

Grand Bargain in 2020:
Annual Self Report – Narrative Summary

Name of Institution: WHO

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(NB. Please limit your answer to no more than **5 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.)

Grand Bargain in 2020

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 2020?

Localization: In 2020, in order to better support and complement national coordination mechanisms and include local and national responders in international coordination mechanisms, 50% of health clusters have been co-coordinated at national level by NGOs/national NGOs. In 2020: 11 out of 30 clusters are co-coordinated at national level by MoH; 14 clusters have NGO co-coordinators and only one 1 of them is an NNGO.

In 2018-19, 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 Grand Bargain signatories, WHO as an organization transferred up to 19% of its donor funding "as directly as possible" to local partners. 70% of it is represented by: research, health studies, assessments, development, normative work; translation and editing; Communication; IT; Outsourcing services; Building; Programme related operating costs. For the biennium 2018-2019, WHO has invested \$ 1.35 billion to fund local and national responders as directly as possible. WHO has been able to ensure to its national or local NGO partner multiyear awards, strengthening capacity on technical health aspects and fund activities such as disease/outbreak surveillance.

Participatory Revolution: Close Alignment with IASC Results Group 2 on Reporting Indicators. WHO continued to work closely with the IASC and actively promoted the RG's new web portal and accountability toolkit to Workstream members. It also addressed the challenges of measuring participation in a meaningful way. WHO has worked to define the enablers of effective participation, notably the effective and appropriate sharing of risk, ensuring the availability of quality funding, and building practical linkages between localization and participation.

Joint Needs Assessment: The REACH inter-sectoral research on MSNA (Multi-sector Needs Assessment) conducted in which the Health Cluster has been fully engaged shows a positive trend: in 2017 four countries have been involved in a joint needs assessment (Libya, Iraq, Ukraine, Somalia); in 2018 eight countries (Afghanistan, Iraq, Libya, Nigeria, Somalia, Uganda, Ukraine, Yemen); in 2019 nine countries (Afghanistan, Iraq, Libya, Nigeria, Somalia, Ukraine, Bangladesh, Syria and CAR); in 2020 twelve countries (Afghanistan, Bangladesh, Burkina Faso, Central African Republic, Iraq, Libya, Niger, Nigeria, Somalia, Sudan, Syria, Ukraine).

Quality Funding: 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 2017, 42% of funds available for humanitarian activities were multi-year (received and allocated). In 2020, 40%. While for the non-earmarked or softly earmarked funds, WHO passed from 0% in 2017 to 41% of the overall Programme Budget at the end of 2020.

Question 2: 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 for definitions of Gender Equality and Women’s Empowerment, which are included in this self-report template package.

Participatory Revolution:

The Workstream’s agreed definition of participation remains the cornerstone of WHO work and prioritizes the inclusive nature of participation and the empowerment of women and girls in the process by ensuring that the most at-risk and marginalized members of the community have an opportunity to participate in AAP mechanisms, through channels that beneficiaries prefer and with which they feel safe.

The Workstream’s indicators and data sources include Sex, Age and Diversity Disaggregated data (SADD) to ensure that participation is gendered and the differing impact of crisis on different groups, particularly women and girls, is considered when designing programs and responding to feedback.

Question 3: 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.

WHO is working with partners to explore the intersections of conflict, peace and COVID-19, and how to incorporate lessons learned and best practices in the Health and Peace initiative. This has included collaborating with ILO, Interpeace and the UNDP/PA to look at key policy and programmatic considerations for health and employment interventions responding to COVID-19 in conflict-affected countries. The Health and Peace Initiative is WHO’s contribution to the growing architecture linking humanitarian assistance, long-term sustainable development and peacebuilding. It furthers the Humanitarian-Development-Peace Nexus by reinforcing the key role of health as a driver of peace and sustainable development in fragile, conflict-affected and vulnerable (FCV) settings. It furthers the Humanitarian-Development-Peace Nexus by reinforcing the key role of health as a driver of peace and sustainable development in fragile, conflict-affected and vulnerable (FCV) settings. (<https://www.who.int/initiatives/who-health-and-peace-initiative>)

Additionally, HD Nexus is integrated as part of the UHC - Universal Health Coverage - program by promoting collaboration between emergency response planning and health systems development. In this regard, for example, in 2019 in Nigeria, work was done by WHO to map hum/dev programming and effective coordination mechanisms using the SDG target for UHC as a collective outcome.

Grand Bargain 2016-2020: Overall achievements and remaining gaps

Question 4: What are the 2-3 key achievements/areas of most progress by your institution since 2016? Please report on your institutional progress for the period 2016-2020, even if your institution did not become a signatory until after 2016.

