Survey Questionnaire Summary

Implementation of the Framework of engagement with non-State actors (FENSA)

Respondent: Headquarter FWC cluster assessing its implications

- based on inputs from three departments: Reproductive Health and Research (RHR), Maternal, Newborn, Child and Adolescent Health (MCA) and Immunization, Vaccines and Biologicals (IVB).

- Missing inputs from three departments: Ageing and Life-Course (ALC), Public Health, Environment and Social Determinants of Health (PHE), as well as the Partnership for Maternal, Newborn and Child Health (PMNCH) hosted in FWC

QUESTIONS:

9. Please provide a rough estimate of the **numbers of non-State actors** you engaged with in 2015 by type of engagement in the following table for your region (excluding country level), cluster or country office respectively.

   Cluster / Regional office / country office: FWC: **Mapping of 3 of 6 departments: IVB, RHR and MCA**

   RHR issues between 50-100 Technical Service Agreements per year. Due diligence is already carried out by HRP's independent review body "Research Project Review Panel". RHR assumes that FENSA does not apply to Technical services agreements.

   MCA had about 40 meetings with external participation in 2015, approx 30 participants in each meeting on average.

	Participation	**Resources**	**Evidence**	**Advocacy**	**Technical collaboration**
NGOs		3 (PATH; Sabin Inst., Intervida)			4 (IPA; AMP; MSF; JSI) + 6 others NGOs
Private sector entities					2 (IFPMA; DCVMN)
Philanthropic foundations	8 (RHR)	6 (ALMA, BMGF; Novartis Foundation; Welcome Trust; Child Health Research Foundation; Save thechildren)			
Academic institutions	5 (RHR)	2 (MCA: Uni. Bergen; Uni. of			20 (Universities)

		British Columbia			

Comments on the methodology used and its difficulties of this estimation,

Many potential collaborations are explored but never firmed up.

10. Please provide a rough estimate of the numbers of **engagements** in 2015 by type of engagement in the following table. For engagements covering more than one type count them only once for the most relevant type.

	Participation	**Resources**	**Evidence**	**Advocacy**	**Technical collaboration**
NGOs		6 (4 by PATH; 2 by Sabin Inst.)			10 (*)
Private sector entities	1 (SAGE mtg)				
Philanthropic foundations		21 (20 by BMGF; 1 by Welcome Trust)			
Academic institutions					20, including 11 internships

(*) Assuming one engagement per year/institution

Comments on the methodology used and its difficulties of this estimation,

1) Browsing the list of Institutions with whom IVB raised contracts/APWs. It was somehow difficult to distinguish between private providers of services (e.g. private companies, sometimes formed by individual consultants) from NSA institutions which had an engagement with WHO. National Institutions, like RIVM in Netherlands, were not considered NSA. 2) Searching IVB Managed awards in GSM was useful and provided key information on number of grants and related $ amounts (for the biennium 2014-15) 3) It was difficult to allocate engagements among Participation, Resources, Evidence, Advocacy and Technical collaboration. The column headings would require some explanations. 4) Mapping of NSA participants in the numerous meetings arranged by the cluster would require more time and resources.

11. Please estimate the number of non-State actors your cluster / regional office / country office engages with in emergency situations (as described in the Emergency Response Framework) and describe the type of these engagements

In the case of Ebola, a trial consortium led by WHO was established by including both NSAs and Member States' Institutions: the Guinea's Ministry of Health of Guinea, Médecins sans Frontières (MSF), EPICENTRE, and the Norwegian Institute of Public Health. The trial is funded by WHO, with support from the Wellcome Trust, the United Kingdom Department for International Development, the Norwegian Ministry of Foreign Affairs to the Norwegian Institute of Public Health through the Research Council of Norway, the Canadian Government through the Public Health Agency of Canada, Canadian Institutes of Health Research, International Development Research Centre and Department of Foreign Affairs, Trade and Development, and MSF.

12. Please describe the main opportunities you see for the work of your region / cluster / country office through the adoption and implementation of FENSA

To provide a standard and transparent approach to develop NSA engagement.

To improve accountability of NSA engaged.

It appears that there will be more clarity on procedures for engagement with non-state actors and more transparency regarding the due diligence process.

13. Please describe the main risks you see for the work of your region / cluster/ country office through the adoption and implementation of FENSA. This question does not refer to the risks of individual engagements as defined in FENSA but rather to the overall risks and challenges of implementing FENSA as a new policy.

Over-regulation

Reduced flexibility

Instead of working with non-state actors as part of the solution to addressing the global shortage on resources, FENSA resembles more of a "control" approach, with each potential partner scrutinized for reasons not to engage, rather than the other way around. There is risk that FENSA will put potential collaborators on the defensive, and delay potentially fruitful and constructive partnerships

Significant risk that potential NSA collaborators will choose not to engage and/or choose to engage with other parts of the UN system

14. Please describe the specific resources (staff and activity costs) currently working on engagement with non-State actors within your region / cluster/ country office.

Approximately 8,5 US$ Million from BMGF grants and 1 US$ Million from PATH and Sabin Institute grants were spent in 2015 to support both staff and activities.

For the Department of Reproductive Health and Research (RHR), there is one full-time resource mobilization officer who works with all current and potential donors, including non-state actors. Other technical staff and leadership in RHR work with non-state actors on an ad hoc but regular basis since the philanthropic foundation and NGO community in particular is influential in the area of global sexual and reproductive health

15. Please describe the specific incremental resources (staff and activity costs) that you would expect to be necessary to implement FENSA. If applicable please give resource needs for the focal points and central processes in regions / clusters separate from estimations for resource needs of technical units and explain your assumptions and methodologies :

One off resources/costs: Time/costs required to train staff on FENSA

Recurring or On-going resources/costs: 1 FTE might be required to manage the framework at IVB department level

RHR hopes that no new staff would be required. MCA unsure.