognition of the contribution of multiyear, unearmarked and softly earmarked funding, over the years, several donor visibility products have been designed.</p>	<p>In 2022, the proportion of designated and flexible funds doubled, reaching 14% (from 8% in 2021). This increase was driven by one large agreement with the United States, for the global response to COVID-19.</p>	<p>Over the years flexible funding has enabled WHO to advance gender equity and human rights in health. In order to allow WHO to be more agile and strategic in its investments, videos calling for an increase in flexible funding arrangements are published in multiple media channels, Twitter, YouTube, LinkedIn, etc.</p>	<p>Total volume, and % of humanitarian funds provided by donors or received by aid organizations that are unearmarked/softly earmarked</p>	<p>Volume: US\$20hm %: 16.0%</p>	<p>Volume: US\$566m %: 7.5%</p>	
	<p>Individual - Aid organizations</p>					<p>Total volume, and % of unearmarked/softly earmarked humanitarian funding that is allocated by aid organizations, with flexibility, to implementing activities</p>	<p>Not applicable to WHO</p>	<p>Not applicable to WHO</p>	
<p>WORK STREAM 9 - HARMONISED REPORTING</p>									
<p>9.1. Simplify and harmonise reporting requirements by the end of 2019 by reducing the volume of reporting, jointly deciding on common terminology, identifying core requirements and developing a common report structure.</p>	<p>Individual - all</p>	<p>In 2019, WHO continued to implement the common reporting template for emergency operations in Iraq. Steps were also taken to implement the pilots in Somalia. WHO also revised its standard donor reporting template for emergency funding to incorporate elements of the work stream's proposed common reporting template, in addition to the VFM component mentioned above.</p>	<p>WHO's online programme budget portal was further improved in 2019 to provide even more accessible budget, financing and data on use of donor funds. This re-designed portal version IMI compliant is publishing financial data to the "output" level, which provides a more granular view on WHO activities and how these are funded.</p>	<p>In addition to progressively rolling out the common reporting template in other countries following its successful implementation in Iraq, budget data on all WHO country and regional offices are now fully available on the online programme budget portal.</p>	<p>Gender is a key component of WHO's new General Programme of Work (GPW13), built on the "Three Pillars" of beneficiaries that WHO is targeting for improved health outcomes (LHC, emergencies and healthier populations), embodying all gender angles including equal access to healthcare across genders and community contribution to programming.</p>	<p>Are you using the common reporting template as the standard for reporting by your downstream partners? If yes, on which level (global, limited scope (e.g. regional)) If your scope is limited, please specify how and why?</p>	<p>No</p>		
<p>HUMANITARIAN DEVELOPMENT NEXUS</p>									
<p>10.4. Perform joint multi-hazard risk and vulnerability analysis, and multi-year planning where feasible and relevant, with national, regional and local coordination in order to achieve a shared vision for outcomes. Such a shared vision for outcomes will be developed on the basis of shared risk analysis between humanitarian, development, stabilisation and peacebuilding communities.</p>	<p>DCHA AND UNDP TO PROVIDE INPUTS - FOR OTHER SIGNATORIES OPTIONAL</p>								

[1] Refer to the IASC definitions of gender equality and women empowerment, available here: https://drive.google.com/drive/folders/1adVbc05PM157Dqj_Kgm-c34y20i6A7?usp=sharing

[2] This could include: using IMI data on humanitarian operations in their own or others' information tools or data visualizations; using IMI data or accessing IMI-compatible data platforms and tools to inform research, advocacy, programme planning, resource mobilization or monitoring; using IMI data for FTS reporting and potentially for EDHS

[3] Capacity strengthening - a deliberate process that supports the ability of organizations and networks to institutionalize new or improved systems and structures, and individuals and groups to acquire or improve knowledge, skills, or attitudes, which are necessary to function effectively, achieve goals, and work towards sustainability and self-reliance

Women-led organization - an organization with a humanitarian mandate/mission that is (1) governed or directed by women or; 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions

Women's rights organization: 1) an organization that self-identifies as a woman's rights organization with primary focus on advancing gender equality, women's empowerment and human rights; or 2) an organization that has, as part of its mission statement, the advancement of women's/girls' interests and rights (or where "women," "girls," "gender" or local language equivalents are prominent in their mission statement); or 3) an organization that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms.

[4] Donors to report on provision of quality funding, indicating if these were provided through direct funding or through pooled funds

UN agencies, INGOs, ICRC and IFRC to report on receiving quality funding and passing it onwards to partners

Local NGOs/Implementing partners to report on receiving quality funding

A **Guidance Document on the Definitions of Multi-Year Funding, Flexible/Unearmarked Funding, and Multi-Year Planning** is available here: <https://interagencystandingcommittee.org/grand-bargain-official-website/multi-year-and-flexible-funding-definitions-guidance>