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

Cash: Workplan Global Health Cluster/ WHO Task Team for Cash and Voucher Assistance (CVA): In 2019 the following activities have been carried out: Experience mapping of cash for health; Assisting partners in documenting experiences with CVA in the health sector, through remote support and visits to countries where several health partners implement CVA to achieve health objectives; Create repository of key technical and research documents on CVA in health (CaLP webpage, GHC Knowledge bank); Develop technical note on health expenditures; Review tools and provide technical recommendations to partners to improve needs assessment and M&E tools; Develop a technical note on indicators for CVA for health outcomes; Conduct in-person training in the field for HCC, CWG and partners; Contribute to working groups to clarify and harmonize CVA reporting for health (i.e. Tracking CVA group, cost-effectiveness group); Promote and seek opportunities for funding of research on CVA in the health sector; Develop partnerships with research institutes, expert networks. In 2020: Working paper on market analysis in the health sector; Develop short online modules focusing on CVA in health, for existing CVA online trainings; In partnership with the Royal Tropical Institute (KIT), two case studies from Yemen and Afghanistan have been produced and completed. Both are on the GHC CTT site. KIT also completed the literature review of CVA and SRHS.

Joint Needs Assessment: In order to coordinate and streamline data collection to ensure compatibility, quality and comparability, a PHSA (Public Health Situation Analysis) has been developed for 100% of new emergencies. The PHSA aims to provide all health sector partners, including local and national authorities, nongovernmental organizations (NGOs), donor agencies and United Nations agencies with a common and comprehensive understanding of the public health situation in a crisis in order to inform evidence based collective humanitarian health response planning. WHO/GHC co-lead the new global analysis cell called "GIMAC" (global Information Management, Assessment & Analysis Cell on COVID-19) along with UNHCR, OCHA and IOM. GIMAC is a joint framework for intersectoral analysis which aims to coordinate, structure, collate, manage and analyse COVID-19 related information, and to provide technical support and services to support prioritized countries and global decision making based on a request.

Quality Funding: Number of WHO country offices to which funding from multi-year humanitarian agreements has been distributed passed from 12 in 2017 to 107 in 2020. The non-earmarked or softly earmarked, WHO passed from 0% in 2017 to 41% of the overall Programme Budget at the end of 2020.

Question 5: What, in your institutional view, have been the main achievements of the Grand Bargain signatories, as a collective, since 2016? Please indicate specific commitments, thematic or cross-cutting issues or workstreams where you think most progress has been made collectively by signatories.

Needs assessments: The original aim of this specific workstream (the creation of a single, impartial joint needs assessments framework - JIAF) was achieved at the end of 2019. However, there are technical concerns specific to the health sector, especially regarding the standardized methodology to calculate the people in need (PIN). In addition to addressing health sector concerns with the JIAF, the COVID19 response has shown an acute need to involve more local actors, both humanitarian and development and affected communities in multisectoral needs assessments.

Quality funding: The Grand Bargain, working closely with the IASC, has made considerable progress in jointly advocating for more flexible, predictable and unearmarked funding for the COVID19 response (WHO has played an active role in this).

There is now a need to maintain this momentum, while also building a more comprehensive strategy to combine different financing tools and mechanisms to address health and other needs, as well as wider socio-economic impacts, ensuring that better-quality funding is accessible for all humanitarian emergencies, not only limited to COVID19. This is crucial to enabling UN agencies to transfer flexible funding arrangements to local/ national partners, to enhance their capacities and resilience. Innovative financing models for humanitarian action should be explored.

Question 6: What has the Grand Bargain not been able to achieve in its five year tenure? What outstanding obstacles, gaps, areas of weakness still remain after five years, in terms of improving the efficiency and effectiveness of humanitarian action? Please indicate specific commitments, thematic or cross-cutting issues or workstreams where you think there remain key gaps or obstacles.

As stated in the Grand Bargain Annual Independent Report, published by ODI in July 2020, there are several weaknesses in the overarching strategy of the Grand Bargain which have not been fully addressed and continue to impede progress overall. The workstreams have remained largely focused on technical issues, but there was no corresponding political investment in addressing the long-standing challenges that continue to inhibit change, including a lack of agreement on the leadership and coordination of multi-purpose cash programming, low tolerance of the risks inherent in more localised responses and a lack of investments to augment capacities for better-quality intersectoral analysis. Most Grand Bargain signatories, WHO included, are yet to meet the 25% funding benchmark. Investments in strengthening the capacities of local partners remained largely static. And capability to ensure and capture quality cascading funding to local and national responders remains a challenge for most agencies.

The Grand Bargain as a voluntary mechanism is not enforceable and non-binding on the signatories. In the absence of an accountability mechanism, there is no incentive for reform.

Risk and the Grand Bargain

Question 7a: How has risk (financial, operational, reputational, etc) affected your institution's implementation of the core commitments since you became a signatory to the Grand Bargain?

Question 7b: How has your institution sought to mitigate or address these risks to enable implementation of the core commitments?

Operational risk: in order to better support and complement national coordination mechanisms and include local and national responders in international coordination mechanisms, the number of GOARN (Global Outbreak Alert and Response Network) partners supporting alert, risk assessment and response to public health events and emergencies went from 52 to 250 in 2020. While the number of countries which developed national strategies, policies and plans for managing risk in the communities toward health security and resilience went from 18 to 50.

Financial risk: In 2020, WHO has implemented 13 out of 15 recommendations of the 2016 Joint Inspection Unit Report on Fraud Prevention, Detection and Response in UN System Organisations. It registered considerable progress on the Recommendations n.10 with plans to expand analytics in the investigation area and n.13 with IOS completed a "best in class" review of the investigations function.