

# **WHO Financing model & Framework of engagement with non-State actors (FENSA)**

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**World Health  
Organization**

# WHO Financing model



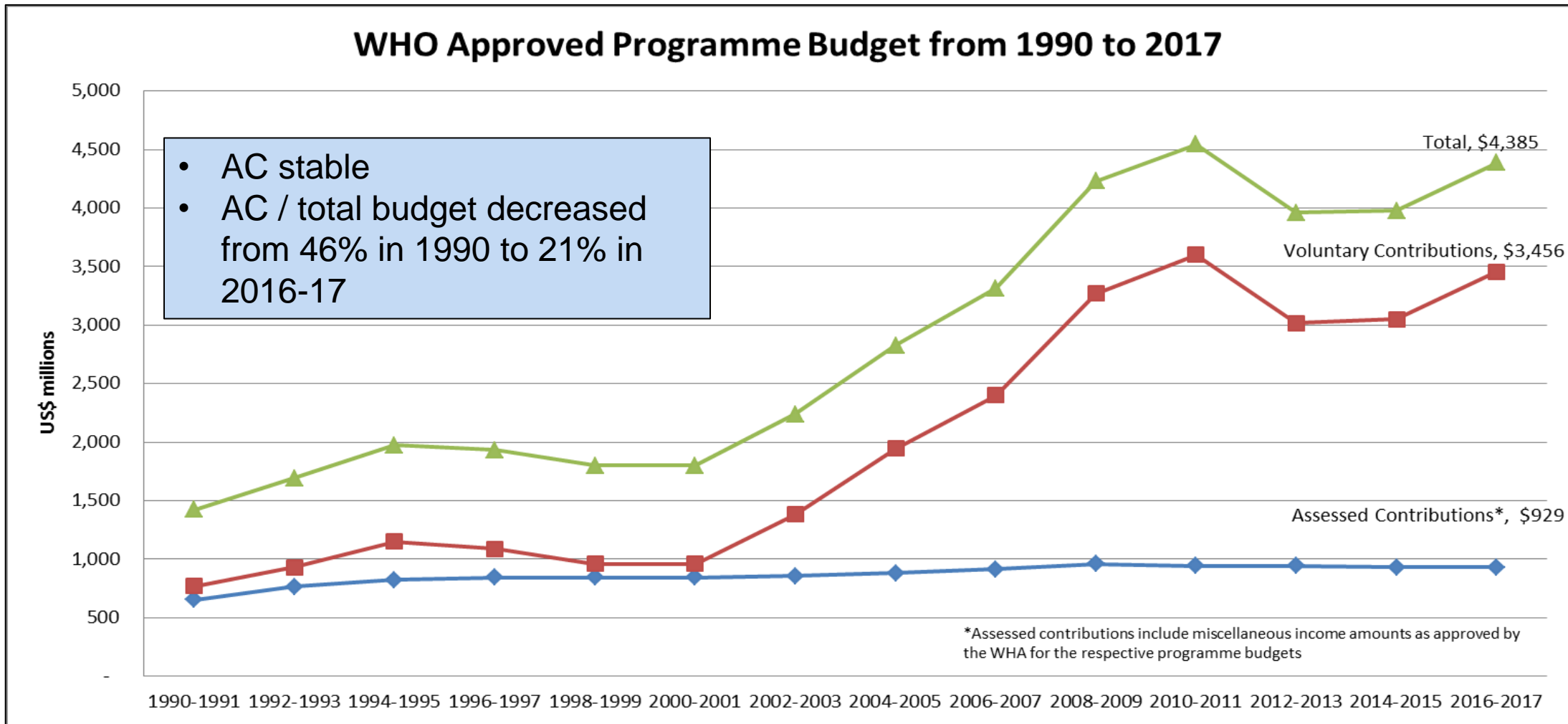
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# History of WHO financing

- WHO started as all UN specialized agencies with a budget of assessed contributions (AC)
- Over time extra-budgetary voluntary contributions grew to become the majority of WHO's funding
- Accountability to the World Health Assembly remained limited to the AC
- Financial crisis in 2008 triggered major reform in WHO



# WHO budget from 1990 to 2017



# Our reform story

The first decade of the 21st century brought unprecedented challenges and opportunities for people's health. Old health problems persist and new ones emerge. The global public health landscape is crowded and poorly coordinated. This demands renewed leadership in global health from WHO.

## Who we are

The World Health Organization (WHO) is the United Nations specialized agency for health, made up of 194 Member States and supported by more than 7000 staff based in 156 countries, territories and areas, six regional offices and a headquarters in Geneva.

## What we do

Our primary role is to direct and coordinate international health. We:

- provide leadership on matters critical to health
- shape the health research agenda
- define norms and standards for health
- articulate policy options for health
- provide technical support and build capacity
- monitor health trends.

## Our vision

Health is a fundamental human right; everyone has the right to the highest possible level of health.

