

**Grand Bargain in 2019:
Annual Self Report – Narrative Summary**

Name of Institution: WHO

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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 2019?

Localization

In 2018-9, following some other Grand Bargain signatories, WHO's Health Emergencies Programme conducted an analysis to quantitatively and qualitatively measure WHO's localization performance. The analysis revealed that based on definitions and categorizations of localization that aligned as closely as possible with those of other GB signatories, WHO as an organization was transferring up to 19% of its donor funding "as directly as possible" to local partners – 6% shy of the GB core commitment of 25% by 2020. The analysis also looked at WHO's "soft" strengths as a technical partner and mentor, and a survey of local partners supplemented with "deep dive" learning visits to Nigeria and Iraq found that in countries where there were conditions that enabled localization (strong local partner base, cooperative local authorities and adequate geographical access), WHO was managing to invest in local actors' technical capacity (through trainings, mentoring and other forms of support) and position local partners as strong inheritors of the internationally-led humanitarian response and authors of a transition to reconstruction and development planning.

Needs assessments

In 2019, WHO's progress within the area of needs assessments reflected . Within the DFID inter-agency UN Humanitarian Business Case, WHO worked with 5 other UN agencies to boost information management capacity in countries with "prioritized" Humanitarian Needs Overviews (HNOs), leading to an increase in the number of overall HNOs that scored well according to the (since 2020, phased out) OCHA HNO quality criteria. With the migration to the new inter-agency impartial HNO quality criteria, WHO and the Health Cluster participated in the development and scoring of the 2020 HNOs, which will help inform an inter-agency and participatory approach to strengthening needs assessments and the HPC.

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

The Grand Bargain and associated system-wide humanitarian reform initiatives (the Triple Nexus, IASC, JIAF, Humanitarian Programme Cycle reform) have been integrated into WHO's engagement with the rest of the inter-agency community on humanitarian response.

In 2019, WHO worked to internalise these initiatives, resulting in health emergency responses that seek to advance Universal Health Coverage (a development priority) through acute humanitarian response in fragile, conflict-affected countries, deliver value for money, incorporate conflict sensitivity analysis wherever possible, and as locally-driven as possible.

Question 3: 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). Please refer to the Guidelines

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

for definitions of Gender Equality and Women's Empowerment, which are included in this self-report template package.

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.

In 2019, several global initiatives by WHO and other health actors made efforts to strengthen operational and policy coherence in defining how the health sector can contribute to sustaining peace and implementing responses to health emergencies that draw upon the capacities of both the development and humanitarian spheres.

- WHO and UNHCR co-led the development of a system-wide guidance on Collective Outcomes for the Nexus to boost the existing weak articulations on peace and conflict sensitivity, as well as to integrate the UN's Sustaining Peace agenda into the collective outcomes.
- WHO has been implementing Nexus programming in several countries. In Ukraine, WHO has been working with UN partners to address conflict drivers such as improved people-to-people connectivity and mediated and direct professional health dialogues in support of the Ukraine peace process. In Somalia, WHO worked with UNICEF, IOM and Somali government and academic institutions to improve mental health care and psychosocial support (MHPSS) of youth in Somalia to reduce stigma associated with psychosocial disorders and marginalization and act as an agent for social cohesion. And in Sudan, as part of a violence reduction programme in Central Darfur youth groups at risk of resorting to violence were mobilized by WHO to participate in hospital waste disposal, enhancing mediated cooperation and land-sharing for establishing the health units.