## Our leadership priorities give focus and direction to our work



Advancing universal health coverage



Implementing the International Health Regulations (2005)



Increasing access to essential, high-quality and affordable medical products



Achieving the health-related Millennium Development Goals and Sustainable Development Goals



Addressing the challenge of noncommunicable diseases and mental health



Reducing health inequities by addressing the social, economic and environmental determinants of health



## Our progress

### PRIORITY SETTING

Clearly defined priorities addressing needs at country level

66% of country offices allocating at least 80% of budget to their 10 priority programme areas

### FINANCING

Predictable, flexible and aligned financing of agreed priorities

70% of programme budget funded at the beginning of the biennium 2014-15, compared with 52% for 2010-11

2011 → 2015 →

### ACCOUNTABILITY

Every member of the Organization is answerable for his/her actions and decisions, and accepts responsibility for them

Processes in place that facilitate accountability: corporate risk register, whistleblowing policy, management dashboards, and harmonization of compliance functions

### EMERGENCIES

The world is better prepared to respond to health outbreaks and emergencies

An emergency platform, a contingency fund and a global health emergency workforce are being established

## We are all part of the change

### Reform of our work in EMERGENCIES

A new stream of reform was established to ensure WHO's capacity to prepare for and respond to outbreaks and emergencies with health consequences. It cuts across the three areas of reform and they will all be closely linked and aligned.



Most country offices allocating at least 80% of budget to their 10 priority programme areas



Predictability and flexibility of resources and better alignment with priorities



All operational audits concluded as "satisfactory" or "partially satisfactory"



WHO is prepared to respond comprehensively and rapidly to disease outbreaks and emergencies with health consequences, in a directed, coordinated and scalable manner

## What success looks like

- A world in which gaps in health outcomes are narrowed
- A world in which people have access to the medical products and services that they need
- A world in which the sick and vulnerable are protected from impoverishment
- A world in which countries have quality health systems that meet the expectations and needs of their people
- A world which puts health and well-being at the centre of sustainable development
- A world which achieves internationally-agreed health targets and goals:
  - reduced child and maternal deaths
  - 25 by 25 - 25% fewer premature deaths from noncommunicable diseases by 2025
- A world in which populations are protected from disease outbreaks and harm from natural disasters
- A world without polio



World Health Organization

**PROGRAMMATIC REFORM**  
WHO improves health outcomes through more systematic and transparent definition of priorities and better alignment of these priorities with resources – both technical and financial.

**GOVERNANCE REFORM**  
WHO achieves greater coherence among players in global health by improving internal governance practices, leveraging convening power, encouraging uptake of technical norms and standards, and engaging more effectively with non-State actors.

**MANAGERIAL REFORM**  
WHO enables the delivery of health outcomes by more effective and efficient management of human resources, accountability, evaluation, information and communications.

# Financing reform

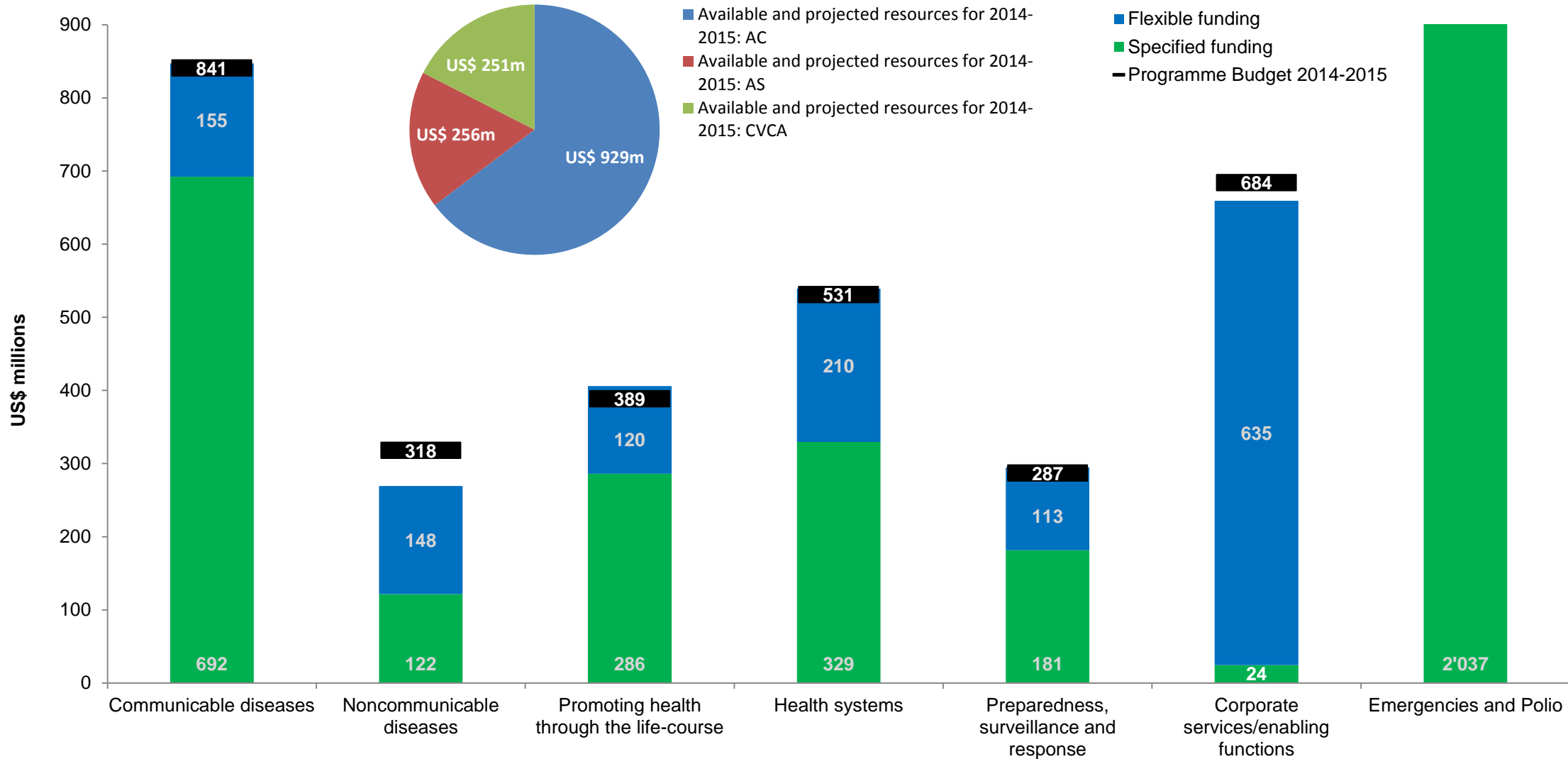
- Approval of entire budget (to be financed by AC and VC)
- Budget ceilings for 6 categories (exceptions: emergencies and special programmes)
- Accountability for entire budget to Health Assembly, double accountability for VC also to contributors
- Financing dialogue in November before starting the biennium
- FD as culmination of process including bilateral meeting with major contributors
- Financing dialogue principles
- Strategic use of flexible resources
- Strengthen accountability and reporting

# WHO Financing dialogue:

- WHO Programme budget 2014-2015 approved by WHA for 1<sup>st</sup> time in its entirety (AC & VC)
- Financing dialogue established in 2013, well received and progress towards objective & guiding principles:
  - Alignment & flexibility
  - Predictability
  - Transparency through PB Web-portal  
<http://extranet.who.int/programmebudget/>
  - Reducing vulnerability

# Alignment and Flexibility

## Programme Budget 2014-2015 – by Category





# WHO's framework of engagement with non-State actors (FENSA)



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# Reform process

- Why reform? Why should WHO be different?
- 2011- Jan 2014: consultations and concept papers
- March 2014 – Jan 2015: Secretariat proposals
- Jan 2015 – May 2016 Member States negotiations
- Overarching Framework, 4 policies on engagement with NGOs, private sector entities, philanthropic foundations and academic institutions
- 5 types of engagement: Participation, Resources, Evidence, Advocacy, Technical collaboration



# Double challenge of WHO's engagement with non-State actors

- **Increase WHO's engagement with non-State actors to strengthen WHO's relevance and the Organization's role as the directing and coordinating authority of international health work.**
- **WHO's integrity, impartiality and reputation needs to be protected.**



# Key content

- **Rationale, Principles, Benefits and Risks of engagement**
- **Management of conflicts of interest and other risks of engagement (Conflict of interest, Due diligence and risk assessment, Risk management, Transparency**
- **Official relations**
- **Specific provisions**



# Main proposed changes in practice

- Covering all engagements within a common framework
- Transparency through the Register of non-State actors (Prototype: [http://www.who.int/about/who\\_reform/non-state-actors/register](http://www.who.int/about/who_reform/non-state-actors/register))
- Consistent implementation at all 3 levels of the Organization through an electronic workflow, due diligence by specialised unit, guide for staff
- Empower EB to take clear and informed decisions on non-State actors in official relations
- Accountability by strengthened oversight of EB and by the register of non-State actors with a public comments function



# Outstanding issues

- 4 paragraphs of private sector policy
- Implications of implementation (should there be a 2-tiered approach to due diligence and risk assessment?)
- Draft resolution adopting FENSA



# Conclusion on FENSA

- Complex lengthy negotiations
- Stronger engagement AND better protection
- Transparency through the Register of non-State actors
- Necessary balance of solid due diligence and risk assessment process but not bureaucratic paralysis
- As any negotiations – the key is Implementation
- FENSA should make WHO fit for its increasingly complex needs of engaging with all kind of actors.

